

# People's Health Assembly



2000

## THE GLOBAL HEALTH CRISIS

The world is currently facing a global health crisis, characterised by growing inequities within and between countries. Despite medical advances and increasing average life expectancy, there is disturbing evidence of rising disparities in health status among people worldwide. Enduring poverty with all its facets and, in addition, the HIV/AIDS epidemic and related problems are leading to reversals of previous health gains. This development is associated with widening gaps in income and shrinking access to social services as well as persistent racial and gender imbalances. From a number of countries in South Asia, sub-Saharan Africa, Latin America and Central and Eastern Europe there are reports of growing morbidity and mortality among vulnerable sections of the population, including indigenous peoples. Traditional systems of knowledge and health, as well as well-established, social systems in the North, are under threat.

These trends are to a large extent the result of the distorted structure of the world economy, which has been further skewed by structural adjustment policies, the persistent indebtedness of the South, inequitable world trade arrangements and uncontrolled financial speculation - all part of the rapid movement towards globalisation. In many countries these problems are compounded by lack of coordination between governments, bilateral and multilateral agencies as well as expensive duplication of work among these institutions. Within the health sector, failure to implement Primary Health Care (PHC) policies as originally conceived, has significantly aggravated the global health crisis. These deficiencies include:

- ⊗ a retreat from the goal of national health and drug policies as part of an overall social policy;
- ⊗ a lack of insight into the intersectoral nature of health problems and the failure to make health a priority in all sectors of society;
- ⊗ the failure to promote participation and genuine involvement of communities in their own health development;
- ⊗ reduced state responsibility at all levels as a consequence of widespread - and usually inequitable - privatisation policies;
- ⊗ a narrow, top-down, technology-oriented view of health.



# THE NEED FOR A PEOPLE'S HEALTH ASSEMBLY

There is now an urgent need to place health at the top of the policy agenda. Past policies and practices need to be scrutinised and new broad-based visions formulated. Every effort is needed to regain the imperative that health, and health for all, is one of the most important goals for everyone to strive for.

Governments and international organisations have largely failed to reach this goal, despite much rhetoric. Genuine, people-centred initiatives must therefore be strengthened, both to find innovative solutions and to put pressure on decision-makers, governments and the private sector.

Responding to these needs, a People's Health Assembly (PHA) will be organised in the year 2000 by a group of concerned civil society organisations and networks. The Assembly will bring together the knowledge and experiences of different groups and communities around the world with the aim of analysing and assessing these. It will identify the main problems, trends and challenges in order to develop strategies to achieve health for all in the future.

The PHA is a broad, new initiative seeking to involve as many people as possible in formulating their own health agenda and setting their own priorities. People's long and rich experiences will be presented, discussed and translated into clear, practical and democratic policy guidelines. Alternative analyses of the root causes of the global health crisis will be stimulated. Strategies and alternatives for achieving the goal of health for all will be developed.

The PHA will be a unique event. It is an opportunity for you and for everyone else who believes that the current health situation is unacceptable and that communities and civil society organisations must play a more important role. Through the PHA, you can be part of a world-wide effort to improve the situation and point the direction for the future.

## GOAL

The goal of the People's Health Assembly is to re-establish health and equitable development as top priorities in local, national and international policy-making, with Primary Health Care as the strategy for achieving these priorities. The Assembly aims to draw on and support people's movements in their struggles to build long-term and sustainable solutions to health problems.

## OBJECTIVES

The following objectives will guide the People's Health Assembly process:

- ❖ *To hear the unheard.* The Assembly will present people's concerns and initiatives for better health, including traditional and indigenous approaches. Their direct experiences of ill-health, its causes and possible solutions will also be presented, discussed and analysed. Action plans will be worked out and refined;
- ❖ *To reinforce the principle of health as a broad cross-cutting issue.* There will be emphasis on the intersectoral dimensions of primary health care and focus on health development, rather than health services. The problematic aspects of vertical, non-integrated programmes will be highlighted;
- ❖ *To develop co-operation between concerned actors in the health field.* The importance of strengthening the links between the different institutions and actors in the health field will be emphasised. Such revived and/or new partnerships will be built on the principle of equity and accountability between the parties;
- ❖ *To formulate a People's Health Charter.* Based on thorough analyses of world health problems as well as existing policies and programmes, a People's Health Charter will be formulated. Concrete



recommendations regarding policy and practice will be made to governments, international organisations, the business sector, non-governmental organisations and people's movements;

- ❖ *To improve the communication between concerned groups, institutions and actors.* Communication and networking among individuals, groups, organisations and institutions will be developed during the Assembly and sustained and strengthened thereafter;
- ❖ *To share and increase knowledge, skills, motivation and advocacy for change.* During and after the Assembly, opportunities will be provided for in-depth exchange of experiences and development of skills. The People's Health Charter will provide a base for advocacy, policy-formulation and campaigns at the local, national and international levels.

## CHARACTERISTICS OF THE PEOPLE'S HEALTH ASSEMBLY

**THE PEOPLE'S HEALTH ASSEMBLY** is a long-term process, the actual Assembly being only the peak event among several other activities. The Assembly will be preceded by extensive preparatory activities and will be followed up by advocacy, campaigning and improved networking among the participating individuals and organisations. The PHA will be organised in a way that allows broad participation in order to involve a large number of people and stakeholder groups in the preparations.

**PRE-ASSEMBLY ACTIVITIES** Activities leading up to the PHA event in December 2000 are threefold:

**Analytical work** which will focus on a broad analysis of the major health issues facing the world, in order to provide a solid basis for policy formulation, advocacy and development of innovative solutions. The effort will mainly draw on existing analyses and data, but will also, where needed, involve original research by resource persons with recognised expertise. This background documentation will be used to guide discussions within countries and regions and promote people's action for health.

**Country and regional meetings.** Drawing on, but not restricted to the analytical work, country and regional discussions will deepen understanding of and elaborate strategies to address priority health problems. These meetings will serve three major purposes: to bring together large numbers of health and development workers, community members and decision-makers; to engage critically with the above analyses; and to form a local or regional basis for future health development action.

**Case studies, experiences and 'people's stories'** from as many countries as possible will be collected. These will describe people's direct experiences of health and health problems, their own analysis of causal factors, their initiatives, examples of success stories, failures and proposals for the future.

Products of these processes will be analytical and discussion papers, case studies and people's stories. These will contribute to the development of a **People's Health Charter**. The draft Charter will be widely circulated for input during the pre-Assembly process and will be presented at the Assembly for further refinement and endorsement. It is recognised that the task of involving people all over the world is ambitious and will necessarily draw on existing networks and organisations.

**THE PEOPLE'S HEALTH ASSEMBLY EVENT** The actual Assembly will be held from **4-8 December 2000** near Dhaka, Bangladesh, with approximately 600 participants. Assembly activities include keynote addresses, analytical presentations, sharing of people's testimonies and stories on health practices and concerns, workshops, debates, cultural and audio-visual presentations, exhibitions and the discussion and endorsement of the People's Health Charter. The Assembly will be an exciting, vibrant, and inspiring event and an important landmark in global health development.



Directly following the Assembly, a one-week special 'Forum' will be organised for those who want to deepen their understanding of the issues and enhance their skills. Activities will include opportunities for exchanges among the participants and local and regional health and development activists, development of networking and advocacy strategies, hands-on experiences and field trips.

**POST-ASSEMBLY ACTIVITIES** Post-assembly activities will be as important as the other phases of this process. They will include the dissemination, promotion and wider endorsement of the People's Health Charter; coordinated advocacy and lobbying at the local, national and international levels; and the publication of material related to the PHA.

## **GET INVOLVED! BE PART OF A WORLD-WIDE INITIATIVE. LET YOUR VOICE BE HEARD!**

Please fill in the attached form, to indicate your interest, and help us by distributing copies of this brochure to other interested individuals and organisations.

This brochure can be found on the PHA website at [www.pha2000.org](http://www.pha2000.org) or [www.sph.health.latrobe.edu.au/pha](http://www.sph.health.latrobe.edu.au/pha) where it can also be downloaded in plain text format and as Adobe Acrobat pdf-file for electronic distribution.

## **REGIONAL CONTACTS**

**Africa:** *Norman Nyazema*, Consumers International Regional Office for Africa (CI ROAF), 11 Connaught Road, Avondale, Harare, Zimbabwe.  
tel: 263-4-302 283 ♦ fax: 263-4-303 092  
email: [roaf@harare.iafrica.com](mailto:roaf@harare.iafrica.com)

**Asia:** *Prem Chandran John*, Asian Community Health Action Network (ACHAN), Post Bag 1404, Madras 600 105, India.  
tel: 91-44-823 1556 ♦ fax: 91-44-827 0424  
email: [madras.achan@access.net.in](mailto:madras.achan@access.net.in)

**Europe:** *Pam Zinkin*, International People's Health Council (IPHC), 4/45 Anson Road, London N7 0AR, United Kingdom.  
tel: 44-171-609 1005 ♦ fax: 44-171-700 2699  
email: [pamzinkin@gn.apc.org](mailto:pamzinkin@gn.apc.org)

**Pacific:** *Kenneth Harvey*, School of Public Health, La Trobe University, Bundoora, 2083 Australia.  
tel: 61-3-9479 1750 ♦ fax: 61-3-9479 1783  
email: [k.harvey@latrobe.edu.au](mailto:k.harvey@latrobe.edu.au)

**Latin America and the Caribbean:** *Maria Hamlin Zuniga*, CISAS/International People's Health Council (IPHC), Apartado #3267, Managua, Nicaragua.  
tel: 505-2-663 690 ♦ fax: 505-2-662 237  
email: [iphc@cisas.org.ni](mailto:iphc@cisas.org.ni)





The People's Health Assembly is an opportunity for all individuals and organisations concerned about the world's health situation. Kindly fill in the form below to indicate your or your organisation's interest in the PHA. We will be sending you further information.

Name: \_\_\_\_\_

Sex:  Female       Male

I am responding to this form:

- on behalf of my organisation;
- as an individual.

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

What is your involvement in health-related issues?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate below any specific interest relating to the PHA.

I am interested in participating in the PHA process:

- Participating in country/regional meetings;
- Submitting case-studies/stories/testimonies;
- Providing feedback in the analytical process;
- Participating in the PHA Main Event;
- Participating in the follow-up Forum;
- Other: \_\_\_\_\_

I am ready to commit myself to the process by:

- Organising country/regional meetings;
- Identifying and collecting people's case-studies/stories/testimonies;
- Participating in the analytical process;
- Raising funds.

For further information kindly contact:

*Janet-Maychin*, **PHA Secretariat**, Consumers International Regional Office for Asia and the Pacific (CI ROAP), 250-A Jalan Air Itam, 10460 Penang, Malaysia  
tel: 604-229 1396; fax: 604-228 6506; email: [phasec@pha2000.org](mailto:phasec@pha2000.org)