



People's Health Assembly II (PHA2) one year later: An interview with Dr. Ravi Narayan

Editor's Note: From July 17 to July 24, 2005 nearly 1,500 health activists from 80 countries came together at the People's Health Assembly II (PHA2) in Cuenca, Ecuador. PHA2 was organized by the People's Health Movement, a movement dedicated to advancing the aim of Health for All. Delegates at PHA2 united around several important demands: to dump the current patent regime, to obtain "Health for All, NOW" and to create a campaign to heal the planet. PHA2 also saw the launching of Global Health Watch, an alternative world health report.

What has happened to these initiatives in the past year? To answer this question, Social Medicine interviewed Dr. Ravi Narayan, the outgoing Coordinator of the People's Health Movement Global Secretariat.

Dr. Narayan was a Professor of Community Medicine in Bangalore,

India and an Overseas Lecturer for the London School of Hygiene and Tropical Medicine until 1983, when he moved beyond his faculty appointment to support grassroots community health action in India along with a group of colleagues. He has a long history of involvement in community health. In the 1970's he worked with rural health cooperatives and tea plantation communities in Southern India developing strategies of pre Alma Ata primary health care. He was one of the co-initiators of the Community Health Cell (CHC) in Bangalore, an organization which works in community health action with NGO's, civil society, people's organizations, academics, researchers and the Indian government at both state and national levels. CHC evolved into the Society for Community Health Awareness, Research and Action (SOCHARA) in 1990. Dr. Narayan played a key role

with many others in the organization of the People's Health Assembly (PHA) and Movement, (PHM). He is currently Scholar-in-Residence at Dag Hammarskjold Foundation, Uppsala, Sweden. During this scholarship year he is writing about the experience of a public health professional who metamorphosed into a public health activist over three decades working with CHC, then PHM in India and then PHM globally.

Q: Dr. Narayan, you were the global coordinator of the PHM Global Secretariat from January 2003 until very recently. Can you share with some of the background to the second People's Health Assembly?

Ravi Narayan: The first People's Health Assembly in 2000 saw the birth of the Peoples Health Movement. By that time it was obvious that the goal of "Health for All" enunci-



ated in the Alma Ata Declaration would not be achieved. 1453 people from 75 countries gathered in Gonoshasthya Kendra, Savar, Bangladesh in December 2000 to discuss this failure and to strategize on how to keep the Alma Ata goal alive. We held 5 days of plenary meetings and over a hundred parallel workshops to explore all the issues relevant to people's health. A Peoples Charter for Health evolved from these discussions. The charter, now translated into over 50 languages, became the basis of a new global movement. Five years later the assembly at Cuenca was the first real assembly of PHM. It was a time for reflecting on what has been achieved and on the challenges ahead. This was the significance of the assembly for us.

Q. What do you see as the important features of

this second assembly and what initiatives grew out of PHA2?

Ravi Narayan: The number of registered delegates at PHM2 was 1450, about the same number as the first PHA. However, there was a significant difference in the composition of the delegates. PHA2 included far more young people, more indigenous people and a much larger number of women delegates. And the assembly started off with special cultural and religious gatherings expressing our solidarity with the struggles of indigenous peoples. The plenary sessions dealt with a range of issues varying from militarization to women health, from trade to HIV-AIDS, from disasters to primary health care. Parallel to these were many smaller workshops on a host of other issues. There were assemblies for children and youth. Numerous cultural programs brought together varied forms of protests and art from all over the world. A large section of the exhibition area was devoted to live demonstrations of a range of local and indigenous healing traditions. This was very popular.

I see the most significant advances of PHA2 as: a) The “Cuenca Declaration” which was, both, a reiteration of the relevance of the People’s Charter for Health and its contextualization to

today's realities, b) the International Peoples Health University, associated with PHM which ran its first session to train the next generation of health activists just before the assembly, c) the launch of a Global Right to Health Campaign, d) the launch of the first Global Health Watch – An alternative world health report, e) the Million Signature Campaign calling for Health for All NOW, f) the turnaround of WHO from ignoring the

cial, economic, political and cultural needs. In addition they must adapt to the diversity of each country. We have to balance global visibility with grassroots work. This is challenging and it takes time, patience and creativity.

The Million Signature Campaign has been a good campaign, especially in the Alma Ata Anniversary year. It focused attention on a global slogan that had been distorted and forgot-

Unfortunately, she got in spite of the efforts of many concerned campaigning groups like PHM. Sometimes, we will not succeed because the forces we are dealing with are complex and not so easy to counter. However, we continue to watch her actions in UNICEF.

One important outcome of any campaign is making people aware of issues and getting them to think about the deeper determinants. That's really the most important gain of all these campaigns. It's not simply a question of winning or losing but rather of establishing the right of people to be heard and to be engaged in international health decision and processes.

More recently we have sent an article to the Lancet about PHM's vision of a new inspirational leadership for WHO and we have sent a set of questions to all the WHO-DG candidates to provoke them to state their goals and visions.

The road to Health for All is a long and bumpy one!

Q: Where do these initiatives stand today?
Ravi Narayan: The campaigns launched at PHA2, as well as some PHM campaigns launched prior to PHA2, have been important in mobilizing groups and people at a country level. The challenge for movements such as PHM is to ensure that each campaign develops roots at the country level. Campaigns need to address local so-

ten. However, because of the multilingual nature of the effort, we ran into technical problems that we are sorting out. We will take action as soon as the goal is reached.

The “Save the UNICEF” campaign was designed to block the appointment of Ann Veneman as UNICEF Executive Director. We were concerned not only about her past record in dealing with children's issues, but also about a process that gave the United States the power to name UNICEF's director.

Q: There was a very little coverage of PHA2 in international press. As far as we are aware the only medical journals that wrote about it were the British Medical Journal and PLoS (Public Library of Science). I won-



der if this impression is correct and what thoughts you have about this problem?

Ravi Narayan: I am not sure I agree. I think that we did have more press and medical coverage than before and a very active media group at PHA2 made an all-out effort to seek and gain such coverage. But the media wants sensationalism and hype and though we did creatively adapt to some of these trends, “Health for All” is not a high priority for everyone. “Health for those who can pay” is glamorous, supported by industrial and commercial interest! People dying of preventable illness is just not news any longer and most people want to write about ‘new technologies’ and ‘medical bullets’, rather than social determinants. But we have to keep trying and improving our efforts. Since Cuenca, we have started to give PHM communications more importance. We have more younger people and a new website editor helping to give PHM communications a higher profile.

Q: How has the Global Governance of PHM evolved since the Cuenca Assembly?

Ravi Narayan: The Cuenca Assembly was our first assembly after the movement was created. One of the important tasks for the global steering

group, consisting of regional and network representatives, was to take stock and identify the strengths, weaknesses, opportunities, and threats to PHM both at the level of country level mobilization and global action. All aspects of the PHM organizational framework and experience were subjected to a participatory, collective review. What evolved was a new structure which was more representative, more responsive and more diverse and symbolic of the PHM’s challenges. This new structure includes a People’s Assembly, a steering council and a smaller, more compact coordination commission (CoCo) which supports the new secretariat and the new global coordinator on a more proactive and collective basis.

Q. What can you tell us about the new global secretariat?

Ravi Narayan: The secretariat was hosted initially in Bangladesh for 2 years and then we hosted it in Bangalore (India) for the next three years. It was felt that the Secretariat should move to another region. Since the assembly was hosted by Latin America, we had all hoped and presumed that this region would host the secretariat after the assembly but this did not happen. The Latin Americans felt the need for more time to organize for

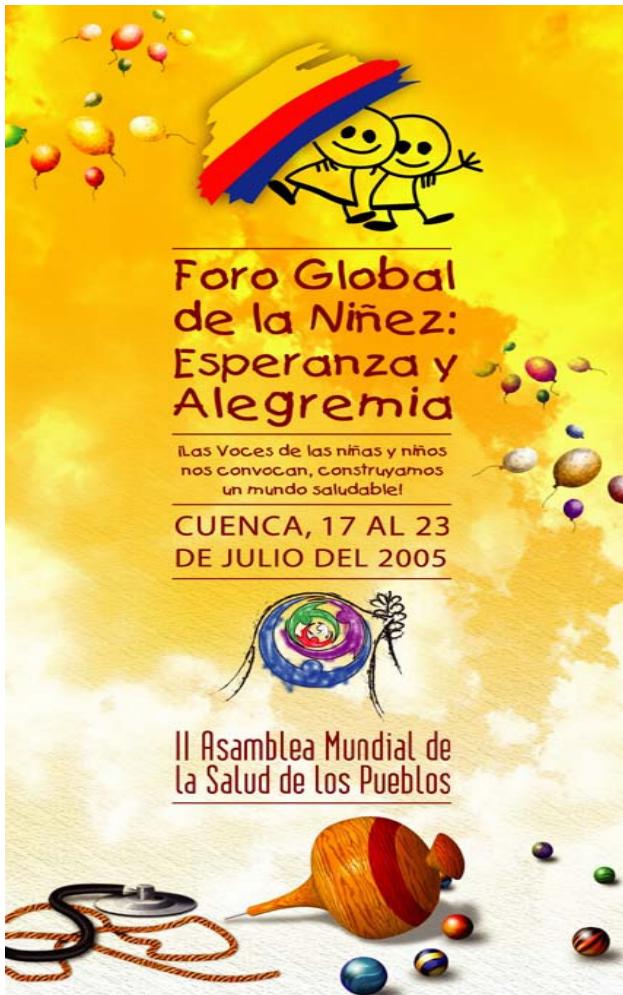
such a global responsibility. A few months later, the Middle Eastern Region, which has had a strong primary health care network, agreed to take up the challenge. They did this very creatively by bringing together resource centers in public health from three countries: The Association for Health and Environmental Development (AHED, Cairo), the Palestine Medical Relief Society (PMRS, Palestine) and the Arab Resource Collective (ARC, Lebanon). Three Public Health Professionals/activists Jihad Mashal (Palestine), Alaa Shukrallah (Egypt) and Ghassan Issa from (Lebanon) formed a global secretariat committee and unanimously selected Hani Serag – a younger and enthusiastic public health professional – to be the Global Coordinator of the PHM Secretariat on behalf of the region. This secretariat committee and the new coordinator will be supported by the PHM Interim Coordination Commission (CoCo) that will consist of incoming/outgoing coordinators, some representatives of the regions, some functional coordinators and the coordinators of the next Global Health Watch and the International Peoples Health University. By November 2006, we hope that this interim CoCo will evolve the new more responsive and representative structure

mentioned earlier.

Q: Where is the PHM now and what can we expect in 2007?

Ravi Narayan: Meetings of the Secretariat were held in Frankfurt in February 2006, in Cairo in March 2006, and finally in Geneva in May 2006 when this transition was carried out formally. Much brain storming on the future of PHM occurred at these meetings. An interesting plan is evolving which will promote decentralization, regionalization, harness our diversity, build our country circles and capacities, widen our network linkages and develop our thematic strengths - all these through listening to the experiences and aspirations of our different communities. We plan to work closely with people at the grassroots, exchange experiences between countries and regions, act around particular issues through global and local campaigns and collectively strengthen global projects of the PHM such as the Global Health Watch II, the International Peoples Health University and campaigns like the Right to Health. We all look forward to the growth of this movement whose time has come!

Q: There seems to be a big gap between the impact of the PHM and its potential. A meeting



every five years or even several thousand health activists is a very small activity in today's world. And yet the ideals of "Health for All" and the building of robust health systems should have broad political appeal. What do you see as the larger political strategy for building a robust progressive health movement?

Ravi Narayan: I think it is difficult to talk about impacts and potentials of a young five year old movement. As clinicians we

know that early childhood is risky developmental period. We are growing in some parts of the world and still nascent in others. However, we are surprised how well we are known and respected, sometimes, a little beyond our modest expectations.

The WHO Commission on Social Determinants of Health acknowledges our role and presence just as the late Dr. Lee did in his message to the Second People's Health Assembly, where he reiterated that "our objective is the same,

and our methods complement each other.... By combining our strengths and uniting our efforts, we have achieved a great deal and we will achieve a great deal more together."

Many international, regional and national events invite PHM to listen to their concerns. More and more public health training institutions are getting their students to reflect on the Charter.

The political strategy of PHM is gradually evolving. It includes the 'politics of empowerment' and the 'politics of engagement.' The challenge is to make this a 'pincer' strategy that will challenge the global health market and biomedically dominated health systems of the world to be more responsive to people's health needs and the socio-economic-cultural-political and ecological determinants of health.

Q: Do you have any other thoughts about the impact of PHA2?

Ravi Narayan: The Second Assembly was a great experience of hope and solidarity, a celebration of collectivity and a battery charger for health activists and health professionals from all over the world. As we gathered in Cuenca we shared experiences, learned from each other's successes and failures, and

understood the complexities and obstacles in achieving Health for All goals, at local, national, regional and international levels. The greatest advance was the renewal of this spirit to struggle and to counter the corporate-led globalization with a "globalization of health from below" that would be responsive to the needs of the poor, the marginalized and the dispossessed of communities in both the south and the north. The report of the Assembly, 'Las voces de la tierra – De Savar a Cuenca' was recently released in Spanish and will soon be released in English. It tries to capture the spirit and inspiration of PHA2.

PHM is not about numbers and membership. It is about giving people faith in their own capacity, creativity and autonomy. It is about making them feel less vulnerable, less dependent, less exploited and more in-charge of their own destinies in this new era of globalization from above. The success of the second Assembly was the mood of celebration, not despondency and the large presence of young people and indigenous people was a sign of hope and a confidence in the future. "Health for All" is possible one day! But we must first build a globalization of solidarity from below!!

-Ravi@phmovement.org