

The role of the People's Health Movement in putting the social determinants of health on the global agenda

Ravi Narayan*

The People's Health Movement (PHM) is a global network of people-oriented health professionals and activists, academics and researchers, campaigners and people's organisations that have been one of the most active advocates in putting the social determinants of health on the global agenda. They have done this through promoting their charter, their advocacy strategies, and their proactive and assertive promotion of these deeper determinants of health and health care. This short paper highlights some of the key events and initiatives in this direction.

From 4-8 December 2000, the first Global People's Health Assembly took place in Savar, Bangladesh, when 1,453 participants from 75 countries gathered to share people's voices and testimonies about distortions of primary health care and the neglect by governments and international agencies of the Health for All Goals. This collective and interactive dialogue led to the evolution of a People's Charter for Health, which became the manifesto of a People's Health Movement.

This manifesto is the strongest consensus statement on the social determinants of health in the international scene. The preamble of the charter¹ states, perceptively, that: "Health is a social, economic and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence and injustice are at the root of ill-health and the deaths of poor and marginalized people". The principles of the charter that follow reiterate that "health is primarily determined by the political, economic, social and physical environment and should, along with equity and sustainable development, be a top priority in local, national and international policy-making".

Finally, in the Call for Action that forms the major part of the charter, a series of actions on the broader determinants of health – including the economic challenges, the social and political

challenges, the environmental challenges, and the challenges of war, violence, conflict and natural disasters – are enumerated. The charter also makes a plea for a people-centred health sector and for stronger involvement of people's organisations and movements in the health decision-making processes at all levels.

This charter, now translated into more than 50 language editions and distributed widely all over the world, has become an expression of the movement's common concerns; of its vision for a better and healthier world; a tool for advocacy; and a call and rallying point for radical action, especially on these deeper social determinants.

At the time of the First Assembly, the director-generals of the World Health Organization (WHO) and UNICEF were invited to participate, since these United Nations (UN) organisations had co-sponsored the Alma-Ata Conference in 1978 that gave the world the 'Alma-Ata Declaration on Health for All'.² This declaration had been considered an equally significant document on social determinants.

The declaration had noted that "the existing gross inequality in the health status of the people is politically, socially and economically unacceptable" and "economic and social development is of basic importance to the fullest attainment of 'Health for All'." In spite of this historic recognition of social determinants in health by these UN organizations in an earlier era, their leadership was conspicuous by their absence at the People's Health Assembly in 2000. This absence was significant and noted in the final report of the Assembly and in many articles and reports that followed.

However, the irony of the situation, as was noted by Claudio Schuftan,³ was that "the World Bank – an institution heavily criticized by the delegates from the world over, did show up to participate in the meeting in which its actions in health were put under heavy scrutiny and received unanimous condemnations".

The People's Health Movement decided in its charter to call on people of the world to demand a radical transformation of the

* Dr Ravi Narayan was the global co-ordinator of the People's Health Movement Secretariat until June 2006.

Abstract

The People's Health Movement (PHM) is a global network of people oriented health professionals and activists, academics and researchers, campaigners and people organizations that have actively promoted the re-endorsement of the 'Health for All' principles of the Alma Ata Declaration and the importance of social determinants of health and health care. The paper outlines a series of ongoing advocacy initiatives through a PHM - WHO advocacy circle that has consistently since 2001 nudged WHO to reaffirm the Alma Ata principles and focus on the social determinants of health. This has led to an evolving dialogue with PHM and the setting up of the WHO commission on social determinants of health, in which the PHM, is actively engaged.

World Health Organization so that "it responds also to health challenges in a manner which benefits the poor, avoids vertical approaches, ensures intersectoral work, involves people's organizations in the World Health Assembly and ensures independence from corporate interests".¹ Soon after the First People's Health Assembly, the evolving movement set up a small WHO advocacy circle that began to use every opportunity to engage with WHO and encourage it to rediscover its original mandate and commitment to the social determinants of health. Over the next three years, this continuous engagement led to a series of interesting events and dialogues that began to put people pressure on WHO in different ways. These included a set of provocative in-house workshops at WHO headquarters by a PHM-linked health policy resource person in April 2001. These workshops led to the announcement of the Civil Society Initiative by the WHO Director-General and an invitation for dialogue to a group of PHM leaders at the next World Health Assembly in May 2001.

In November 2001, the Global Forum for Health Research, at its Forum 5 in Geneva, also invited PHM resource people to its meetings to share concerns from the charter and noted in its forum report⁴ that "poor people are also more likely to suffer from the degradation of the environment and from discriminations. Once trapped in this vicious cycle, the chain of causality is very difficult to break, as pointed out by numerous reports, including the People's Charter for Health".

By May 2002, the WHO began to respond to this pressure and invited PHM to present the People's Charter for Health as part of a technical briefing at the 55th World Health Assembly (the first ever example of civil society facilitation of a WHO technical briefing). More than 35 PHM delegates from all over the world participated in this briefing session and the occasion was also used to make a strong plea to WHO to become a strong advocate for poverty eradication; promote comprehensive approaches; strengthen public sector health; involve people's organisations in WHO work; and to promote more participatory, relevant and transparent public health policy processes and initiatives. It was also suggested that WHO should make a greater commitment to the social determinants of health. This dialogue and engagement was reported in the popular and medical press including the *Lancet*, some internal documents of WHO, and many other papers.

In May 2003, which was also the 25th anniversary of the Alma-Ata Conference and Declaration, PHM released an Alma-Ata anniversary pack⁵ that again emphasised the need for research, policy and programmatic action, especially on the social determinants. Eighty-two PHM delegates attended the World Health Assembly that year, including Halfdan Mahler, the WHO-DG Emeritus who also participated under the PHM banner. These delegates made their presence felt in defence of comprehensive primary health care and the social determinants through various advocacy strategies. The late Dr Lee Jong Wook, the then WHO Director-General elect, invited PHM for a dialogue and assured them that it was vital for WHO to listen to

the voices of the communities they represented.⁶ Dr Lee followed up this meeting by involving PHM formally in the Primary Health Care Policy Development consultation in Madrid in October 2003, and by identifying some areas of dialogue between PHM and WHO in November 2003 which included HIV-AIDS, GATS, WTO, primary health care and civil society partnerships.

In July 2003, at a World Civil Society Forum held in Geneva, the then PHM global co-ordinator commented on the inadequacies of the WHO report of the Commission on Macro Economics and Health and made a plea for a 'Poverty and Health Commission' to be appointed in the 25th anniversary year of Alma-Ata Declaration, consisting of civil society organisations such as PHM and UN organisations including WHO and the Global Forum for Health Research. This commission was to be mandated to tackle the determinants of health and not the end products (disease) and to do this with a human rights perspective and a commitment to building community partnerships.

In January 2004, this informal but sustained dialogue led to a complete role reversal in WHO vis-à-vis its relationship with the movement. From a total non-participation in the First People's Health Assembly, the WHO moved towards a proactive participation. Four headquarters staff were sent by the WHO Director-General to participate in the Third International Health Forum in Defence of People's Health and the special health session at the World Social Forum, Mumbai, entitled '25 years after Alma-Ata – Globalisation and Health for All Challenge', which were organised by the People's Health Movement.

The dialogue initiated at this event led to some interesting developments. The Mumbai Declaration⁷ released after these events noted that while "WHO has recently become stronger in its technical support to HIV-AIDS, the movement is concerned that the 3x5 initiative focuses on treatment alone, ignoring the complexity of the epidemic; promotes long-term dependence on donors; has inadequate involvement of people with and affected by HIV-AIDS and civil society in the planning and implementing of the program", and pays inadequate attention to "improving health systems or to life skill education, women's health empowerment or utilization of traditional system of medicine". This process ultimately resulted in the People's Charter for HIV AIDS⁸ a few months later, which was presented by PHM and its civil society partners at the World AIDS Conference at Bangkok in 2004, a conference that had WHO as one of the co-sponsors.

In May 2004, 30 PHM delegates again attended the World Health Assembly and continued to advocate for comprehensive primary health care and action on the social determinants. Later in the same year, PHM resource persons were invited to preparatory meetings organised by the WHO on its proposed WHO Commission on Social Determinants of Health. The sustained pressure over the years had begun to take definitive shape. These PHM resource persons, along with other colleagues, continued to work closely with the secretariat team

that was set up to evolve and support the commission. In the same year, PHM resource persons were also invited to be members of the WHO Task Force on Health Systems Research to add their concerns on social determinants and their effects on health systems. This led to various papers by PHM resource persons on pushing the international health agenda towards equity and effectiveness and drawing attention to research efforts on the social, political and economic determinants of health.⁹

By end of the year, PHM's contribution to the importance of social determinants of health was recognised even in academic circles during discussions on perspectives on global development and technology and effects of globalisation on health. It was recognised that the People's Charter for Health "lays out a blue print for the transformation of the existing global order through democratization at all levels of the existing (health) system and through ... a globalization (of health) from below".¹⁰

In March 2005, when the WHO Commission on Social Determinants of Health (CSDH) was formally launched in Chile, this role of PHM was recognised by the invitation to Dr Fran Baum, the PHM Australia convener, to be a commissioner, and by the acknowledgement at the opening ceremony of PHM's role in the evolution of the idea. Subsequently, this process has continued with the participation of the chairperson of the CSDH and a commissioner at the Second People's Health Assembly in Cuenca, Ecuador, and an increasing engagement with PHM and other constituents of civil society in the Asia, Africa, Middle East and Latin American regions with the CSDH. PHM is involved with other civil society actors in different ways in engaging with the CSDH and its knowledge networks in collecting the evidence on the social determinants of health from all over the world.

Three important developments at the Second People's Health Assembly in Cuenca, Ecuador, in July 2005 symbolised this special interest and contribution of PHM. The Cuenca Declaration,¹¹ which was an important output of the second assembly, is another forceful consensus document on the social determinants of health. *The Global Health Watch*¹² (also called *The Alternative World Health Report*), which was released at the Second People's Health Assembly, is a compilation of evidence on the social determinants of health by more than 150 academics, researchers and activists in solidarity with the Global Health Watch process facilitated by People's Health Movement, Medact, and Global Equity Gauge Alliance.

Finally, the late Dr Lee Jong Wook, in a special video message to the assembly,¹³ noted that: "People's health depends to a very large extent on the social conditions in which they live. Policies that can improve those conditions are among the best

means we have of protecting health ... The commissioners (of the Commission on Social Determinants) are seeking ways to make use of the vast amount of knowledge and potential for action represented here today in the People's Health Assembly. I am delighted that the commission as well as senior staff members of WHO will be actively involved in the discussions here this week ... Our objectives are the same and our methods complement each other: working with governments and with non-governmental groups to protect and promote the health of all peoples. By combining our strengths and uniting our efforts, we have achieved a great deal and we will achieve a great deal more together."

In conclusion, while the PHM has played its own small but significant role in bringing the social determinants of health higher on the global agenda, symbolised by the WHO Commission on Social Determinants of Health, much more needs to be done if the action on the social determinants is to become part of international public health policy and action. As noted in a recent report,¹⁴ "we need a continuous sustained and collective effort", and to remind ourselves through the People's Health Charter that a long road lies ahead in the campaign for 'Health for All'. Are we all ready for this commitment?

References

1. People's Health Assembly. People's Charter for Health. *Proceedings of the First People's Health Assembly*; 2000 December; Dhaka, Bangladesh.
2. WHO/UNICEF. Primary Health Care. *Report of the International Conference on Primary Health Care*; 1978 September 6-12; Alma-Ata, USSR.
3. Schuftan C. Hanoi, reflections on PHA1 dynamics and outcomes. PHM internal document; August 2001.
4. The Secretariat. *10/90 Report on Health Research 2001-2002*. Geneva (CHE): Global Forum for Health Research; 2002.
5. Narayan R, Unnikrishnan PV. *Health for All Now! Revive Alma Ata, A Alma Ata Anniversary Publication*. Cairo (EGY): People's Health Movement; 2003.
6. People's Health Movement, GEGA, Medact. *Global Health Watch 2005-2006: An Alternative World Health Report*. London (UK): Zed Books; 2005. p. 286.
7. People's Health Movement. The Mumbai Declaration. *Proceedings of the 3rd International Forum for the Defence of the People's Health*; 2004 January 14-15; Mumbai, India.
8. People's Health Movement. People's Charter on HIV and Aids. *Proceedings of the XV International AIDS Conference*; 2004 July 16; Bangkok, Thailand.
9. McCoy D, et al. Pushing the international health research agenda towards equity and effectiveness. *Lancet*. 2004;364:1630-33.
10. Harris RL, Seid MJ. The Globalisation of Health: Risks, Responses and Alternatives. *Perspectives on Global Development and Technology*. 2004;3(1-2):245-269.
11. The People's Health Movement. The Cuenca Declaration. *Proceedings from The People's Health Assembly-2*; 2005 July 17-22; Cuenca, Ecuador.
12. People's Health Movement, GEGA, Medact. *Global Health Watch 2005-2006: An Alternative World Health Report*. London (UK): Zed Books; 2005.
13. Lee Jong-Wook. A Message from WHO Director General, Dr Lee Jong-Wook's video address to PHA 2. *People's Health Assembly Newsbrief*. 2005 July-December;16&17:5-6.
14. Narayan R, Schuftan C. The People's Health Movement: A people's campaign for Health for All - Now. *Perspectives on Global Development and Technology*. 2004;3(1-2): 235-244.

Author

Ravi Narayan, Society for Community Health Awareness, Research, and Action, Bangalore, India

Correspondence

Professor Ravi Narayan, Community Health Cell, No. 367, Sreenivasa Nilaya, Jakasandra, 1st Block, 1st Main, Koramangala, Bangalore, 560 034, India. E-mail: ravi@phmovement.org