August column

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Capetown. More than 800 activists, academics and students from 90 countries gathered here at the University of the Western Cape in South Africa for a week this July for the third global People's Health Assembly of the People's Health Movement. The university was open to black students during *apartheid*; it has since received more resources and boasts the lowest tuition fees in the country. Manifestations outside the venue like those above and in pictures below, were not protestations, happily, but celebrations of what truly was a global event, and which for me and many colleagues and comrades, was profoundly moving and valuable. At times, I felt I was attending one of the nowadays frequent global health conferences, with the difference that people were wearing not suits but jeans. The weather was cold and rainy, but this did nothing to dampen the spirit of the participants.

Third People's Health Assembly

TOI TOI !

The call of '*amandla* ('power') used during the struggle against *apartheid*, accompanied many of the presentations. In addition, the wonderfully polyphonic chorus of *toi toi*



Halfdan Mahler with WHO Director-General Margaret Chan, addressing the WHO World Health Assembly in 2008, and greeted at the 2011 WHO WHA

songs, traditionally sung in street demonstrations, brought an added sense of purpose and hope to our deliberations.

It was fitting that the opening ceremony included a videotaped message from Halfdan Mahler, director-general of the World Health Organization from 1973 to 1988. He was the one who oversaw the Alma Ata *Health For All 2000* strategy in a call for universal primary health care. He now says that the People's Health Movement is now the strongest global voice for health equity.

Mornings were taken up by a plenary and half a dozen parallel sessions. Each afternoon there were 15 parallel self-organised workshops where people presented their local work. We learned about the health and other impacts of mining and other extractive industries across the globe, as well as about 'land grabs' by transnational corporations that buy up prime agricultural land, privatise public goods such as water, and threaten the food security of local communities. We were inspired by the work of the South African Treatment Action Campaign which won universal access to anti-retroviral treatments, and also by a range of national campaigns working for the right to health.

There was a real daily buzz with rooms and corridors full of health activists discussing their ongoing work and their campaigns to promote health equality, comparing threats to health and discussing ways of challenging and overcoming these threats.

Box 1

Moving the People's Health Movement forward

A brief explanation… The People's Health Movement has country circles in over 45 countries. These work on local campaigns to promote the economic, social, and political conditions that can lead to equitable access to comprtehensive health care. The Assembly is its peak body; it meets every five years to discuss strategies and to agree on the overall directions the Movement is to follow.

This third People's Health Assembly in Capetown, and the ensuing steering council meeting, both mark a new level of achievement. We had real valuable exchanges across regions and did some meaningful planning for common actions in the near and more distant future.

Our investment in Africa has paid off. We now have organised circles in several countries and real representation of Africa on the council. The People's Health Movement in South Africa now has solid foundations beyond Capetown and new links have been forged with the HIV/AIDS constituency in the country.

Most critically, we are set to achieve a real renewal and rejuvenation of the steering council with a nice balance between rejuvenation (young people) and continuity (us old folks). We are moving to a council of volunteers with real accountability and representation. This is a direction we have been seeking to take for many years.

Keynotes



Ronald Labonte (left) on inequities; Jaime Breilh on threats to public goods; Mark Heywood on health services; Zachie Achmat with Nelson Mandela.

One of the first plenaries was on the global political and economic context of health. Ronald Labont of the Department of Globalisation and Health Equity at the

University of Ottawa, Canada depressed everybody with his analysis of what he calls 'neo-liberalism 3.0'. He pounded this latest form of ruthless capitalism that has cajoled and coerced so many countries to make them join a global trade regime slanted towards the interests of transnational corporations and negatively affecting people's health.

Zackie Achmat from South Africa, winner of the Nelson Mandela award for health and human rights, spoke passionately about the Treatment Action Campaign's fight for affordable drugs for people living with HIV and AIDS. HIV-positive himself, he refused to be treated with drugs until these became available in South Africa as part of a public health service provision. His address was greeted by much foot stomping and *toi toi* singing by his South African colleagues.

Hugo Icu Peren, a Mayan physician and leader from Guatemala, author of *Revival of Maya Medicine and Impact for its Social and Political Recognition,* then spoke of the importance of learning from indigenous people about how to care for the land and the environment.

One of the most powerful plenaries took place on the last day. *Jaime Breilh* of the Universidad Simon Bolivar of Quito, Ecuador. gave a devastating account of how current public health programmes and goals, such as those meant to address food security and nutrition, are lagging far behind the relentless acceleration of transnational corporations that are destroying and contaminating water and food sources the world over. Moreover, as said, land grabbing in the global South by powerful investors from the North, is making the goal of people's food sovereignty less and less achievable.

Mark Heywood of the South African National AIDS Council gave an uplifting account of the many goals and services for which we still need to campaign and mobilise. Many of these are not immediately part of health care services, but are crucial for longer-term health prospects. He told us about the upcoming campaign in South Africa to improve sanitation and lavatories in schools, both relevant to the right to education and the right to health. Also, in an uplifting mood.

Abhay Shukla from India's Right to Health Campaign gave an account of how marginalised communities in India are mobilising to monitor local health care services and people's entitlements by demanding that those in authority be made accountable.

Third People's Health Assembly

THINK GLOBAL, ACT LOCALLY AND GLOBALLY



The Assembly made us realise again that it really is global forces that impact at country and at local level. This became so evident during conversations on topics like reform of the UN system and of the World Health Organization, in particular as relates to universal health access and human resource constraints. An intense debate on the current troubled WHO reform process made clear that so-called 'public private partnerships' – rather than WHO member states – are actively trying to influence the process, as well as some high level decision making; these 'partnerships' are largely driven by transnational corporations and institutions.

Rebalancing power in WHO is a necessary first step towards affecting change within the system, we were reminded. Furthermore, these days, sources of funds that increasingly come from powerful private foundations based in the US are more potent drivers of policies and programmes than any real democratic decision-making processes. Without proper accountability, these 'public private partnerships' do not act in the public interest. Two such sad examples are the privatisation by the UK conservative government of the National Health Service and the education system.

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What also came out loud and clear is that the road to accountability remains and is community mobilisation. The migration of health workers from the Global South to Europe and North America also remains a big problem. Countries need to drastically use more community health workers to support the clinicians who stay in the public system. The Brazilian and the Rwandan model were cited as examples. Community

health workers also need to foster community involvement and thus become community mobilisers. This brought us all back to questioning governments' political determination and to explore which and who are the powers that drive politicians. Many presentations emphasised that health victories can only be won through a political struggle..

More keynotes



Threats, challenges, achievements, were outlined by Fran Baum (left); Malebona Precious Matsoso; Eduardo Espinosa; and (right), Paulo Buss

Here are some more presentations that impressed me. Brian Ashley, editor of the journal *Amandla* from South Africa spoke eloquently about the shape of the climate crisis and its impact on health. Fran Baum from Australia (above left), author of *The New Public Health*, and co-chair of our global steering committee, explained why there is so little action on the determinants of health inequality. There were also testimonies from Marta Giane Torres about the impact of mining on the health of Amazon communities and from Dan Owalla who spoke about how the People's Health Movement in Kenya has supported community mobilisation in north-eastern Kenya.

Malebona Precious Matsoso, South African Director-General of Health (above, second from left), stressed that the global financial crisis is not an excuse to cut health and social services. Eduardo Espinoza, vice-Minister of Health of El Salvador (third from left), accounted for the progressive health reform he is overseeing which will provide national integrated health services based on the principles of primary

health care and participatory oversight of the health system in his native country. Paulo Buss, former director-general of the national Fiocruz Institute of Brazil (which he is celebrating in the picture above, right) described his country's universal national health system based on family health centres and the *Bolsa Familia* cash transfer programme: both are reducing health inequalities. These are examples of how universal provision of basic public health services protect overall health and well-being.

Other issues explored included the impact of HIV-AIDS on countries' development prospects, and the struggle of aboriginal people to regain rights in their land and the health impact of centuries of dispossession and repression.

Third People's Health Assembly

NEEDED: AMANDLA



Often during sessions and discussions at the assembly, it became clear yet again what a raw deal Africa gets in global power politics and economics. At times the sense of grief at the way Africa has been looted and pillaged over the centuries, is almost overwhelming. Then we need to remember that although the methods are different, this process continues.

We concluded with a multitudinous march through the centre of Capetown and with the draft of our *Cape Town Call to Action* final document which includes a good analysis and a workable programme for concrete actions to follow. The same will be finalised in the weeks to come and should be ready by mid-August. But such appeals, we are aware, do not of themselves mobilise people. The latter requires, clear goals, as well as the constructive channelling of anger and passion; and also the genuine building of solidarity.

I was moved and inspired by the hundreds of participants of all generations, who are committed activists in their own regions and countries. The assembly itself proved to be a demonstration of how to achieve a goal through committed collective action. Now on to greater things! Amandla! Power to the people!

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