The contribution of Civil Society Engagement to the achievement of Health for All (CSE4HFA)

Research undertaken by People’s Health Movement with the support of the Canadian International Development Research Centre and hosted by Médecine pour le Tiers Monde (M3M)

South Africa, India, Democratic Republic of Congo, Italy, Brazil and Colombia and global
In a nutshell

• Between 2014-2018 People’s Health Movement (PHM) undertook a large multi-centre study exploring ‘civil society engagement in the struggle for health for all’ (code for ‘health activism’)
• The study was funded by IDRC, Canada
• Over four years, 130 researchers in 10 countries produced 50 research reports

In this presentation
• Brief overview of the research (problem, assumptions, research strategy)
• Focus on the findings in relation to the five ‘domains’ of activist practice
  • movement building
  • campaigning and advocacy
  • capacity building
  • knowledge generation
  • critical policy engagement
Research problem: Global health crisis

• ‘Health for All’ means
  • access to decent health care for all
  • living conditions (in which we grow, learn, work, play, and grow old) which enable good health for all

• There have been some measured improvements
  • technological developments and trickle down access;
  • economic development in China; but

• In absolute terms Health for All is as far away now as it was in 1978 and the health gap is widening
The unfulfilled promise of Health for All

• Origins of HFA
  • follow up of Alma-Ata
  • link to the NIEO

• Evolution of health policy at the global level
  • the optimism of PHC and the NIEO
  • the debt crisis and structural adjustment
  • ‘Investing in health’ 1993
  • Uruguay Round (1986-94) leading to WTO
  • 2001 Doha ministerial
  • WHO’s Macroeconomics and Health report 2001
  • MDGs and the GPPPs
  • SDGs

• What has been achieved?
  • mortality: general improvement but widening gap
  • immunisation
  • water and sanitation
  • malaria: decline has stalled
  • nutrition: stunting remains prevalent in SEA, EMR and Africa
Globalisation as context

• Health risks (barriers to Health for All) are always local but are increasingly shaped by global structures (imperial powers with global reach, transnational corporations, trade and investment agreements)
• Global governance is largely controlled by a small political, bureaucratic and corporate elite, and that control exercised in the interests of that elite
• Achieving Health for All will require a democratisation of global governance
• Presently the global elite (‘transnational capitalist class’ - coherent, self-conscious, well networked) confronts a dispersed, incoherent and poorly networked assemblage of national working classes, middle classes and marginalised classes – divided by language, ethnicity, nationality, religion, gender and class
• Democratisation of global governance will require a convergence of these disparate constituencies: stronger solidarity, richer networking, collaborative action
• The global Health for All movement reflects and contributes this convergence: listening across difference, expressing solidarity across boundaries, collaborating in action
Research strategy

• Five domains of activist practice provide the main themes of this research
  • Movement building and networking
  • Campaigning and advocacy
  • Capacity building
  • Knowledge generation and dissemination
  • Critical policy engagement

• Overlapping, interdependent, synergistic

• Participatory action research
  • stage 1 – describe and evaluate one or more ‘episode/s’ of social movement practice
    ▪ reflect and discuss (locally and in regional workshops)
  • stage 2 – embark on a new engagement, drawing from such reflection and discussion
    ▪ document, reflect, discuss and learn from the new engagement
Data collection

• Six PHM country circles recruited as research partners
  • researching ‘episodes’ of civil society engagement in accordance with the
    logic of participatory action research
  • adapting broad research framework to local priorities
  • recognising research as movement building and capacity building

• Global studies
  • literature review of social movements
  • historical review of the global ‘HFA movement’
  • evaluation of Global Health Watch
  • evaluation of International People’s Health University
  • evaluation of WHO Watch
  • analysis of personal narratives from long standing activists within PHM

• Specific one-off projects
  • review of sequence of IPHU’s in El Salvador
  • review of Ghana experience in policy dialogue around global governance
Movement building

- Attend to all levels of the movement: individuals, relationships, communities, organisations and networks
- Understand the pathways to activism
- Community building, including mutualism, is part of movement building (community based service programs or demands for state action)
- Collaboration with the state: a matter of judgement
- Social movements have deep roots; know your history
- Leadership is necessary but so is accountability
- Build constructive links between the HFA movement and broader political movements
- Convergence (solidarity, networking, collaboration) is key element of movement building in era of globalisation
Campaigning and advocacy

• Campaign strategies bring together theories of change, forms of action and response to contingency
  • strategy is contingent
  • theories of change inform strategy
  • many different forms of action
  • planning for action: various considerations
  • resources (people, information, money)

• Balance policy advocacy with structural critique (‘critical policy engagement’)
  • policy analysis: packaging demands which are implementable
  • addressing the configurations of power
  • addressing the immediate issues in ways which will also contribute to structural change

• Networking for campaigning is empowering but requires investment and compromise
  • networking can extend the reach and impact of the campaign
  • but networking can be very challenging
  • clear objectives are important but they are not always self-evident, can change over time and may be subject to disagreement among campaign partners
Capacity building

• Beyond individuals, think relationships, think organization, think culture
• Think about capacity building in relation to pathways to activism
• Build on informal learning opportunities as well as organizing formally structured training programs
• Link curriculum planning to practice opportunities
• Bringing ‘body knowledge’ into discourse (through popular education and ‘systematization of experience’) makes such knowledge available for sharing and building upon
• Avoid expert domination: value trust, reciprocity and dignity
Knowledge generation, access and use

• New information flows can be empowering, including:
  • scientific, technical and legal knowledges, and
  • indigenous knowledges, such as Central American indigenous cosmovision, provide resources for new ways of understanding ourselves in the world.

• Producing the knowledges that the activists need is a core social movement strategy, including:
  • academic research,
  • research synthesis,
  • learning from activist practice,
  • bringing lived experience into discourse, and
  • re-appropriating history, culture, identity.

• Knowledge sharing is a core social movement strategy, exemplified by
  • Global Health Watch, but attention is needed to
  • media, methods and language, and awareness that

• Knowledge sharing is embedded in relations of solidarity and relations of power
Critical policy engagement

• Critical policy engagement
  • balancing policy dialogue with structural critique

• Critical policy engagement at the national level deals with
  • national issues and
  • issues which have international ramifications

• Critical policy engagement at the global level
  • linked to complementary advocacy at the national level
Broader conclusions

• The Health for All movement is making a difference;
  • changing political environments means that the efforts of health activists vary between resisting backslide and achieving positive net improvements
  • attribution of influence among different agents is uncertain
  • the movement could be more effective; we can learn from our experience

• Analysis and strategy must attend to all ‘fields of practice’:
  • ethical and cultural work for ourselves
  • understanding and solidarity with our constituencies
  • political economy in relation to the structures

• ‘Convergence’ (solidarity, networking, collaboration) is a key element of movement building in the era of globalisation:
  • listening to the lived experience of ‘the other’
  • developing shared analyses and synergistic strategies
  • overcoming divisive preconceptions (racism, sexism, xenophobia, Trumpism)

• The ‘macro micro principle’ (addressing the local in ways that contribute to redressing the broader, longer term, structural forces) is difficult (levers, agency, understanding)

• Political movements also contribute to historical change; need to have regard to the relationships between social and political movements