**PHM-UK Open Meeting** **Saturday 15th June, London**

*This meeting brought together organizations & individuals interested in developing a progressive grassroots health movement in the UK. With ideas, stories and enthusiasm expressed throughout the day we look forward to developing the plans outlined below further. Below you can hear what participants suggested and called for throughout the day – get in touch at* [*phmukcoordinator@gmail.com*](mailto:phmukcoordinator@gmail.com) *if you have any questions.*

**Attendees**

* Anuj
* David McCoy (Medact)
* Chris Boyle (PHM-UK)
* Ruth Stern (Medact and PHM-UK)
* Pam Zinkin (PHM-UK)
* Diana Warner (Peckham Foundation)
* Amit Vats
* Frances Cook (Kent KONP)
* Eileen Smith (Kent KONP)
* Martin Dewry (Health Poverty Action)
* Alex Scott-Samuel (Politics of Health Group)
* Hermione Lovell
* Guddi Singh (38 Degrees volunteer)
* Natalie Sharples (Health Poverty Action)
* Neal Somchand
* Yoshinaga Nakamura
* Nele Jensen
* Isobel Brathwaite
* Sarah Walpole (Climate and Health Council)

**Apologies**

* John Lister (Health Emergency)
* Roy Smith (PHM-UK)
* Linda Gibson (PHM-UK)
* Jonathan Butterworth (Just Fair)
* Leigh Daynes (Medicins De Monde)
* Judith Cook

**Notes from the day**

**Introductions**

The day begin first with an introduction by Dave, the facilitator for the morning, with an outline of the day, followed by introductions from attendees. We heard of people’s hopes for a people’s health movement in the UK, the challenges of setting up a PHM-Europe, links between NHS campaigners and PHM, and of suggestions that we need to move away from a medical focus on health to more broad influences.

**About PHM**

Dave summarised the history of PHM starting with the inaugural global People’s Health Assembly in Savar, Bangladesh in 2000. He spoke of an expression of solidarity at the failure to achieve the Alma ata Principles, of a counterbalance to the World Health Assembly, and of the People’s Health Charter (<http://www.phmovement.org/en/resources/charters/peopleshealth>) that came out of the 1st global people’s health assembly. Activities since 2000 by PHM have included international training courses – International People’s Health Universities (IPHUs), Right to Health campaigns, global health watches (<http://www.ghwatch.org/>) and other advocacy initiatives.

We heard then of what makes PHM unique in Dave’s opinion: how it is outspoken and willing to talk to power; of its focus on the social determinants of health and of health as a human right, social and economic justice issue; of its opposition to philanthropy as a means of addressing social injustice; and of its grassroots or bottom-up approach

**PHM across the world**

Anuj described preparations in India towards the People’s Health Assembly – including the use of a grassroots health survey which identified health and social justice concerns from communities all across India. PHM in India comprises 20+ networks and social movements each representing its own constituency- this has been challenging to represent but has increased the weight of its reputation and created a shared platform for campaigns/statements/lobbying.

*Should PHM be a network of networks? Or a platform?*

We heard the examples of public hearings in India as a vehicle for advocacy and to drawing attention to violations of health as a human right – with policymakers present at these to hold them to account for violations.

*Should PHM-UK hold public hearings? How would we apply these to a UK setting?*

PHM in South Africa, Ruth told us, has paid staff to coordinate logistics – while PHM at the European level has a specific person (Chiara) to give support to country circles. We heard PHM-Europe is soon to have a pan-European International People’s Health University in Greece soon.

**Plans for a PHM-UK**

Jonny then described plans following the UK’s 1st People’s Health Assembly (<http://www.phm-uk.org.uk/?page_id=2>) in Nottingham for a PHM-UK platform:

i) Facilitate education & skills-sharing between PHM members and activists  
This could include an annual People’s Health Assembly to share experiences and learn from each other, regular training courses such as the International People’s Health Universities (www.iphu.org) and further opportunities to work together,  train, access relevant resources and build the skills of our members to speak out for health equity.

ii) Create a shared platform for advocacy, campaigning on local issues and progressive health research  
By creating a manifesto for health through grassroots consultation, UK PHM could agree on shared campaigns , actions and lobbying at local and national levels to see our collective vision for health progressively realised. We could use creative methods including public hearings, community organising and investigative public health research to bring a new perspective to social activism.

iii) Develop local hubs of progressive health members and projects  
In parallel to our national platform we would like to see community investment in pilot areas across the UK where local hubs serve to strengthen our movement and its democratic structures. In developing local hubs in areas across the UK we could support PHM members identifying their own projects and initiatives that support our values and ideas.

A summary of these plans is available at <http://www.phm-uk.org.uk/?p=764>

**Q&A and feedback on plans for grassroots health movement building**

* Politics of Health Group produced a UK health watch some years ago – could this be repeated by PHM-UK?
* How can people be actively involved at an individual or local level?
* Like the idea of public hearings – PHM needs to be outspoken
* Manifesto sounds good – need to make the process inclusive
* How can we create healthy sustainable communities – can this link in with local hubs idea?
* How can the national relate to the global?
* What should PHM-UK do about internal governance?
* There needs to be more on environmental issues from PHM-global
* Mainstreaming our ideas:
  + Linking in health surveys to public health needs assessments
  + integrating our themes into healthcare worker training and creating short media pieces e.g. TED talks
* Important to branch out representation to all constituencies including gender in work of PHM-UK – all inequalities have same roots in power imbalances
* There is the presumption that welfare state has become unquestionable – which now we are losing and our rights are being threatened. Need a conversation around welfare and health rights.
* NHS reform? Could have a consultation on where NHS should be in next 5 years
* How can we involve more people? How do we reach out to more diverse communities?
* What if we don’t agree with the responses that we get with the manifesto?
* We ought to support efforts to internationalise PHM e.g. East Asia
* Need better media coverage of changes to welfare state
* Need to create consciousness about truth behind market forces
* Support for people’s enquiries
* Need to defragment progressive networks
* Also need an NGO watch and institution watch as well as focusing on the state and international actors
* How to balance focus on UK inequality and global inequalities
* How much capacity do we have to deliver as UK group? How many are involved in the current coordinating group?
* Should have national affiliated organizations and discussion on what they should contribute

*Break for lunch*

**External speaker: Dr Ravi Narayan, Community Health Adviser and co-founder SOCHARA** (<http://sochara.org>)

Ravi spoke about a recent health promotion meeting in Helsinki with the WHO. The WHO committed to working for the first time with social movements. The theme of the meeting was ‘health in all policies’. He spoke of social movements for health involving countervailing power as opposed to orthodox or mainstream health systems which typically thrust policies on communities. Ravi spoke of the ways in which communities can be involved in directing a health system. He spoke about the global experience of communities following neoliberal economics and globalization – decreased food/access to resources/unemployment etc. He recommended heavily the book ‘The Strategy of Preventive Medicine’ from 1992 in which he is quoted as saying “medicine and politics should not be kept apart”.

He urged PHM-UK members to forge ahead and start planning and doing – saying social movements will always have debates about accountability, inclusiveness, values etc but that these will be revised and that it is important to get started

Ravi summarized 10 ways in which social movements can have a role in health in all policies:

1. Representing voice of people

2. Advocacy

3 Watchdog role

4. Research & policy analysis

5. Communication

6. Horizontal government mechanism (participatory governance – e.g. community monitoring or public hearings)

7. Multilevel governance

8. Horizontal and vertical networking

9. Capacity building of civil society

10. Campaigning, programmes and movements on specific health problems

Ravi then responded to some questions from the group – commenting that sitting in public dialogue’s allowed stories to be shared which created case studies for globalization – as opposed to describing globalization to people. Mentioned that by inviting groups affected by issues of poverty can be an inspiring opportunity to hear stories of what influences people’s lives and health experience. Need to begin with **stories**.

**Afternoon group discussions & wrapping-up**

Following Ravi’s inspiring talk the group was split up into three with an ideas café of rotating discussions on Activities for PHM-UK (including public hearings & manifesto development), Communication and Networking (see attached images for summaries)

**Way Forward**

The group agreed to continue to build momentum for a grassroots progressive health movement, starting with:

1. Local public hearings across the UK comprising stories of violations of people’s health rights

2. Begin a publicity and communication drive to support public hearings

3. Approaching key organizations to support PHM-UK

4. Begin preparations for a national People’s Health Assembly this winter

5. Early in 2014 to begin developing a progressive health manifesto via a grassroots health survey

6. Use the health survey to inform a UK health watch with more detailed evidence behind the PHM manifesto