

MEETING REPORT

Southern African Regional Meeting of Civil Society Organisations in Health

**JOHANNESBURG SOUTH AFRICA
November 26 2003**



**Regional Network for Equity in Health
in Southern Africa (EQUINET),
International Peoples Health Council
(IPHC), Peoples Health Movement
(PHM) and
Community Working Group on Health
(CWGH)**



People's Health Movement

**Report produced by:
TRAINING AND RESEARCH SUPPORT CENTRE (TARSC)**

**Meeting held with support from
DAG HAMMERSKOLD FOUNDATION
EQUINET, IDRC (CANADA) AND PHM SA**

EQUINET/ IPHC/PHM / CWGH REGIONAL MEETING OF CIVIL SOCIETY ORGANISATIONS ON HEALTH November 26 2003

1. BACKGROUND

The proposal to hold a southern African meeting on civil society and health was made in late 2002, to exchange experience and information and strengthen health civil society networking. The initial discussions held between EQUINET, PHM, IPHC and CWGH identified the need for dialogue between civil society to share evidence and increase knowledge, awareness and analysis within civil society and health professionals on key health challenges and on options for policy responses. This took note of the existing strong civil society responses on issues such as health rights, treatment access, globalisation and health, privatisation, and economic policy and health. In the background discussions a need was identified to

- prepare, synthesise and present background documentation by and for civil society on these and other challenges to health
- review the major civic responses to the challenges
- better understand individual civic platforms and build combined platforms on common concerns.
- propose a co-ordinating mechanism to enhance ongoing information flow and analysis and strengthen networking and strategic action

It was agreed that a planning meeting be held to review with representatives from the major civil society networks working in health these aims and the approaches to strengthening health civil society in Africa, particularly southern Africa. The planning meeting was held on November 26 2003. The programme and delegates are shown in Appendix 1 and 2 respectively. A background document of the much wider number of civil society organizations prepared by the hosts indicated the significant number of organizations working in health, many networked with or known to the participating organizations in the meeting.

EQUINET, IDRC, Dag Hammarskjold and PHM South Africa contributed towards the planning meeting. This report has been prepared by Rene Loewenson, TARSC with input from Bridget Lloyd PHM (SA).

2. INTRODUCTIONS

The delegates introduced themselves, their organizations and the work they do. The information is summarized in the Table overleaf:

CIVIC ORGANISATION	Constituency	Goals and scope of work
Southern African Regional Network on Equity in Health (EQUINET)	Researchers, civil society, professionals, students, parliamentarians, government, academic, regional institutions and networks in the Southern African region	To advance equity and social justice in health through production and exchange of knowledge, shared analysis, networking, informing policy, advocacy and support of actions. Working in all areas of health equity, especially trade, economic policy and health, equity in health financing and health personnel, equity in treatment access and HIV/AIDS; governance and community participation in health; health rights.
International Peoples Health Council (IPHC)	Small group of activists working globally	Health development taken up during political struggle
Peoples Health Movement (PHM)	Civil society and community based groups, academics, research and networks of existing civil society groups working in health. In South Africa draws from the history of NPPHCN and SAHSSO and now networking wider civil society organizations (CSOs)	<p>A global social movement for health as a people's alternative to the intergovernmental WHO. Taking up health as a human right, equity and justice. A voice for the unheard and to make authorities accountable Advancing Primary Health Care (PHC), health for all, a million signature campaign for health for all, and the People's Charter for Health Lobby at World Health Assembly, link to World Social Forum</p> <p>In SA strengthening health civil society to take forward the peoples charter, and specifically addressing issues of</p> <ul style="list-style-type: none"> -Globalisation-GATS, privatization -Poverty related health issues –eg water -HIV/AIDS-equity, health personnel -Human rights, gender and poverty <p>Making input to policy issues Advocacy, networking, informing</p>

South African Municipal Workers Union (SAMWU)	An affiliate of COSATU in South Africa. Covers workers in municipal services. Has 120 000 members. Networks with other Community Based Organisations (CBOs) and Non government organizations (NGOs)	Advancing the interest of workers –incomes (living wage) -resist privatization of services especially water -work on public-public partnerships in water -watchdog of government performance -with TAC/COSATU on treatment access
Anti Privatisation Forum (APF/SECC)	Community members, SECC especially in Soweto South Africa	Mobilize on rights to electricity, water Taking up HIV/AIDS Giving community voice on service provision
Community Working Group on Health (CWGH)	Civic organisations (not just those in health) and community based organisations organized nationally and at district level in Zimbabwe	Enhance community participation in health; Strengthen networking, voice of communities in health policy Negotiate with authorities in health, including parliament; Dialogue with health worker organisations Join mobilization with trade unions on workers health; taking up issues of PHC, drug access, watchdog on public funds and HIV/AIDS funds
Malawi Health Equity Network (MHEN)	Networks Community Based Organisations (CBOs) academics, professionals, health professional associations, trade unions, health providers, government representatives, CBOs and NGOs, nationally in Malawi	Voice on people's health, equity issues. Monitor budgets and pressure on budgets; Monitoring Health care, particularly the essential health care package. Also taking up issues of health worker training and retention, HIV/AIDS; trade and health. Use evidence for policy pressure on equity, especially linking to parliament
Treatment Access Campaign (TAC)	Activists, Civil society organisations (CSOs), communities, more focused in urban areas of South Africa but widening to rural areas.	Pressure for treatment access as part of HIV responses; Influence government policy and national response; Monitoring performance at primary care level as well as drug prices; Support building the public health system; Community treatment literacy. Have joined inside the broader coalition for a basic income grant
SADC AIDS Network of Nurses and Midwives (SANNAM)	SADC countries (14) nurses (working on AIDS); nurses associations	Taking HIV/AIDS as a national and regional concern and supporting the nursing response to AIDS; Building nurse capacities and systems for dealing with AIDS through training; taking up the issue of brain drain from

		health services; Government support to nurses activities on AIDS; Caring for carers
Pan African Treatment Access Movement (PATAM)	TAC/COSATU and African country NGOs working on AIDS and treatment access; . African activists on treatment access	Care of carers; Strengthen networks and focus on access to treatment within the wider environment of health system and governance issues
Equity Gauge Zambia (EGZ) & the Centre for Health, Science and Social Research (CHESSORE)	Researchers, civil society, professionals, students, parliamentarians, government, academics, Other NGOs and CBOs in Zambia.	To advance equity and social justice in health through production and exchange of knowledge, shared analysis, networking, informing policy, advocacy and support of actions, esp with parliament. Work on health equity, especially economic policy and health, health financing and health personnel, in treatment access and HIV/AIDS; governance and community participation in health; health rights. Equity monitoring and accountability on the health budget
SEATINI	Professionals and activists working with government, parliament, civil society and the public	Strengthen African's position in world trade by taking up the governance, social and imperial factors in trade. Particular current focus on GATS, TRIPS, Trade impact on water services and on trade agreements such as Cotonou, AGOA Seek to build policy alternatives and to set a political economy framework for evaluating differences
Gender and Trade Network (GATN)	Researchers, activists, communities	Aim to advance gender equity in world trade and in economic systems. Carry out research, dialogue, policy intervention and public literacy on WTO agreements and the impacts and alternatives in relation to women; Promote rights to participate in decisions on trade and build public opinion, analysis, literacy and voice on gender equity in trade. Aim to take trade in services out of WTO and to give visibility to the informal economy

3. COMMON GOALS AND SCOPE

After hearing from each group the meeting explored the common nature of the constituents, goals and scope of their different areas of work.

in terms of **constituents**, there is a common overlap in the networking of *progressive* researchers, academics and professionals with *disadvantaged* communities, people, workers, and the civic organizations that represent or service them. The interface between these two groups is generating activism and activists who come from both the research/ professional and from the worker/ community level. The common target of both is primarily the institutions of the state and government, including parliaments.

While the specific areas of work and advocacy targets differ, the meeting was able to identify common underlying goals and values informing the work of civil society organizations in the region.

- We all aim for various forms of equity and justice and to realize the right to health
- We all seek to bring power to the people and to strengthen people's voice in decision making at various levels. CSOs organize, unite and build public consciousness in support of these aspirations.
- We all work within an area that has an impact on health, and that touches on the wider health system
- Many of us seek to define and shape an alternative vision of a system based on solidarity, equity and justice, including global justice, in contrast to the current neoliberal system
- Many of us act as a people's watchdog and monitor government and private sector performance, and hold government and private sector accountable for rights and policies

The civil society organizations identified that while we do have to resist policies that threaten communities and members, we also seek to proactively build an alternative vision guided in health by goals of

- health for all
- health as a right, and
- equity and social justice

Within these common areas of action, the range of health related concerns covered varies. The diagram overleaf summarises the huge range of issues covered by those CSOs at the meeting. These are at different levels of engagement around health, from direct health concerns, to issues within the national political economy, to global level policies and processes. All levels of engagement are however all informed by similar common goals of equity, justice and health rights.

[Empty rectangular box]



[Empty rectangular box]



[Empty rectangular box]



[Empty rectangular box]

4. REGIONAL MEETING OF CIVIL SOCIETY IN HEALTH

The meeting proposed to consolidate civil society dialogue and linkages on health and strengthen joint analysis and action, including towards shaping policies that better reflect our values and goals.

It was proposed to hold a regional meeting in late 2004 with wider representation of CSOs from east and southern Africa as one target activity within this longer term process.

Each of the CSO delegates identified what they expected to have achieved through the meeting, with common interest in

- Strengthening action networks, building solidarity and sharing experience
- Strengthening the visibility and recognition of the role of civil society and people's voice and evidence in health
- Building evidence, analysis and positions on health issues
- Debate, review of and support for the People's Health Charter
- Identifying the issues around which to strengthen civic monitoring and watchdog activities
- Taking up specific issues of trade and health, resistance to privatization of services, equity in health services, treatment access, youth and health and primary health care but within wider civic platforms.

Accordingly, the goals of the regional meeting were proposed, ie to

- Strengthen civil society linkages and dialogue
- Build shared analysis, vision and goals
- Widen and deepen participation of civil society in health
- Focus on particular strategies for civil society to take forward health goals
- Strengthen supporting linkages and resource sharing between CSOs
- Define a clear common message and strategy that unifies health civil society in east and southern Africa

It was proposed that we hold the meeting in late 2004 so that the outcome feeds into national and regional processes, but also into the January 2005 World Social Forum. It was suggested that

- Before the meeting in 2004 background papers be prepared in the core areas led by the CSO with direct work in that area working with relevant professionals
- The papers and issues be discussed at country level meetings and through email networking and website postings to enable wider public and CSO inputs
- The meeting itself include a range of inputs from analytic presentations to testimonials, debate of resolutions and positions and more focused discussions of strategic goals and actions
- The meeting aim to define at least one common goal, message and campaign that can unite all health civil society across each different campaign

The meeting will be hosted by all the CSOs in the planning group, once their executives approve. An organizing committee comprising

- Equinet
- PHM SA
- TAC
- CWGH

volunteered to co-ordinate the follow up work towards the regional meeting. This includes:

- Setting up a Mailing list for the organizations
- Adding to the background document on CSOs to provide the organisation profiles
- Identifying critical groups not yet included to bring into the process and meeting
- Ensuring the pre conference papers and processes are prepared and implemented
- Fundraising
- Identifying a suitable venue
- Setting up the programme, facilitators/presenters, theme activities
- Setting up the meeting logistics with the local organizers.

7. CLOSING

The meeting agreed that an important step had been taken to consolidate and strengthen the influence of civil society in health towards advancing health equity, justice and health rights. It should be an irreversible step in a process of persistent focus and strengthening of CSOs. The experience and victories of the CSOs in the room indicated that vision, persistence and strategy were all needed to achieve these goals. Delegates were thanked for their participation and inputs and wished a safe journey home.

APPENDIX 1:



Network for
Equity in Health
in Southern Africa



People's Health Movement



EQUINET/IPHC/PHM/CWGH Meeting Of Civil Society In Health Johannesburg, November 26 2003

Meeting Agenda

- **8.30-10.45AM Introductions and common issues/ goals**
 - Background and introductions
 - Introduction from civic groups on their goals and work
 - Discussion on overlaps, common positions, differences

- **11.15AM-3.00PM Proposed civil society health meeting in 2004**
 - Objectives
 - Programme and processes
 - Hosting organisations
 - Participating organisations
 - Documentation
 - Linkages to other processes and events
 - Timing, venue
 - Financing and resources

- **3.45-4.45PM Follow up**
 - Actions and roles
 - Co-ordination
 - Information sharing and documentation

APPENDIX 2: LIST OF PARTICIPANTS

Delegate	Institution	email address	ADDRESS
Rene Loewenson	EQUINET Programme Manager	rene@tarsc.org	TARSC, 47 Van Praagh Ave, Milton Park, Harare, Zimbabwe Ph 263-4-708835 Fax 263-4-737 220
David Sanders	UWC	dsanders@uwc.ac.za ; lmartin@uwc.ac.za	UWC School of Public Health P Bag X17, Belleville 7535, SA Ph 27-21-95932132
Adamson Muula	Malawi Health Equity Network	amuula@medcol.mw	Dept Community Health, College of Medicine Ph 265-1-671911 Fax 265-1-674700
Siphiwe Secodi Joyce Mkhonza Eunice Mthembu Mwajuma Masaiganah	Anti Privatisation Forum APF	c/o trevorngwane@hotmail.com	28-822576936 Ph 27-11-3394123 Fax 27-11-3394121
Njogu Morgan	PHM	masaigana@africaonline.co.tz	PHM, Box 240, Bagamoyo, Tanzania Ph 255-23 2440062 / 2440316 255 744281260
Winstone Zulu	TAC Gauteng	njogu@tac.org.za	135 Smit street, Braamfontein Jbg Ph 27113398421 Fax 27114031832
Bridget Lloyd	PATAM	zuluwin@zamnet.zm; hopekara@zamnet.zm; kara@zamnet.zm	Box 37559 Lusaka Zambia 260-5-221718
Soraya Elloker Leslie London	PHM SAMWU (SA Municipal Workers Union) UCT	bridgetl@mweb.co.za Soraya.Elloker@capetown.gov.za ll@cormack.uct.ac.za; ll_pph_staff_health_med_uct@mail.uct.ac.za; london@telkomsa.net	47 Beverley Road, Athlone CT Ph 27 21 6332002/2050 UCT School of Public Health and Family Medicine Rondebosch, Cape Town Ph 27-21-4066524 Fax 27-21-406 6163
Riaz Tayob	SEATINI	riazt@iafrica.com	SEATINI Box 1558, Crown Mines 2025 SA 27-8377787222
Itai Rusike	CWGH	cwgh@mweb.co.zw	114 McChlery Ave, Harare, Zimbabwe Ph 263-4-776989 Fax 263-4-788134
Brenda Ndlovu Makhabiso Ramphoma	Gender & Trade Network in Africa Secretariat SADC AIDS Network of Nurses and Midwives	brendandlovu@sn.apc.org Sannamco@denosa.org.za	Ph: 27-11-8380449 27-11-8322665 605 Church St, Pretoria 001 27-12-334 6135

TJ Ngulube CHESSORE CHESSORe@zamnet.zm

Olle Nordberg DHF Olle.Nordberg@dhf.uu.se

CHESSORE Box 320168
Woodlands, Lusaka
Fax 260-1-228359
Dag Hammerskjold Foundation
Ovreslotsgatan2 75310,
Uppsala, Sweden
Ph 4618127272
Mob 46-18-5673051