

Report from IPHU- Health systems -IPHU, 2022,

Onsite- Bangkok, Thailand

The International Peoples Health University Short Course on Health Systems was held online from November 21st to December 1st 2022 and on-site from December 6th to 11th 2022, at Bangkok, Thailand. This was organized by the Health Systems Thematic Circle of PHM in coordination with the regional coordinators of South Asia and South East Asia, with Community Partners International (CPI) as a co-organizer.

Objectives:

The objectives of the course were to build the capacities of activists to:

1. Share, discuss, compare and analyze the pandemic response of different countries and why some countries respond to Covid better than others and derive learnings from this.
2. Developing a basic understanding on the equitable health systems, that includes Understanding the Alma Ata Declaration and Peoples Charter for Health and a critical political economy based understanding of health systems and the action of social determinants
3. Strengthen knowledge and conceptual tools for equity sensitive health systems analysis of national health systems so as to understand the challenges they face with regard to progress towards universal health care and right to health.
4. To understand how peoples movements and civil society organizations have been able to influence policy and improve outcomes and the theories of change with which peoples health movements make their contribution.
5. Arm the activists with practical knowledge and movement building tools so they can carry out/support effective campaigns in their areas/ regions towards Health for All and Right to Health

Participants:

The course was attended by 38 participants from 11 countries. These participants were selected from about 130 applicants who responded to an advertisement of the course circulated within the global, regional and national PHM networks and its allies. The selections were made by a committee that included wherever possible a country representative, and based upon a set of criteria that were evolved by the IPHU organizing committee. A number of participants were from organisations that are active in PHM country circles. Of the 38 participants 12 were men and 26 were women, including one trans woman. The mean age was 34, the median age was 31 years- and the range was from 23 to 42 (with two participants at 45 and 56 years)

The country of residence of participants and regional resource persons (-latter indicated as +) was as follows: (-The regional resource persons were also participants in all sessions)

Papua New Guinea-	2
Phillipines-	4
Cambodia-	1 + 1
Timor Leste-	2
Indonesia -	4
Myanmar-	4

Bangladesh-	3 + 1
Pakistan-	3
Nepal-	3
Sri Lanka-	5 + 1
India-	7 + 4
Total -	38 + 7 (participants + regional resource persons)

Resource Persons: The programme had a total of 15 resource persons, of whom 7 were from regional PHM and seven were from Thailand and one, Lauren Paremoer was online from South Africa. The PHM regional resource persons were Manuj Weerasinghe (Sri Lanka), Chrek Sophea (Cambodia), Tasnim Azim (Bangladesh), Abhay Shukla, Dhananjay Kakade, Sulakshana Nandi and Sundar (India) .

The resource persons from Thailand were Suwit Wibulpolsaraset who spoke on the politics of the movement for health for all Giten Khwairakpam, Chalemsak Kittittrakul (Jockey) who spoke on access to medicines and Tom Traill who co-facilitated the community participation session. Further Wilailuk Wisasa, Yupadee Sirisinsuk and Seitkal(Ja), all from NHSO, Thailand spoke at the briefings during the field visit and the visit to NHSO office. We also learnt from interactions with health workers, province and district officers and community representatives during our field visit

The On-line Course Content

The online courses were held in two- hour sessions on November 21st, November 23rd, November 25th and December 1st. These sessions were meant to introduce the participants, help them prepare from their on-site course, and to introduce the core concepts of the PHM. Accordingly the online courses covered an introduction to PHM (day 1) an introduction to health for all and to health systems (day 2) and introduction to the Peoples Charter for Health and PHMs strategic plan (day 3) and to Political Economy of Health and Health care (day 4) . Persons who facilitated learning were Sulakshana, Lauren, Abhay, Manuj and Sundar.

As preparation all participants were expected to go through the reading material circulated on the above topics as well as present

On-site Course Content.

Day 1: December 6th, began with the inaugural session. There was a welcome by PHM co-chair, followed by a detailed self-introduction by participants. Then the inaugural address on The Experience of the Covid 19 pandemic and its lessons for health systems presented by SA regional coordinator Manuj. This was followed after a coffee break by each of the 11 countries presenting their country level experience and the lessons learnt. Most countries had come prepared with power-point presentations. Due to time limitations only 9 countries got the opportunity to make a presentation.

The afternoon session began with a presentation by Sundar on what is to be understood by primary healthcare as approach and strategy for Health for All- and how this understanding had got distorted. The presentation also discussed the barriers faced in achieving this- especially the subversion by the selective healthcare discourse. This was followed by another

presentation by Sulakshana on how while the UHC makes certain correctives with regard to selective care, on the whole it too is an effort to promote market forces in health care and undermine comprehensive primary health care and health for all provided as a right.

These two presentations were followed by the screening of a 5 minutes film on UHC and a 30 minute film on Building Equitable Health Systems that had been sponsored by PMAC 2021. This was followed by an hour-long discussion with Prof Suwit who had also seen the films and made himself available for having a Q& A session with the participants. The main thrust of the discussion was how far this agenda was perceived as political and how we need to understand the politics of the movement for health for all.

Day 2: December 7th- was the main field visit day. The visit had been facilitated by a check-list of all the areas of learning that we were to cover during these field visits- as also a brief note on the Thai health system. We left the hotel at 7.00 am after an early breakfast and began with a visit to Ban Chang Health Promotion Hospital in Mueang district of Pathum Thani province. This is a primary health care equivalent. We were welcomed and greeted by the local community. Then there was a detailed presentation on the human resources and organization of services in that center and its linkages with both higher facilities and with the community. Officers from the district and province also attended the meeting and were available for comments and Q&A. Officers of the local bodies and of civil society organizations were also presented. Each of the participants were supplied with an earphone and wi-fi set through which they could get a simultaneous translation of what the hosts and local community was talking in Thai. We got a good idea of how they had aimed to achieve community and patient centred care as well as the delivery of health care as a right.

Then after lunch we proceeded to visit a local body in the township of Ban Mai Sub district Municipality, Muang District, Pathum Thani Province. There we met with the mayor and the organization of health volunteers and other local organizers. After which we visited the second HPH (Ban Mai Sub district Health Promoting Hospital). Here we went into further details of organization of services- mostly in the Q&A mode with the participants asking queries for over 1.5 hours- all of which was answered patiently. It was 5.30 pm when we returned to the hotel.

Day 3, December 8th forenoon was the visit to the NHSO office which was located in a huge office complex. We were treated to a presentation of the entire Thai health system and this was followed by detailed questions and answers. This was presented both as a documentary and in a detailed power-point presentation which was shared with us. We also visited a grievance redressal call center and discussed different aspects of ensuring the delivery of entitlement. An urban PHC in the office complex was also visited.

Day 3 afternoon-began with a session on private sector regulation, engagement and accountability facilitated by Abhay Shukla, covering the consequences of privatised health care and mixed health systems syndrome, medical industrial complex and corporatisation of healthcare, directions for regulation of private healthcare, and relevance of patients' rights. This was followed by discussion on contrasting models of public engagement with private health care and issues related to current government supported health insurance schemes, followed by suggested action points on social regulation and accountable healthcare in the post-COVID situation.

Then after this the participants divided into five groups and discussed what they had learnt on issues related to organization of services, human resources for health, financing of health care, governance

of health and community participation from their visits. This was more of a de-briefing. The session ran out of time, but the group work was presented the following afternoon.

Day 4, December 9th, forenoon began with a session on Equity on Health with a focus on Gender Equity. Initial presentation was by Sulakshana on understanding health equity, social determinants of health and equitable access, followed by a detailed interactive presentation and discussion on gender equity by Tasmin Azim of Naripokho, Bangladesh. This was followed by presentations on three specific marginalized groups- Jahan on issues faced by the transgender community, Priyanka on struggles and challenges of nomadic and denotified tribes in accessing healthcare tribes and Jamie on community-based health programmes for the urban and rural poor.

This was followed by an inter-active session on community participation facilitated by Abhay Shukla and Tom Traill. There was a brief presentation on general issues on community participation followed by interactive listing of main features of community and people centred care as seen in Thailand. Then breaking into groups, there was a small group discussion on how they would score their respective country performance on each of these parameters and why was it so.

The afternoon of day 4 had two sessions – one on each country's progress towards universal health care with particular reference to how they were addressing issues of organizing primary health care and the financing and governance of health. The second session was on each country's progress towards right to health- again using how legislation had been enacted and implemented in Thailand as a benchmark. In both sessions there was an initiating presentation made by Sundar, followed by small group discussions. These were not presented to a plenary but used to inform action planning on the next day.

The first session on **Day 5, December 10th** was on access to medicines. Giten, a leading activist of TreatAsia campaign described the global struggle led by different civil society organizations for access to medicines. The presentation was a narrative that described the policies as they arose in different periods, and how civil society intervention and struggles led to continued changes and amelioration of the basic trend towards corporate interests. This was followed by Jockey, who described much the same issues and struggles, but with particular reference to Thailand. It was an inspiring story of how movement building and peoples action do change policies at global and national level.

The next three sessions of the day were on movement building. The first of these focussed on PHMs theory of change, and the tasks before the health systems thematic circle as outlined in the recently adopted PHMs strategic plan. Examples of campaigns for equitable health systems were presented by many of the countries participating. There was a summary of lessons for mobilization that Abhay Shukla put together and a presentation on the use and scope of social media by Sulakshana. The second of these sessions was on policy interventions. The participants all visited the WHO Tracker on their respective computers and browsed through it, and learnt of its functions and potential. The different forms of PHM intervention in policy analysis and global governance were also discussed.

In the third –and last session on movement building, the participants again broke into groups and discussed their action plan for the coming months. This session could not be completed the same day and the presentations from the participants spilt into an extra hour on the next day.

Day 6th, December 11th was the last day of the onsite sessions. It began with a presentation on digitization of health and its politics by Dhananjay and this was followed by discussions. This was

followed by completion of presentation of actions plans from the previous day and a session on major issues of focus and action in Human Resources for Health.

The final session was the Valedictory session where there was a group photograph session followed by feedback from the participants. All participants agreed that this course had been a very new experience, and very exciting and a great learning opportunity. Both the online-offline hybrid approach and the field visits were appreciated. Some thought that an extra day was indicated as the learning was too loaded and suggested an extra day to do justice to the course. All expressed to go back to their respective countries and connect with their respective PHMs or establish PHM circles where they were starting out new.

Then in a celebratory mode, all participants received their participation certificates from resource persons and senior participants of the course. It ended with a vote of thanks to all those who had contributed to making it a success.

Note on Course Material: One important feature of the program had been that almost every session had a list of circulated material mainly power-point presentations and one or two key articles, plus a list of recommended readings- and all such material was put up on a googledocs site. This included both the online and offline sessions. The recommended readings were also made available to the participants- along with the circulated material as part of the googledocs. Also circulated was the schedule and a note called Session Briefs- that outlines each session and acts as an index for the documents circulated and recommended for reading. This is an important reference source for participants for their future work as well as to PHM for future IPHUs.

Note on Logistics: One of the main reasons for the success had been excellent logistics. Air-tickets had been financed by PHM for 33 of the 38 participants and 5 of the 7 regional resource persons. Five of the participants and 2 of the resource persons were sponsored by allies. The convention was venue TK Palace and convention was very comfortable, clean and hygienic and made available to us at very affordable rates along with an excellent breakfast and lunch arrangement. We have to thank our PHM contacts in Thailand for having facilitated this as well as all the letters we needed from the hotel for visa. Much of these logistics arrangements were supported by Deepika from the GS, along with a very responsive financial host (Viva Salud). One special feature of the logistics was NHSO coming forward to financially sponsor and organize a convoy of 5 vans for two days to take us on our field trips as well as the lunch and coffee breaks on December 7th and 8th. Conference bags, name tags and certificates were made in Raipur and transported by Sulakshana and Shriyuta (one of the course participants) - and other materials were bought locally. The dinner on the evening of the 10th was another high point in the event.

Follow -Up

The follow up plan for each set of country participants differed considerably with each other-, based on the extent to which PHM circles were established and the links the participants had with existing PHM contacts and their own subjective situations. The presence of the regional coordinators or coordinators from all the three participating regions helped in the process of planning. Whereas some country participants first task was to explore the establishment of a country circle, others planned to engage with existing circles as well as take initiative on their own.

There was also a decision to be more active in thematic circles activity and global health governance. This was reflected in almost 16 participants attending the first HS thematic circle that was held after the IPHU.

As per the follow up plan all participants will meet again online to share the outcomes of their post IPHU activity on March 11th 2023 and again on June 11th of 2023

Enclosures:

1. [Link to photos of the IPHU](#)
2. [Link to the session brief of EHS-IPHU 2022](#)
3. [Link to the online google docs reading material of EHS-IPHU 2022](#)