

Day 2 (23rd Nov), Morning Session

- a. Introduction to Alma Ata declaration
- b. Essential Readings before coming to Thailand

1. Title of the Session: Introduction to the Alma Ata Declaration
2. Schedule: Day 2 (online, morning); Duration 90 minutes
3. Learning Objectives:
 - a. Understanding the historical context in which the Alma Ata Declaration was issued
 - b. Introduction to the concepts of “political economy of health” and “comprehensive primary health care” approaches that inform the Alma Ata Declaration
 - c. Acquiring familiarity with the major rival approaches to realising the right to health
 - d. Introduction to the challenges to implementation of the Alma Ata Declaration.
4. Methodology of Session:
 - a. Opening discussion: participants are asked to volunteer their insights on how to define “health for all” and “the right to health” – what are the differences, if any, between the concepts. (15 minutes)
 - b. The facilitator/resource person then presents a broad overview of the four themes listed in section 3 above. As also drawing upon PHM and other important writings on this topic. (40 minutes)
 - c. Discussion to follow. (30 minutes)
5. Key messages that would emerge or key concerns that would be discussed.
 - a. What are the ideals articulated in the Alma Ata Declaration?
 - b. What material, institutional, and political conditions need to be in place for these ideals to be achieved?
 - c. How do we balance the competing priorities - preventative health care, primary health care, and tertiary services – in mobilising/struggling for “health for all”?
6. Essential readings (in chronological order) before coming to Thailand (and for this session):
 - a. Primary Texts
 - i. Declaration on the Establishment of a New International Economic Order, 1974
 - ii. Alma Ata Declaration, 1978
 - iii. Astana Declaration, 2018
 - b. Academic Literature
 - i. Birn, Anne-Emanuelle. "Back to Alma-Ata, from 1978 to 2018 and beyond." *American Journal of Public Health* 108, no. 9 (2018): 1153-1155.
 - ii. Rifkin, Susan B., and Gill Walt. "Why health improves: defining the issues concerning 'comprehensive primary health care' and 'selective primary health care'." *Social science & medicine* 23, no. 6 (1986): 559-566.
 - iii. Sanders, David, Sulakshana Nandi, Ronald Labonté, Carina Vance, and Wim Van Damme. "From primary health care to universal health coverage—one step forward and two steps back." *The Lancet* 394, no. 10199 (2019): 619-621.
 - iv. Baum, Fran, Ravi Narayan, David Sanders, Vikram Patel, and Arturo Quizhpe. "Social vaccines to resist and change unhealthy social and economic structures: a useful metaphor for health promotion." *Health Promotion International* 24, no. 4 (2009): 428-433.
 - v. Labonté, Ronald, David Sanders, Corinne Packer, and Nikki Schaay. "Is the Alma Ata vision of comprehensive primary health care viable? Findings from an international project." *Global health action* 7, no. 1 (2014): 24997.
7. Reference Material

Day 3 (25th Nov), Afternoon Session

- c. Introduction to Peoples Charter for Health
- d. Introduction to strategic Plan

1. Title of the Session: Introduction to the People's Charter for Health
2. Schedule: Day 2 (online, afternoon); Duration 90 minutes
3. Learning Objectives:
 - a. Understand that a shift to cost-recovery models shaped health systems in the developing world from the late 1970s onwards.
 - b. Identify the major justifications that were offered for these shifts
 - c. Identify critiques of these shifts as articulated by academics
 - d. Identify what the People's Health Movement's critique of these shifts is, and how it has changed over time (and which elements have remained consistent)
4. Methodology of Session:
 - a. Brief introduction to session (facilitator – 10 mins).
 - b. Groupwork: each group to analyse a cartoon indicating the structures that have shaped health systems over the past 3 decades (15 mins discussion, 15 mins report back)
 - c. Presentation by facilitator resource (25 mins)
 - d. Discussion/Q&A (20 mins)
5. Key messages that would emerge or key concerns that would be discussed.
 - a. What is the role of the state in realising health for all?
 - b. How has globalisation reshaped the policy space developing states have when it comes to formulation and delivering social services?
 - c. How have both of the above shape the arguments that peoples movements advance about what the state should do to advance health for all and how it should do it?
6. Essential Readings:
 - a. Primary Texts
 - i. People's Charter for Health
 - ii. Cuenca Declaration
 - iii. PHM Strategic Plan
 - b. Academic Literature
 - i. Krueger, Anne O. "Government failures in development." *Journal of Economic perspectives* 4, no. 3 (1990): 9-23.
 - ii. Ruger, Jennifer Prah. "The changing role of the World Bank in global health." *American journal of public health* 95, no. 1 (2005): 60-70.
 - iii. The People's Charter for Health, 2000
 - iv. Navarro, Vicente. "A critique of the ideological and political positions of the Willy Brandt Report and the WHO Alma Ata Declaration." *Social science & medicine* 18, no. 6 (1984): 467-474.
7. Reference Material
8. **Saturday 10th, Morning Session**

Access to medicines PHM Movement Building 1 - Examples of contestation and resistance in access to medicines

1. Title of the Session: Access to medicines PHM Movement Building 1 - Examples of contestation and resistance in access to medicines
2. Schedule: Saturday 10th (morning session) ; Duration 90 minutes
3. Learning Objectives:

- a. To identify some of the challenges around securing equitable access to medicines in the global south, using the struggle for access to antiretrovirals and COVID-19 technologies as case studies
 - b. To identify some of the strategies access to medicines activists have used to advocate for equitable access to medicines.
4. Methodology of Session:
 - a. Participants invited to reflect on their experiences with access to medicines struggle (20 mins)
 - b. The facilitator/resource person then presents a broad overview of struggles for access to medicines for people living with HIV/AIDS and for COVID-19 technologies. (35 mins)
 - c. Discussion and Q&A (30 mins)
5. Key messages that would emerge or key concerns that would be discussed.
 - a. What are the most successful strategies activists have used to promote access to medicines?
 - b. What are the limitations of the strategies activists have used?
6. Essential Readings:
 - a. The Denver Principles, 1983
(https://data.unaids.org/pub/externaldocument/2007/gipa1983denverprinciples_en.pdf)
 - b. Committee on the Elimination of Racial Discrimination, Statement on the lack of equitable and non-discriminatory access to COVID-19 vaccines (Statement 2(2022))
https://tbinternet.ohchr.org/Treaties/CERD/Shared%20Documents/1_Global/INT_CERD_SWA_9548_E.pdf
 - c. Biehl, João. "The judicialization of biopolitics: Claiming the right to pharmaceuticals in Brazilian courts." *American Ethnologist* 40, no. 3 (2013): 419-436.
 - d. "D4: The TRIPS Agreement – Two Decades of Failed Promise", Global Health Watch 4, https://www.ghwatch.org/sites/www.ghwatch.org/files/D4_1.pdf
 - e. "D8: Access and Benefit Sharing – The Pandemic Influenza Preparedness Framework", Global Health Watch 5, <https://phmovement.org/wp-content/uploads/2018/07/D8.pdf>
 - f. "E3: People Living with HIV in India – The Struggle for Access", Global Health Watch 5, <https://phmovement.org/wp-content/uploads/2018/07/E3.pdf>
 - g. PVA, Berlin Declaration: Key Claims and Critiques, <https://peoplesvaccine.org/wp-content/uploads/2022/10/Berlin-Declaration-Claims-And-Critiques.pdf>
 - h. Krikorian, Gaëlle, and Els Torreele. "We cannot win the access to medicines struggle using the same thinking that causes the chronic access crisis." *Health and Human Rights* 23, no. 1 (2021): 119.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/>
7. Reference Material