People's Health Assembly 2000

Project Proposal

Submitted by

Coordinating Group: Asian Community Health Action Network (ACHAN) • Consumers International Regional Office for Asia and the Pacific (CI ROAP) • Dag Hammarskjöld Foundation (DHF) • Gonoshasthaya Kendra (GK) • Health Action International (HAI) • International People's Health Council (IPHC) • Third World Network (TWN) • Women's Global Network for Reproductive Rights (WGNRR)

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Project Proposal
for A People's Health Assembly

Summary

This project proposal presents the main features of a People's Health Assembly (PHA), developed by representatives from eight national, regional and international civil society organisations (CSOs). These organisations include Asian Community Health Action Network (ACHAN), Consumers International (CI), Dag Hammarskjold Foundation (DHF), Gonoshasthaya Kendra (GK), Health Action International (HAI), International People's Health Council (IPHC), Third World Network (TWN) and the Women's Global Network for Reproductive Rights (WGNRR).

The PHA is a long-term process with important preparatory and follow-up phases in addition to the actual Assembly event. Pre-assembly activities will include analytical work leading to the formulation of a *People's Health Charter*, collection of people's case studies and stories in relation to health, and the organising of local, country or regional meetings. The actual Assembly event is scheduled for 4-8 December, 2000. It will be held at Gonoshasthaya Kendra (GK) near Dhaka, Bangladesh and is being planned for 600 participants representing a broad variety of people's experiences from across the globe. A one-week "Forum" will be organised immediately after the Assembly for participants who are interested in deepening their understanding of health issues and enhancing various skills. Post-Assembly activities include strategising, advocacy, networking and the publication of materials stemming from the PHA process, including the *People's Health Charter*.

The PHA process is a collective effort in opening up opportunities for communities and civil society organisations who believe that the current health situation is unacceptable and would therefore want to have a more significant voice in determining the direction of the future. The whole PHA process is a three-year project which aims to bring forth and strengthen the people's voices at the international, regional and national levels to build and promote just and equitable health and health-related policies for all.

The project proposal is divided into 11 different sections. Section 1 describes the background to the PHA project. The following four sections describe the need for a PHA, the goal, objectives and the beneficiaries of the PHA process, respectively. A detailed description of the characteristics of the PHA project can be found in section 6. Section 7 illustrates the organisation of the PHA, section 8 explains the evaluation process, and the last three sections include funding and budget estimates for the PHA process.

1. Background: The Global Health Crisis

The world is currently facing a global health crisis, characterised by growing inequities within and between countries. Despite medical advances and increasing average life expectancy, there is disturbing evidence of rising disparities in health status among people worldwide. Enduring poverty with all its facets and, in addition, the HIV/AIDS epidemic are leading to reversals of previous health gains. This development is associated with widening gaps in income and shrinking access to social services as well as persistent racial and gender imbalances. From a number of countries in South Asia, sub-Saharan Africa, Latin America and Central and Eastern Europe there are reports of growing morbidity and mortality among vulnerable sections of the population, including indigenous peoples. Traditional systems of knowledge and health, as well as well-established, social systems in the North, are under threat.

These trends are to a large extent the result of the distorted structure of the world economy, which has been further skewed by structural adjustment policies, the persistent indebtedness of the South, inequitable world trade arrangements and uncontrolled financial speculation - all part of the rapid movement towards globalisation. In many countries these problems are compounded by lack of coordination between governments and bilateral and multilateral agencies as well as expensive duplication of work among these institutions. Within the health sector, failure to implement the principles of Primary Health Care (PHC), as originally conceived in Alma-Ata 1978, has significantly aggravated the global health crisis. These deficiencies include:

- a retreat from the goal of equitable and comprehensive social policies, including national health and drug policies;
- a lack of insight—outside and within the health sector—into the intersectoral nature of health problems and the failure to make health a priority in all sectors of society;
- the failure to promote participation and genuine involvement of communities in their own health development;
- reduced state responsibility at all levels as a consequence of widespread and usually inequitable privatisation policies;
- a narrow, top-down, technology-approach to health.

2. The Need for a People's Health Assembly

There is now an urgent need to place health at the top of the policy agenda. Past policies and practices need to be scrutinised and new, broad-based visions formulated. Every effort is needed to regain the imperative that health, and health for all, is one of the most important goals for everyone to strive for. Governments and international organisations have largely failed to reach this goal, despite much rhetoric. Genuine, people-centred initiatives must therefore be strengthened, both to find innovative solutions and to put pressure on decision-makers, governments and the private sector.

Responding to these needs, the CSOs behind this proposal intend to organise a People's Health Assembly (PHA) in the year 2000. The Assembly will bring together the

knowledge and experiences of different groups and communities around the world with the aim of analysing and assessing these. It will identify the main problems, trends and challenges in order to develop strategies to achieve health for all in the future.

The PHA is a broad, new initiative seeking to involve as many people as possible in formulating their own health agenda and setting their own priorities. People´s long and rich experiences will be presented and discussed, and translated into clear, practical and democratic policy guidelines. Alternative analyses of the root causes of the global health crisis will be stimulated. Strategies and alternatives for achieving the goal of health for all will be developed.

3. Goal

The goal of the People's Health Assembly is to re-establish health and equitable development as top priorities in local, national and international policy-making, with Primary Health Care as the strategy for achieving these priorities. The Assembly aims to draw on and support people´s movements in their struggles to build long-term and sustainable solutions to health problems.

4. Objectives

The following objectives will guide the People's Health Assembly process:

- *To hear the unheard.* The assembly will present people´s concerns and initiatives for better health, including traditional and indigenous approaches. Their direct experiences of ill-health, its causes and possible solutions will also be presented, discussed and analysed. Action plans will be worked out and refined;
- *To reinforce the principle of health as a broad cross-cutting issue.* There will be emphasis on the intersectoral dimensions of primary health care and focus on health development, rather than health services. The problematic aspects of vertical, non-integrated programmes will be highlighted;
- *To develop co-operation between concerned actors in the health field.* The importance of strengthening the links between the different institutions and actors in the health field will be emphasised. Such revived and/or new partnerships will be built on the principle of equity and accountability between the parties;
- *To formulate a People's Health Charter.* Based on thorough analyses of world health problems as well as existing policies and programmes, a People´s Health Charter will be formulated. Concrete recommendations regarding policy and practice will be made to governments, international organisations, the business sector, non-governmental organisations and people's movements;
- *To improve the communication between concerned groups, institutions and actors.* Communication and networking among individuals, groups, organisations and institutions will be developed during the Assembly and sustained and strengthened thereafter;

- *To share and increase knowledge, skills, motivation and advocacy for change.* During and after the Assembly, opportunities will be provided for in-depth exchange of experiences and development of skills. The People's Health Charter will provide a base for advocacy, policy-formulation and campaigns at the local, national and international levels.

5. Beneficiaries

Ultimately, as the PHA seeks to enhance equity in health and strengthen a Primary Health Care approach to health, the main beneficiaries of the project will be ordinary people and particularly, poor, under-privileged and marginalised sections of the populations living in both the South and the North. Throughout the process, much effort will be devoted to reaching those most vulnerable to ill health in order to hear their experiences, concerns and suggestions. In a wider sense, the PHA seeks to promote the development of health systems that are equitable, inclusive and of high quality, thereby benefiting all citizens.

From a professional and political point of view, national governments and other policy makers, researchers, health activists and health workers in both the North and the South will benefit. The analytical process will provide compelling arguments and innovative proposals for policy reform and will provide opportunities to expose oneself to real-life experiences at the grassroots level. Through the PHA there will be opportunities to learn about alternative solutions that have been successfully applied in communities around the world.

From a civil society point of view, organisations and networks involved in health-related issues will benefit from the PHA by enhanced networking, improved understanding of health policy issues and opportunities for joint strategising and advocacy.

6. Characteristics of the People's Health Assembly Project

The People's Health Assembly project is a long-term process with the actual Assembly only being the peak event among several other activities. The Assembly will be preceded by extensive preparatory activities and followed up by advocacy, campaigning and improved networking activities among the participating individuals and organisations.

The PHA will be organised in a way that allows broad participation in order to involve a large number of people and stakeholder groups in the preparations.

i. Pre-assembly activities

Activities leading up to the PHA event in December 2000 will include three broad areas:

a. Analytical work

The analytical work will focus on a broad analysis of the major health issues facing the world, in order to provide a solid basis for policy formulation, advocacy and development of innovative solutions. The effort will draw on case studies and people's testimonies, input and reflections from the national, sub-regional and regional meetings, identified resource persons and existing analyses and data, but may also, where needed, involve original research. Outcomes will in the initial stages be brief discussion documents and analytical background documents. These documents will be widely circulated and used as basis for discussion in the national/sub-regional/regional meetings (see below), and should be made available to individuals and organisations interested in providing input and reflection.

A major analytical undertaking will be the formulation of a *People's Health Charter (PHC)*. Based on the initial analysis, in combination with input from the national/sub-regional/regional meetings and feedback from concerned individuals and organisations, the framework for the charter will be developed. The PHC should contain brief background analyses and recommendations for action at national, regional and international levels and will be made available for further discussion at national/sub-regional/regional meetings as well as for individuals and organisations. The final draft will be presented to the Assembly event for refinement and endorsement.

The charter will be a concise, easily understandable document with references to background documents and other sources.

The ambition with the *People's Health Charter* is to formulate a document which can become a landmark. By being firmly anchored in solid analysis coupled with the experiences and views from a large number of people all over the world, the PHC will have the potential and credibility to represent a people-based perspective on health and health policy. The PHC should be widely distributed with the hope that a broad constituency will feel ownership and use it extensively as a tool for lobbying, strategising and raising awareness.

b. Country/sub-regional and regional meetings

Drawing on—but not restricted to—the analytical work, country and regional discussions will deepen understanding of and elaborate strategies to address priority health problems. The country/sub-regional/regional meetings are crucial as they will enable wide participation in the PHA process, going well beyond the limits of the PHA event in December 2000. Through these meetings it will be possible for large numbers of community members, grassroots activists, health and development workers, and decision-makers to meet and critically engage in discussions, provide input and feedback on the on-going analytical work and form a local basis for future health development action.

The country/sub-regional/regional meetings can be organised in many different ways and with different agendas depending on local context and needs. The PHA project will seek to actively encourage local, regional and international organisations to take on the organising of such preparatory meetings, either as specific workshops or by taking advantage of already planned meetings and workshops. The PHA secretariat will not have the capacity to organise these meetings itself. However, it is recognised that local and regional organisers may need varying levels of logistical, analytical and financial support from the PHA secretariat.

To enable wide public participation in the overall PHA process, it is essential that a sufficient number of these country/sub-regional/regional meetings be organised. In order to facilitate such initiatives, the PHA secretariat will necessarily need to be able to offer limited financial support to cover parts of the extra costs incurred by local organisers. Guidelines for the disbursement of these funds are being developed.

The structure of the country/sub-regional/regional meetings will be subject to local priorities and agendas. However, suggestions for programme items and a selection of discussion points will be formulated by the PHA secretariat which can be used as starting points for discussions. At a stage when the analytical work (see above) has produced background and discussion documents, these will be made available as basis for discussion in the country/sub-regional/regional meetings.

c. Case studies, experiences and 'people's stories'

People's own experiences and stories on health will be collected from as many countries as possible. These will describe people's direct experiences of health and health problems, their own analyses of causal factors, their initiatives, examples of success stories, failures and proposals for the future. These experiences will feed into the analytical process and be a way of mobilising and encouraging people to critically examine their own health situations.

The process of collecting case studies/stories will be initiated and encouraged through different means, such as the distribution of information brochures, active networking by regional coordinators, information through collaborating organisations and their networks (e.g. OXFAM International and others), invitations through media and other channels of communication, and active networking by all those involved in the project. Participants will also be encouraged to formulate their case studies and stories as part of the country/subregional/regional meetings.

The case studies/testimonies/stories can show both positive and negative experiences and requirements of format and content should be very open. Creativity should be stimulated and stories in the form of videos, exhibitions, poems, songs and theatre are encouraged, in addition to traditional case-studies in written form. Stories that illustrate indigenous and other health systems and people's own responses to the current health crisis will be stimulated.

A selection of the case studies/testimonies/stories will be presented at the Assembly while further opportunities for such presentations will be available at the 'Follow-up Forum' directly following the PHA event.

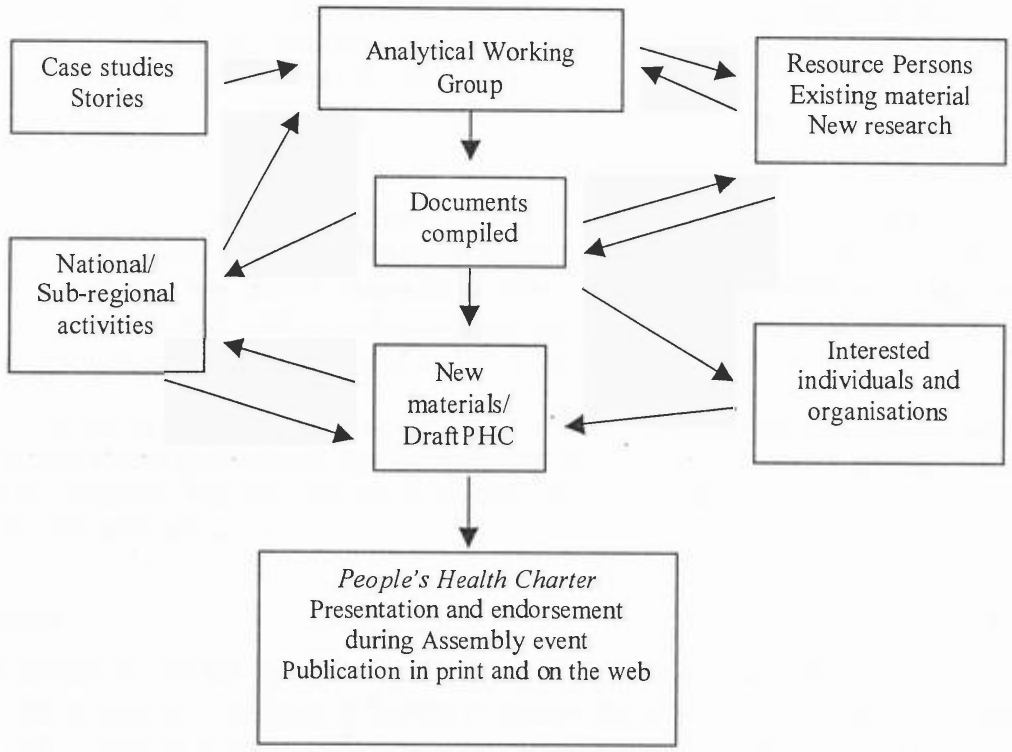

Figure 1

Figure 1 above above illustrates the analytical process and its interplay with the other parts of the pre-assembly process. Materials from case studies, national/regional activities and resource persons will be used by the Analytical Working Group . The group will sort out, analyse, and compile the materials into background/discussion documents and will eventually be put together into a *People's Health Charter*. Throughout the process, interested invividuals and organisations will have the opportunity to provide feedback on the analytical work. People's case studies and stories will be presented during the Assembly event and the Follow-up Forum.

ii. The People's Health Assembly *Event*

a. Programme

The actual Assembly will be held 4-8 December, 2000, at Gonoshasthaya Kendra near Dhaka, Bangladesh with approximately 600 participants. Assembly activities include keynote addresses, analytical presentations, sharing of people's testimonies and stories on health practices and concerns, workshops, debates, cultural and audio-visual presentations, exhibitions and the discussion and endorsement of the *People's Health Charter*. The Assembly should be an inspiring, vibrant, and culturally exciting event.

b. Participation

A total of 600 persons will participate in the Assembly, including grassroots people, representatives of NGOs, local participation from the host country and neighbouring countries (~400 persons), resource people, experts and others (~100 persons), officials from multilateral institutions, decision-makers at the national level, and others actors including media (~100 persons).

Two train rides will be organised from South and Northeast India to Dhaka for about 100-200 participants, both from India and other parts of the world. The trains will be stopping at several key places where discussions between participants and communities working on health and health-related matters can take place. The train journey also serves as a media-friendly event, highlighting the PHA process.

PHA strives to have broad-based participation with a wide representation from peoples' movements and organisations. Decision-makers are invited to broaden perspectives and enrich discussions. This will provide them with an opportunity for exposure to alternative experiences and views.

c. Venue

The Assembly event will be held in the premises of Gonoshasthaya Kendra (GK), 40 km from central Dhaka. A number of factors motivate this venue: Gonoshasthaya Kendra has a rich history of working with innovative, people-centred approaches to community development and Primary Health Care, which will inspire participants and be symbolically important; the capacity (with the newly established university at GK) to handle logistical issues such as accommodation, conference facilities and food; the relatively low cost of organising an assembly of this magnitude in Bangladesh; and, the many opportunities available for case studies and exposure trips in connection to the Assembly.

GK is committed to host the Assembly event, and is a member of the coordinating group of the PHA.

d. Follow-up forum

Directly following the Assembly, a one-week special 'Forum' will be organised. The aim of the forum is to provide opportunities for the participants to interact further, deepen their understanding of issues and enhance various skills. Activities will include presentations and opportunities for exchanges among the participants, development of networking and advocacy strategies, interaction with local health and development activists, and field trips.

Through the Forum, participants will be able to directly initiate follow-up activities and coordinate their actions. The programme of the Forum will be flexible and be based on suggestions from the participants. Additional costs associated with the Forum will be low, as there will be only minor additional travel costs incurred, accommodation at GK is cheap, and the various activities will largely be organised by the participants themselves. The benefits of immediate follow-up and in-depth discussions will however be substantial.

iii. Post-assembly activities

Post-assembly activities will include the dissemination, promotion and wider endorsement of the *People's Health Charter*; coordinated advocacy and lobbying at the local, national and international levels; enhanced networking among participating individuals and organisations; and the publication of material related to the PHA.

a. The People's Health Charter

Following endorsement of the People's Health Charter at the PHA event, substantial efforts will be directed into its worldwide dissemination. During the PHA process, media and dissemination strategies should be outlined, planned and carried out through a broad network of concerned organisations and individuals.

b. Coordinated advocacy and campaigning

Building on the pre-assembly activities, the Assembly event and the follow-up forum, the formation of new networks and the strengthening and broadening of existing networks will be encouraged. Possibilities for follow-up meetings to coordinate work and strategise should ideally be provided by the PHA project. To facilitate these activities, the PHA secretariat should be functioning for at least 6 months following the Assembly event. The PHA website will be maintained and serve as a networking and organising tool.

An advisory group of 15-30 persons should be formed following the PHA event with the purpose of representing the PHA process and the 'People's views', as put forward in the People's Health Charter, in the PHA event and during the pre-assembly processes. The group would be given a mandate to represent the PHA in meetings with governments, international organisations and other fora, and should also participate in follow-up meetings informing about and involving more people in the PHA process.

c. Publications

The wealth of information obtained through the analytical work and the pre-assembly collection of people's stories should be compiled into publications. Two publications are particularly important for this purpose, and are therefore seen as integral parts of the PHA project:

- The *People's Health Charter* and the key background documents used in preparing the Charter. To be published in printed form and electronically.
- A collection of the most relevant and interesting *people's case-studies and stories* which would include alternative health strategies. To be published in printed form and electronically.

Furthermore, a larger collection of case studies, testimonies and analytical background documents will be published on the web, together with the analytical background material. Although it is recognised that many do not have access to this technology, the web will still play an important role due to its interactivity, quick accessibility, cost

effectiveness and rapidly increasing number of users. Through the web most of the case studies could be published and they would also be easily searchable. Stories as well as other relevant information from the pre-assembly processes would be continuously published on the web throughout the process.

7. Organisation of the PHA

The PHA project strives to involve a large number of people and organisations around the world. Thus from the very beginning of the project, emphasis will be put on networking and deliberate efforts in coordinating PHA activities with initiatives and work pursued by other organisations. The PHA should be regarded as an open, inclusive, and broad-based undertaking. It is essential that networks and organisations around the world are encouraged to include PHA-related activities such as analytical discussions and the collection of peoples' stories in their ordinary activities and that as many individuals and organisations as possible feel an ownership in the process.

i. Organising institutions

- Asian Community Health Action Network (ACHAN)
- Consumers International (CI)
- Dag Hammarskjold Foundation (DHF)
- Gonoshasthaya Kendra (GK)
- Health Action International (HAI)
- International People's Health Council (IPHC)
- Third World Network (TWN)
- Women's Global Network for Reproductive Rights (WGNRR)*

* WGNNR does not appear as one of the Coordinating Group members in the enclosed PHA brochure as they had only recently joined the group.

ii. Coordinating group

The coordinating group is the highest decision-making body of the PHA and consists of representatives of all the organising institutions. The group has met twice (5-9 November 1998, and 2-4 March, 1999) and it is suggested that it should meet 2-3 times a year. The third planning meeting has been scheduled for 4-7 September 1999. This meeting will be hosted by Gonoshasthaya Kendra in Bangladesh.

iii. Core group

A core group has been formed with a mandate to make quick, ad hoc decisions on behalf of the coordinating group. The group consists of:

Dr K. Balasubramaniam (CI), Niclas Hällström/Olle Nordberg (DHF), Maria Hamlin Zuniga (IPHC), and Zafrullah Chowdhury (IPHC/GK).

iv. Funding group

The funding group is responsible for fund-raising activities including the formulation of funding proposals as well as identifying and approaching potential funders. Members are:

K. Balasubramaniam (CI-ROAP), Olle Nordberg (DHF), Prem Chandran John (ACHAN) and Maria Hamlin Zuniga (IPHC).

v. Steering group - analytical work

This group will discuss and decide on issues relating to the analytical work and the drafting of a People's Health Charter. The group will provide initial feedback on the analytical work before it is circulated to the whole coordinating group and others interested. Members of this group include:

Göran Sterky/ Olle Nordberg/ Niclas Hällström (DHF), David Sanders (IPHC), Ken Harvey (HAI), Mira Shiva (IPHC) and Evelyn Hong (TWN).

vi. Working group - analytical work

The analytical working group will undertake most of the time-consuming tasks of contacting and networking with resource persons; compiling and analysing existing material; analysing, structuring and incorporating input from national/sub-regional and regional meetings; organising meetings with resource persons; compiling and organising background/discussion documents appropriate for discussion at various fora; and formulating/revising drafts of the People's Health Charter.

One person will be coordinating the work of the analytical working group (consisting of 3-4 persons). The Dag Hammarskjöld Foundation has the main responsibility for the analytical process.

vii. Main secretariat

The main secretariat of the PHA project will be based in Penang, Malaysia, and hosted by Consumers International Regional Office for Asia and the Pacific (CI-ROAP). The secretariat will be directed by Dr K Balasubramaniam. At least one full-time coordinator and one secretary will need to be employed in addition to the existing staff of the Health and Pharmaceuticals Programme. One of the Coordinating Group members, Dr Kenneth Harvey will be based in the main secretariat during his sabbatical from La Trobe University for a period of 6 months to assist in the work.

The secretariat will be responsible for the overall coordination of the project, including the collection of people's case studies, support to those organising local, country and regional meetings, and practical preparations for the December 2000 PHA event.

viii. Conference secretariat

In the latter half of the year 2000, a conference secretariat will be set up at GK, Bangladesh, to begin the practical preparations for the PHA event in December 2000. In October or November, 2000, the main secretariat will temporarily move to Bangladesh. Additional staff will be joining the secretariat in the months preceding the PHA event.

ix. Regional coordinators

Regional coordinators will function as contact persons and will actively seek to involve individuals and organisations from their region in the PHA process. They will also facilitate the organising of local, country and regional pre-assembly initiatives such as preparatory meetings and the collection of case studies.

8. Evaluation

On-going evaluation will be integral to the PHA project. In particular, critical self-reflection on how well the project manages to reach out to communities at the grassroots level must be consistently monitored. A final comprehensive evaluation will be conducted as part of the post-assembly activities.
The Coordinating Group in consultation with funders will identify two external consultants to evaluate the entire PHA process.

9. Funding

Budget estimates for the PHA project can be found on page 14 with detailed description of each item on page 16.

Total cost to be externally funded is estimated at **USD 1,457,873**, while contributions by the organising institutions amounts to approximately **USD 1,090,845**.

External funding will primarily be sought from private foundations and supportive governments.

The proposed budget shows an estimated cost of the PHA project. The budget is divided into the following five different sections: Secretariat, Pre-Assembly Preparations, PHA Event, Follow-up Forum, and Post-PHA Activities.

10. Budget proposal for the People's Health Assembly

	Request from funders (USD)	Own contributions (USD)
1. Main Secretariat (for a period of two years in Asia)		
i. Project Coordinator	24,000	
ii. Assistant Project Coordinator	20,000	
iii. Administrator	12,000	
iv. Other secretariat staff		50,000
v. Communications	10,000	10,000
vi. Media and communication coordination	10,000	
vii. Website – design and maintenance	7,000	3,000
viii. Publications:		
a. PHA brochure and letterhead		2,000
b. Posters and other relevant materials	5,000	
ix. Translation	12,000	
x. Travel	5,000	
xi. Miscellaneous	10,500	6,500
Subtotal	*115,500*	*71,500*

2. Pre-Assembly Preparations		
i. Planning Meetings for the Coordinating Group (Two meetings – November 1998 and March 1999)		19,000
ii. Planning Meetings for the Coordinating Group (Total of 4 meetings – two in 1999 and two in year 2000)	40,000	
iii. Meeting for core group members	5,000	
iv. Country and regional meetings:		
a. Country meetings	100,000	100,000
b. Regional meetings	60,000	60,000
c. Funds for local initiatives	10,000	
d. Support for country or regional coordinators	25,000	25,000
v. Analytical process		
a. Coordinator and other working group members (for a period of two years)	60,000	20,000
b. Coordination, support and analytical work by DHF		35,000
c. Travel and working group meetings	25,000	
d. Commissioned papers and collection of analytical material	10,000	20,000
e. Communications	10,000	
vi. Services		
a. By members of the Coordinating Group and their networks		250,000
b. By Organisations represented in the Coordinating Group		24,000
vii. Miscellaneous	34,500	55,300
Subtotal	*379,500*	*608,300*

3. PHA Event		
i. Transport:		
a. Air travel for 400 persons (average cost US$ 1,200)	360,000	120,000
b. Local travel for local participants		10,000
c. Trainrides from India and return by rail, road and air (100-200 persons)	25,000	
d. Local travel during event	10,000	
ii. Accommodation and meals (500 participants x 6 days x USD 50)	120,000	30,000
iii. Conference Secretariat		
a. Coordinator (half-time July 1999-June 2000; full-time July 2000-January 2001)	14,500	
b. Secretaries (3 persons)	5,000	3,000
c. Volunteers		
–pre-assembly		5,000
–during the assembly	5,000	10,000
d. PR/information material and media services	15,000	3,000
e. Translation of information material and simultaneous translation	15,000	8,000
f. Communications (telephone, fax, postage etc)	15,000	
g. Office equipment and supplies	10,000	
iv. Venue development	30,000	5,000
v. Miscellaneous	69,250	16,600
Subtotal	*693,750*	*210,600*

4. Forum		
i. Accommodation and meals (100 participants x 8 days x USD 40)	32,000	
ii. Local transport (field visits)	5,000	5,000
iii. Miscellaneous	3,200	500
Subtotal	*40,200*	*5,500*

5. Post PHA Activities		
i. Country and regional follow-up meetings	75,000	75,000
ii. Advocacy, Lobbying and promotion of the People's Health Charter	20,000	20,000
iii. Publications	50,000	35,000
iv. Miscellaneous	14,500	13,000
Subtotal	*159,500*	*143,000*

Total	1,388,450	1,038,900
Currency fluctuation (5% of total)	69,423	51,945
GRAND TOTAL	**1,457,873**	**1,090,845**

Detailed description of budget items

Item 1
Main Secretariat

i ,ii, iii The secretariat will be based in Consumers International Regional Office for Asia and the Pacific (CI ROAP) for the period of 2 years. The secretariat will move to Bangladesh 2 months prior to the PHA Event. The secretariat will be operated by two project coordinators (Janet Maychin and an additional person) and a secretary, in addition to part-time contributions by CI-ROAP staff (see below). Salary costs are estimated based on a full-time salary of USD 1,000 per month for the coordinator, USD 830 for the assistant coordinator and USD 500 per month for the administrator.

iv. In addition to the coordinators and the secretary, other CI ROAP staff (Dr. K. Balasubramaniam and Kiran Sagoo) will continually contribute to the PHA project in the form of managerial tasks, analytical work and coordination. Dr Ken Harvey will be taking his sabbatical leave from La Trobe University for a period of 6 months and will be the research consultant to the PHA secretariat during this time.

v. Communications include setting up efficient communication systems and operational costs for email, fax, telephone and postage for ordinary mailing and bulk materials via courier and regular mail.

vi. A media coordination group will be formed early on to gain extensive publicity for the whole PHA process. A media strategist/coordinator will be contracted part-time.

vii. A PHA website has been voluntarily designed by Dr Kenneth Harvey. The website is currently hosted at La Trobe University, Melbourne, Australia at the address www.pha2000.org. Further refinement and updating of the website to include database integration will incur additional development costs. Maintenance will be carried out by the secretariat and a person responsible for the website on a part-time basis.

viii.a. The Public Health Association Australia is sponsoring the printing of a PHA information brochure as well as letterheads. Ten thousand (10,000) of the brochures and five thousand (5,000) of the letterhead have been printed. The brochures will be distributed as widely as possible.

b. In addition to the brochure, posters, follow-up information, guidelines for case studies and the organising of country and regional meetings, as well as other relevant materials will be produced.

ix. In order to enable wide participation in the PHA process, translation of relevant documents and information materials will be done in Spanish and French throughout the project. Certain materials may also be translated into additional languages.

x. Travel includes trips to and from Penang, Malaysia and Dhaka, Bangladesh. These trips will be made to link up the main secretariat based in Penang with the conference secretariat hosted by Gonoshasthaya Kendra. It is estimated that three round-trips Penang-Dhaka for two persons (staff of the Secretariat in Penang) will be required.

xi. A contingency type fund which allows for unprogrammed but necessary expenditures. This fund is estimated at 10% of the subtotal amount.

Item 2
Pre-Assembly Preparations

i. Two planning meetings have been held for the PHA in Penang, in November 1998 and March 1999, respectively. These meetings have been organised by CI ROAP with the financial support from Dag Hammarskjold Foundation (DHF).

ii. Another four planning meetings are scheduled for the coordinating group – two in 1999 and another two in the year 2000. The Third Planning Meeting has been scheduled for 4-7 September 1999 in Dhaka, Bangladesh. Budget estimates are based on the meetings already held.

iii. The core group normally communicates via e-mail and telephone, but will occasionally need to meet in person.

iv.a,b Country and regional meetings are major components of the PHA process. The funds for these events should be raised directly from the national and regional representations of the donor agencies wherever feasible.

c. Limited funds for local initiatives where funding is not available as in a/b above.

d. Funds will be provided for country or regional coordinators who will be setting up meetings. These funds could be used for secretarial tasks, communication and small printing jobs.

v. a. A *coordinator*(Nadine Gasman, Mexico) will be hired to coordinate the analytical work process and will work closely with other members of the analytical working group.

b. DHF will be playing a significant role in coordinating and supporting the work of the analytical group.

c. Travelling expenses include travel costs for the Working Group as well as for selected resource persons for consultative meetings.

d. A limited number of commissioned papers might be needed, although it is expected that a majority of the resource persons will be contributing to the PHA on a voluntary basis without claims of compensation.

e. Operational costs for communication and coordination of the analytical work, both within the analytical working group and to a broad constituency of interested individuals and organisations. Expenses include email, fax, telephone and postage for ordinary mailing.

vi.a. Services of the Coordinating Group members and their networks include work that is done at the organisational and/or individual level outside of the secretariat. It is estimated that approximately 25-30 persons will contribute with an average of US$ 400 per month for 24 months.

b. Organisational support refers to support from the different organisations where the Coordinating Group members are based. This would include sharing the organisations' existing infra-structure, communication system, etc. The value of these services is estimated at an average of US$ 125 per month from the 8 organisations of the coordinating group for a period of 24 months.

vii. A contingency type fund which allows for unprogrammed but necessary expenditures. This fund is estimated at 10% of the subtotal amount.

Item 3
PHA Event

i.a,b. The PHA main event will be hosting 600 participants in total. Participants from grassroots organisations and NGOs, representing approximately 100 countries (including host and neighbouring countries) as well as some of the resource persons will be sponsored by the PHA project (400 persons). Many resource persons and others (100 persons) are expected to raise funds, full or partial, from their organisations (which falls under 'own contributions'). Representatives of governments, the media and international organisations (100 persons) are expected to raise their own funds.

c. It is suggested that chartered train journeys from South as well as Northeast India to Dhaka be organised for the South Asian participants and participants from other parts of the world who would be interested in taking the train journey (100-200 participants). These journeys would take 4-8 days and the train would stop at several cities where participants would engage in discussions with communities. The train journeys would be media-friendly events that would raise interest in the PHA process.

d. Local travel refers to travel to and from airport, train stations, bus stations as well as to and from place of stay during the Event and the venue of the event at Gonoshasthaya Kendra.

ii. The cost of accommodation and meals is estimated at an average of USD 50 per day for 400 sponsored participants.

iii. a A small conference secretariat will be set up in July 1999 which will be expanded in July 2000 and stay in function until January 2001. A coordinator will be hired to run the secretariat on a half-time basis until July 2000, and thereafter on full-time.

b. From July 2000 three secretaries will be hired. One of the secretaries will be directly funded by the coordinating group.

c. Pre-assembly volunteers include people providing office assistance, travel arrangements, contacting of other NGOs, government officials, etc. During the PHA event, approximately 100 or more volunteers from different organisations will help out with practical tasks. Funds are requested for supporting food, accommodation and local travel of these volunteers.

d. In connection with the PHA event a press centre needs to be set up and run by competent staff. Information material specifically geared for the press should be developed before, during and after the PHA event.

e. Both translation of information material and simultaneous translation will be done in the main languages viz. Spanish and French and some in the local languages. To keep costs low, graduate students in the region and interns will be recruited to provide these services.

f. Communications costs include the setting up an efficient communication system i.e. email, sufficient telephone lines, etc. and operational costs for these services.

g. Necessary office equipment (printers, copy machines, computers etc.) will be either purchased or rented.

iv. Venue development refers to the renting of computers, audio-visual equipment (LCD projectors, VCD players, VCR players, PA system for the main auditorium, translation equipment, etc.). Other venue facilities will be provided by Gonoshasthaya Kendra.

v. A contingency type fund which allows for unprogrammed but necessary expenditures. This fund is estimated at 10% of the subtotal amount.

Item4
Forum

i. Accommodation for the PHA forum for 100 participants is estimated at USD 40 per day for 8 days. The forum will be open to anyone who would like to stay on, although full funding will only be provided for 100 persons.

ii. Field trips in connection with the forum.

iii. A contingency type fund which allows for unprogrammed but necessary expenditures. This fund is estimated at 10% of the subtotal amount.

Item 5
Post-PHA Activities

i. Follow-up meetings will be held after the PHA event to provide direct feedback to people not able to participate in Bangladesh; to stimulate reflections on the outcome of the Assembly; and to share experiences and develop strategies. These meetings will be organised in similar ways as the pre-assembly country and regional meetings. The funds for these events should be raised directly from the national and regional representations of the donor agencies wherever feasible.

ii. An integral part of the post-assembly activities is advocacy and lobbying. Networking, strategising meetings and training at local and national levels will be planned and implemented. Ways of efficiently promoting the People's Health Charter will be identified.

iii. Publications include:

- The *People's Health Charter* and key background documents used in preparing the charter; and
- A collection of most relevant and interesting people's case-studies and stories which include alternative health strategies and practices.

Publication cost includes compiling the relevant materials, editing, layout and design, printing, mailing, and launching of the material.

iv. A contingency type fund which allows for unprogrammed but necessary expenditures. This fund is estimated at 10% of the subtotal amount.