# Regional Strategy for Civil Society work with Commission on Social Determinants of Health
## Asia Region

## Contents

1. Introduction  
1.1. Imperatives for CS participation  
2. Phase I of Civil Society Work with CSDH  
2.1 Mapping of Social Determinants of Importance in the Region:  
2.2 Possible Forms of Civil Society Action/ Intervention  
2.3 Entry Points for Civil Society  
2.4 CS Engagement with the CSDH – Opportunities and Constraints  
2.5 Gaps in Implementation of CS Work During Phase I  
3. Methodology for Operationalising Regional Strategy  
4. Output from Regional Strategy – Deliverables of Phase II  
4.1 Output of Civil Society Work with CSDH in Phase II – Targeted at major elements of the Commission  
4.2 Countries – Strengths & Weaknesses  
5. Timelines  
6. Budget
Regional Strategy for Civil Society work with
Commission on Social Determinants of Health
Asia Region

1. Introduction

The Commission on Social Determinants of Health, launched by the World Health Organisation (WHO), in March 2005, is being widely perceived as having the possibility to make major decision in health policy making across the globe. In particular the Commission’s work has the potential to capture afresh the refreshing promises held out by the global community in the form of the Alma Ata Declaration more than three decades ago.

Civil Society Organisations, especially those actively engaged with the health sector, have been largely of the opinion that the Commission constitutes a major opportunity to address key issues in the health sector. This is especially so as the Commission is seen to be engaged in examining and taking forward some of the key fundamentals of the Alma Ata declaration – viz. a Health Systems approach and locating health in a larger social, economic and political context.

Civil Society is also seized of the fact that this is perhaps the first instance when they are seen as active partners in a major global process initiated by the WHO. It is but natural that given WHO’s mandate, it has essentially worked through country Governments. The decision of the Commission on Social Determinants of Health to bring in Civil Society as partners is thus a new experience for all concerned – the WHO, country Governments and Civil Society. Civil Society finds it encouraging that a number of Commissioners serving on the Commission on Social Determinants of Health are people of eminence drawn from Civil Society.

1.1 Imperatives for CS participation

As has been indicated above Civil Society participation in the Commission’s work is premised on the understanding that they would work as partners in the process. In other words Civil Society views its role as not that of an advocacy instrument for the Commission but of a significant arm of the CSDH that brings in fresh perspectives and has the potential to shape in many ways the Commission’s work.

In order for Civil Society to play this role it is imperative that it retains the right to formulate its own independent analysis of the Commission’s work. It is also important that Civil Society organisations drawn into the process do not feel that they are being “co-opted”, i.e. they are being asked to implement or advocate for policies and processes in which they do not play a part in shaping. Such an independent approach is also necessary to ensure as Civil Society partnership is being secured a number of months after the Commission’s work was initiated and after a number of key decisions related to the broad framework of the Commission have been already formulated.

Civil Society is engaging in the process, thus, also with the premise that they would have an independent framework of engagement with the Commission. Such a framework need not always be very different from that of the Commission, but nevertheless the scope for maintaining this independence is vital for real Civil society engagement. It is vital in order to draw in sections of Civil Society who have explicit concerns about the present paradigm of development globally as well as the trajectory of Governments and organisations such as the WHO in their endeavour to address issues related to human development and specifically health and access to care. We understand that the Commission seeks to actively seek out and engage with views that are diverse
and often rooted in experience of working with the people – voices that often remain unheard. In order for this to be accomplished it is necessary that Civil Society Organisations feel that they are not constrained by a rigid pre-determined framework.

2. Phase I of Civil Society Work with CSDH

The regional strategy being elaborated here draws from the first Phase of work of Civil Society organisations with the Commission. Hence, before moving forward, it would be useful to enumerate the output of Phase I of CS work with the CSDH.

The Civil Society facilitation in the SEARO region is being co-ordinated jointly by the Peoples Health Movement – India (Jan Swasthya Abhiyan) and the Asian Community Health Action Network (ACHAN). The countries being targeted for civil society work in the region include India, China, Bangladesh, Nepal, Sri Lanka, Indonesia, Thailand, Cambodia, Vietnam and Malaysia. A co-ordination mechanism involving the facilitators for the region and country co-ordinating mechanisms is in place.

The co-ordinating structure that has been developed is as follows:

**Civil Society Facilitators for the Region:**

- Amit Sen Gupta and Narendra Gupta – Peoples Health Movement, India (Jan Swasthya Abhiyan – JSA)
- Prem John – Asian Community Health Action Network (ACHAN)

**Country Contacts:**

<table>
<thead>
<tr>
<th>Country</th>
<th>Contact Person(s)</th>
<th>Co-ordinating Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>Abhay Shukla, Amit Sen Gupta, B. Ekbal, Mira Shiva, Narendra Gupta, Sarojini, Thelma Narayan</td>
<td>Peoples Health Movement, India (Jan Swasthya Abhiyan)</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>A.F.M. Imamuddin, Qasem Chowdhury</td>
<td>PHM Bangladesh</td>
</tr>
<tr>
<td>China</td>
<td>Xiaoming Han</td>
<td>Chinese Medical Association</td>
</tr>
<tr>
<td>Nepal</td>
<td>Shanta Lall Mulmi</td>
<td>Peoples Health Co-ordinating Committee, Nepal</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Sirimal Peiris, Niranjan Udumalagala</td>
<td>PHM, Sri Lanka</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Sri Rahayu Wartomo</td>
<td>Perdhaki (Association of Voluntary Health Services of Indonesia)</td>
</tr>
<tr>
<td>Philippines</td>
<td>Edelina De la Paz</td>
<td>Health Action Information Network, Philippines</td>
</tr>
<tr>
<td>Vietnam</td>
<td>Phan Vu Diem Hang</td>
<td>Vietnam Medical Association</td>
</tr>
</tbody>
</table>
Malaysia  |  Michael Jeyakumar Devraj  |  PSM, Malaysia  
---|---|---
Cambodia  |  Sok Sovannarith, Chiv Bunthy  |  MEDICAM, Cambodia; Cambodian Health Committee (CHC)  
Thailand  |  Ugrid Milimtangkul  |  Folk Doctor Foundation, Thailand  

The First Phase of CS work with CSDH, emphasized on a mapping of:
1) Civil Society in the region with potential to participate in the process of working with the CSDH
2) Civil Society concerns and opportunities perceived in the process of working with the Commission
3) Civil Society perceptions regarding identified Social Determinants
4) Identification of SDs of key concern in the region/country and their prioritisation
5) The social and political contexts in which specific determinants were of importance, as well as the broad socio-political milieu of the countries in the region
6) Entry points and obstacles for CS engagement with the CSDH
7) Forms of CS engagement with the Commission’s work
8) Identification of CS work that requires documentation with a view to be an input into the Knowledge Networks
9) Identification of CS work that merits upscaling and linking up within the framework of CSDH country work

Towards this end a regional meeting in Bangkok and country meetings were organised to facilitate the exercise. The regional meeting in Bangkok led to the identification of country contact persons and focal points for co-ordination of the process at country level. The meeting also helped prepare a broad structure for discussions among CS on engagement with the CSDH, and helped plan country level activities designed to take the process forward.

The country meetings were preceded by extensive consultation with CS organisations and involved dissemination of information about the CSDH and suggestions regarding ways in which CS could participate in the Commission’s work. It may be underlined here that the consultations held with CS in these meetings were a culmination of a process that included sensitisation of CS on the Commission’s work and the meetings were designed to take forward CS engagement with the Commission’s work.

The regional and country consultation meetings were designed to discuss and develop the following:

i) Developing a national situation analysis/political mapping of civil society action on SDH. Discussions will bring out:
   a) Socio-political situation with respect to key determinants, based on country and local experiences
   b) Priority assigned to specific SDH, including those identified for CSDH Knowledge Networks and others
   c) Multiple roles and modes of action of civil society (viz. participatory action research; political mobilization and action, lobbying and advocacy; service delivery)
(d) civil society goals around SDH and planning for processes/ mobilisations
(e) major obstacles anticipated
(f) entry points for most effective intervention of Civil Society
(g) long-term view of working with the CSDH

ii) Regional and country level strategy for civil society work with the Commission on Social Determinants of Health. Planning for and identifying:
(a) Principal foci, country level fora and areas of intervention
(b) Strategic targets for civil society entry point in partnership with the CSDH
(c) Ongoing work and emerging opportunities
(d) Obstacles
(e) Division of responsibilities, consultation and coordination of processes

Following is an overview of the consultations organised:

<table>
<thead>
<tr>
<th>Nature of Consultation</th>
<th>Place</th>
<th>Date</th>
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<tbody>
<tr>
<td>Regional</td>
<td>Bangkok, Thailand</td>
<td>14-15 November, 2005</td>
</tr>
<tr>
<td>Sub-National</td>
<td>Mumbai, India</td>
<td>28-29 November, 2005</td>
</tr>
<tr>
<td>Sub-National</td>
<td>Delhi, India</td>
<td>8-10 January, 2006</td>
</tr>
<tr>
<td>Sub-National</td>
<td>Bangalore, India</td>
<td>24-25 February, 2006</td>
</tr>
<tr>
<td>National</td>
<td>Dhaka, Bangladesh</td>
<td>3-4 January, 2006</td>
</tr>
<tr>
<td>National</td>
<td>Kathmandu, Nepal</td>
<td>29-30 December, 2006</td>
</tr>
<tr>
<td>National</td>
<td>Jakarta, Indonesia</td>
<td>5&lt;sup&gt;th&lt;/sup&gt; January, 2006</td>
</tr>
<tr>
<td>National</td>
<td>Colombo, Sri Lanka</td>
<td>3-4 January, 2006</td>
</tr>
<tr>
<td>Sub-National</td>
<td>Colombo, Sri Lanka (Plantation Sector)</td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>Beijing, China</td>
<td>29&lt;sup&gt;th&lt;/sup&gt; December, 2005</td>
</tr>
<tr>
<td>National</td>
<td>Manila, Philippines</td>
<td>5-6 May, 2006</td>
</tr>
<tr>
<td>National</td>
<td>Hanoi, Vietnam</td>
<td>4-5 March, 2006</td>
</tr>
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In addition, country level consultations have been initiated in Malaysia, Thailand and Cambodia through country contact points (as above) though country consultations are yet to be organised in these countries. The consultations have provided useful inputs in devising this strategy too. CS Facilitators in the region also participated in the following meetings, that helped in drawing inputs and ideas to develop a CS strategy for the Region:

<table>
<thead>
<tr>
<th>Meeting Title</th>
<th>Place</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS Facilitators meeting and meeting of Commission</td>
<td>Ahmedabad, India</td>
<td>10-14 September, 2005</td>
</tr>
<tr>
<td>CS Facilitators Meeting</td>
<td>Montvideo, Uruguay</td>
<td>12-15 December, 2005</td>
</tr>
<tr>
<td>CS Facilitators meeting and meeting of Commission</td>
<td>Teheran, Iran</td>
<td>16-20 January, 2006</td>
</tr>
<tr>
<td>Consultation on CSDH for SEARO Region</td>
<td>Delhi, India</td>
<td>15-16 September, 2005</td>
</tr>
<tr>
<td>Consultation on CSDH for WIPRO Region</td>
<td>Beijing, China</td>
<td>22-24 March, 2006</td>
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Based on the consultations and the mapping of CS that was undertaken is Phase I, some major issues that have emerged, that have a bearing in preparation of the CS Strategy for the region for Phase II. These are articulated in the following section.

2.1 Mapping of Social Determinants of Importance in the Region:

While taking note of the social determinants identified by the Commission consultations in the region underlined the need to also examine some other key determinants that have a major bearing on health in the region. These include:

1) **Poverty** -- Ubiquitous in the region and possible the most important determinant of Health outcomes. However the issue of whether poverty is a determinants or a consequence of several other determinants needs to be explored.

2) **Governance related issues** -- viz. democratic norms in polity, political will, sovereign decision making space

3) **Food security** -- with special reference to child malnutrition,

4) **Natural Disasters** -- Of particular importance in Sri Lanka, Indonesia. Includes responses to such disasters.

5) **Conflicts** -- of special importance in Sri Lanka, Nepal, Philippines, Indonesia

6) **Environment**

7) **Land Relations** – The consequence of a large sections of the population engaged in agriculture having no land or very little land has enormous social and economic effects. This is of particular importance in South Asia, Philippines and Indonesia.

It was also felt that gender should also be a cross cutting concern in all Knowledge Networks, and the priorities for the region identified were: **Poverty, Globalisation, Conflict, Social Exclusion and Gender.**

The consultations also raised the issue of the necessity to define clearly the areas to be covered by existing Knowledge Networks, as well as a clear understanding of how specific issues are sought to be addressed by these Networks. **It was felt that** for an informed engagement with Knowledge Networks it is essential that each Network prepare a brief that outlines the issues it seeks to cover and the approach to these issues that it would pursue. **In this context it was felt that some issues that could be accommodated within existing KNs, but require adequate focus, include the following:**

1) Medical Education, Brain Drain
2) Traditional Medicine
3) Maternal and Child Health
4) Risky Behaviour/ Consumption Patterns -- viz. addictions, etc.
5) Mental Health
6) Migration/ Relocation/ Job Security/sub-contracting of labour
7) Refugees/Migrant workers
8) Maternity services
9) Education
10) Privatisation of Health Care
2.2 Possible Forms of Civil Society Action/ Intervention

The consultations also enabled a mapping of action and interventions by Civil Society. These include the following:

**Participatory Research**

1) Need to emphasise importance of such research and bring it on par with institution based research
2) Should try to consolidate fragmented research findings available with different CSOs
3) Should draw on existing research in order to formulate effective policy, instead of Commissioning new research.
4) Translation of knowledge into policy
5) Capacity building of CSOs required in some settings to conduct such research with a degree of rigor

**Political mobilization and action**

**Constraints:**

1) In many countries, political decisions are made by the government and are controlled by particular parties in power. Even groups close to the government may not be able to influence these processes.
2) In some countries, grassroots organizations cannot exert political influence

**Opportunities:**

1) CSOs working with communities are ideally situated for such intervention -- even if limited by scale of community work
2) Involvement of mass based organisations in CSDH can exert pressure and lead to political mobilisation
3) Has the potential to make effective changes in public policy

**Lobbying and Advocacy**

**Constraints**

1) Groups closely linked to the government may have better access to decision-makers
2) Grassroots organizations cannot make direct advocacy to the government.

**Opportunities**

1) Many CSOs today involved in advocacy and their voices are being given prominence
2) Optimal results if political mobilisation and advocacy are combined

**Service Delivery**

**Constraints**

1) CSOs can provide certain forms of services, but not all – some, by their nature, need to be the primary responsibility of the public sector
2) CSOs do not have enforcement role and capacity to make impact at a national level

**Opportunities**

1) CSOs can reach the grassroots very effectively with service delivery.
2) CSOs can educate communities about health services, increase the demand for these services (however, the government supply may not match this new level of demand)
3) CSO initiatives can be used as models in the form of advocacy tools
2.3 **Entry Points for Civil Society:**

The First Phase of Civil Society Work identified issues related to entry points for CS while engaging with the Commission’s work. Constraints and opportunities that emerged are underlined below:

**Community**
1) Often the best point of entry for CSOs
2) International exchanges can bring opportunity to share experiences and work out effective interventions
3) CSOs may be financially dependent on donors and this might influence agendas pursued
4) Weak human resources capacity in many CSOs

**Policy Makers and Political Processes**
1) Civil society can link local communities to national and regional policy making structures
2) Important to be conscious of impact of actors such as global corporations (for example, tobacco corporations, pharmaceutical TNCs) that exert excessive power

**Health System**
1) Opportunity for CSOs working on health delivery to create models of intervention
2) Influence on Policy making structures important
3) Increasing global focus on health creates important opportunities – but need to prioritise use of resources that are being pledged for health as a consequence of this
4) Donors continue to have a very vertical, segmented model of how health programmes should function

2.4 **CS Engagement with the CSDH – Opportunities and Constraints**

The First Phase of CS work, was able to generate a large number of possibilities and action points for CS to work with the Commission, while at the same time throwing up some issues of concern that need to be addressed. These are summarised below.

**Opportunities and Action Points:**
1) Can build upon existing work that CSOs are engaged with and link that with work of the CSDH
2) Need for country-level coordinating organisation that can "bridge" between national civil society groups and the CSDH.
3) Need to develop ability to share, communicate goals and work of CSDH with CSOs
4) Based on this awareness, civil society can join effort for policy mobilisation, to influence government policy
5) Civil society needs a responsive information system to share knowledge
6) Important that relationships be built with CSOs in other sectors (outside traditional health sector)

**Constraints**
1) Difficulty in comprehending diversity and dynamism of CSOs globally and locally
2) Non participatory dialogue structures
3) Inability to look at determinants holistically - social, cultural, economic, political
4) Life styles of meetings/ processes
5) Northern domination of CSO & Knowledge hubs
6) Inability to comprehend dynamics of dialogue and consultative processes with movements/campaigns
7) Inadvertent focus on micro-NGOs and international NGOs
8) Conflicts of interest (for-profit NGOs/private sector)
9) Inadequate focus on some important social determinants, viz. conflicts, poverty, food security, environment, governance, etc.

2.5 Gaps in Implementation of CS Work During Phase I

While drawing up a Regional Strategy for Phase II it would be important to recognise some of the gaps in the implementation of Phase I of Civil Society’s work with the Commission. The key gaps which would need to be addressed include the following:

1) The process of sensitisation of CS on the Commission’s work has been uneven. This is also related to the need to go along with the dynamics of CS interactions in different countries. Thus, for example, country level consultations have been delayed in Malaysia, Thailand and Cambodia. While substantial progress has been made in these countries too, special attention needs to be paid in such regions in order to generate a greater sense of urgency within CS.

2) To a very large extent CSOs working in the area of health have been sensitised in the region. However other sectors have been slower to respond and the Second Phase would need to devise effective strategies to involve CSOs active in fields of labour, gender, those working with marginalised communities, etc. more centrally in the process.

3) Communications between country focal points and the facilitating group have tended to be one way – i.e. largely involving flows to country groups. In the second phase communications would need to be more interactive and involve much greater exchange.

4) The facilitating mechanism would benefit from an additional focal point in the WIPRO region.

5) While most country groups have involved the country WHO office in the consultations, the WHO regional offices in the SEARO and WIPRO region have not yet been engaged in the CS process at any great depth. In the second phase closer co-ordination with the Regional WHO offices would need to be ensured.

6) While Commissioners from the region have been kept informed about the CS work with the CSDH and they have been extremely supportive of the process, a greater interaction with them would be very helpful in the Second Phase.

3. Methodology for Operationalising Regional Strategy

A co-ordinating mechanism to function, which is non-hierarchical structure, but an enabling mechanism for exchange and sharing. Such a structure has now emerged from the conduct of CS work with the Commission in Phase I (elaborated earlier). This structure would be strengthened, keeping in mind the regional requirements. It is proposed that the facilitation of the CS work in the region be continued to be co-ordinated by PHM-India and ACHAN (as in Phase I). It is further proposed that the co-ordination mechanism involve a small central core and country foci around the identified country contact points. The central mechanism and responsibility for co-ordinating functions, it is proposed, will be distributed between India and a country in the WIPRO region. The functions of this co-ordinating team would be to, inter alia:

1) Devise means to put in operation the regional strategy
2) Plan and conduct regional workshops and meetings
3) Share and exchange information about the Commission with country groups
4) Develop material for advocacy and information dissemination which can be transcreated at the country levels
5) Design training material and tools for capacity building for CSOs
6) In consultation with country groups, plan interventions in country work, with Knowledge networks, as part of global initiatives, and interact with Commission members

Bringing in new organisations sensitised to the issues being fore grounded by the Commission would build on existing efforts from Phase I. It may be emphasised here that the process of involving a large diversity of CS actors into the process will be an ongoing activity. Special emphasis would be on involving sectors not represented adequately as yet in the process. Such a process would include ensuring broader participation in regional/ national meetings, and soliciting of interest through a brochure and questionnaire from a wide variety of organisations. Country level strategies for the same would be devised depending on existing gaps in civil society sensitisation and participation in the process.

A regional meeting involving different partners would start the process of building the work of civil society in its engagement with the Commission for Phase II. The meeting would be designed to provide civil society partners with clear guidelines and suggestions regarding working with different elements of the Commission. The proposed output of the meeting would be to have clearly defined tasks for CS in each country, based on the perceived strengths and limitations of CS in each country. Each country will be encouraged to develop a specific strategy that addresses local conditions and needs, drawing from the menu of possibilities elaborated in the regional strategy.

Large country level consultations would seek to deepen civil society engagement and indicate spaces for different organisations to work with the CSDH process in each country. The intent would be to further develop on country strategies emerging from the regional consultation.

Regional/ sub-regional workshops for: 1) capacity building; 2) material preparation, would enhance civil society capability to intervene on identified social determinants. Such workshops can then be duplicated at country and sub-national levels.

At the regional level, Working Groups (WGs) focusing on specific determinants would be set up to interact with Knowledge Networks. Such groups would draw from CS as well as academia with which CS has strong links. The purpose of these groups would be to share with KNs CS concerns about specific determinants and to also document “good/best” practices in CS work that can contribute to knowledge development. It is conceived that specific working groups (WGs) on specific determinants would be constituted, and they would be located in different countries based on capabilities that exist with CS in such countries. Such WGs

A communication strategy would be devised, that would be refined at the country level, to disseminate information and provoke a debate on issues around social determinants of health. Each country will develop its own strategy and devise tools and communication methodologies for this purpose. Material production and dissemination, as well as a periodic newsletter and a website for sharing and exchange would also form part of the communication strategy for the region. The communication strategy would be designed to not only foreground CS concerns and interventions on social determinants, but would also serve to provide visibility to the concept of social determinants of health and the issues associated with the concept.
4. **Output from Regional Strategy – Deliverables of Phase II**

Based on the above methodology, following are the key expected outputs after implementation of the Regional Strategy. These outputs are a projection of outcomes for the region as a whole. At the country level different countries would devise their strategies and choose from the menu of activities and consequent outputs being proposed.

- Civil Society Organisations from different sectors sensitised on issues related to Social Determinants of Health. This process is especially important for organisations from sectors not directly engaged in work on health care issues – viz., women’s organisations, trade unions, organisations of marginalised sections, farmers organisations, etc.

- Capacity building of Civil society to understand the importance of social determinants of health and have the internal capability to gauge the impact of such determinants will be a major output of the regional strategy.

- Building on the output of Phase I, for each country key social determinants requiring priority in terms of attention, policy interventions and actions would need to be identified.

- There is a very large body of work that is being done by Civil Society organisations related to the key determinants. Documentation of CS work on Social Determinants would be a key output, thereby allowing such work to complement that of Knowledge Networks and also for it to be considered for being part of country work. Documentation of CS work on social determinants, done in a systematic manner would allow Civil Society Organisations within a country and across a region to learn from other experiences and enrich their own interventions as well.

- The strategy would also entail a collation of Civil Society perspective of the impact of identified Social Determinants. This would also involve putting together evidence regarding such impact.

- Another output would be the identification of Country work possible, in partnership with country Governments wherever possible.

- Based on Civil Society experience and its documentation as well as through collation of evidence, Civil Society should be in a position to impact on the output of the Knowledge Networks. It is expected that there would be a dynamic relationship between Civil Society and Knowledge Networks, where each complements the other’s work.

- Civil Society would work with individual Commissioners to share concerns and understand perceptions of individual Commissioners.

- Civil Society at the country level would work with country governments (or independently given the country situation) to prepare a framework and plan for proposed country work. This would include some major planned interventions as well as recommendations for policy directives.

- A Civil Society Report on Social Determinants of Health could be an output of the regional strategy. This would be independent of the Commission’s Report, seeking to complement the Commission’s work and of impacting on its recommendations.
4.1 Output of Civil Society Work with CSDH in Phase II – Targeted at major elements of the Commission

While the above are the broad outputs that the Regional Strategy identifies, below is a listing of civil society engagement with different elements of the Commission.

4.1.1 Within Civil Society

- Bring on board diverse Civil Society partners, and sensitise them to the Commission’s work, as well as encourage them to participate in the CS initiatives.

- Devise communication strategies and develop communication material and tools to disseminate information about the concept of Social Determinants. For example, in India, a process is underway to develop material that address issues related to key determinants. A campaign strategy is being planned for a nationwide dissemination of this material using various communication forms such as cultural forms (skits, songs, etc.), public hearings, policy dialogues involving government officials, exhibitions, slide shows, etc.

4.1.2 Knowledge Networks

- Listing of Determinants, prioritising
- Clarify scope of existing networks and see if they can accommodate Civil Society concerns
- List determinants that cannot be accommodated within the purview of existing Knowledge Networks and prepare evidence regarding their importance
- Create Working Groups for different determinants which would interact closely with the respective Knowledge Networks. Thus, for example, a Working Group on Health Systems could be based in Sri Lanka, that would have the task of bringing together evidence and knowledge on Health Systems based on CS experience. The output from this WG would be shared on a continuing basis with the KN on Health Systems.
- Document Civil Society work to feed into work of Knowledge Networks. The purpose would be to document some of the “good/best” practices in CS work related to social determinants that can be shared with relevant KNs.
- Capacity building of Civil Society to work with Knowledge Networks – including measurement of impact of different determinants
- Independent Civil Society initiatives to document evidence on specific determinants, in cases where the determinant is not identified by the Commission.
- In all the above build on existing work/experience of Civil society

4.1.3 Country Work

It is our understanding that country work needs to be informed by the Commission’s work and its recommendations. Thus, while there could be scope for initiating country work within the period of the Commission’s tenure, in many or majority of cases country work should emerge from the Commission’s recommendations. This would involve country level initiatives (preferably with
country Govt. and civil society in partnership) to work in tandem with the Commission in a dynamic framework. Much of actual country work in the form of intervention strategies/programmes or policy directives would hence be ideally put in operation based on evidence emerging from the Commission’s work. Civil society strategy would be to build partnerships with country governments and within civil society to build the framework for country work in each country and also to look at avenues to involve in actual implementation. Towards this end the following would form elements of overall civil society strategy:

- It is suggested that WHO and the Commission facilitate meetings of Civil Society at regional and country level with country Government to identify areas of country work that involves a partnership between country Govt. and Civil Society
- Civil Society would identify possible areas of country work with justification and evidence.
- Consider possibility of Civil Society being involved independently in country work, viz. in situations where possibility of Civil Society and Govt. working together does not exist. However attempt should be to link civil society work with that of country governments when country work is proposed.
- Document/Identify existing CS initiatives for scaling up or being linked to Commission’s country work – this would build on existing work of Civil Society. Such work will then be informed by the work of the Commission.
- Identify existing state initiatives where partnership with CS is possible and where there is a willingness for such initiatives to learn from the Commission’s work. For example, Peoples Health Movement – India, is engaging with the Indian Government's new initiative called the Rural Health Mission. A possible intervention is to deepen this process, which involves a “Rural Health Mission Watch” that supports the positive aspects of the Mission’s work while at the same time maintaining a critical appraisal of possible gaps in conceptualisation and implementation of the Mission’s programme.

4.1.4 Commissioners

- Propose that at the Regional meeting of Civil Society, Commissioners from the region be present, so that it also becomes an opportunity to share concerns and exchange ideas.
- Meeting with individual Commissioners to share Civil Society concerns
- Identify areas of concern for Commissioners and impress Civil Society concerns in such areas

4.1.5 Global Initiatives

- Build a framework that captures CS perspective on social determinants at a global level
- Attempt to put together evidence on generic concerns so as to impact on Commission’s report and possibly also global initiatives/ recommendations emanating from the Commission’s Report
- Prioritise a few initiatives that can be pressed at a global level and build a case for the same
- Towards the above, prepare a civil society report on social determinants of health for the region
4.2 Countries – Strengths & Weaknesses

The Asian (SEARO) region in extremely diverse in terms of both the social, economic and political conditions and the capability of civil society to intervene. Following is a listing of broad criteria within which countries in the region can be slotted. These are of course not absolute categories. Under each category the suggested primary focus for civil society work is mentioned – though this does not preclude working on other areas on the lines discussed earlier.

- **Group I**: Strong Civil Society, links with Govt. exist or possible
  Emphasis on country work, work with Knowledge Networks also important

- **Group II**: Strong Civil Society, weak link/ relationship with government
  Emphasis on Knowledge Networks

- **Group III**: Weak Civil Society
  Emphasis on Capacity Building

- **Group IV**: Strong Civil Society but links with CSDH work is weak
  Advocacy on CSDH

5. Timelines

Following are the broad elements which would need to progress in a time bound fashion:

- Setting up of structures – Regional and country level
- Meetings – Regional, Country, Capacity Building Workshops, CW workshops, etc.
- Creating linkages with country governments and knowledge networks
- Setting up of Working Groups on specific Determinants
- Documentation of evidence regarding social determinants through Civil Society and State initiatives already underway
- Material Preparation and Communication Strategy conceptualisation and implementation
- Preparation for Country Work including suggestions for up scaling of existing initiatives, identification of new initiatives, policy directions, etc.
- Output in the form of country work framework, work with knowledge network and the Civil Society regional report on social determinants of health.

The above is represented in the schedule below:
**Schedule of Activities (numbers indicate months from start)**

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<td>Creating Linkages With Country Governments, identifying Country Work in partnership</td>
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<td>Preparation for Country Work and Putting Initiatives in Operation</td>
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<td>Final Output including Country work framework, Civil Society Regional Report</td>
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6. **Budget (in US $)**

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<th>Item</th>
<th>Rate per unit</th>
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**Budget Notes:**

The co-ordination expenses are costed for keeping in mind that the process will be facilitated from two centres, as explained earlier in the text of the proposal.

The 4 workshops budgeted for are for 2 per each sub-region (SEARO and WIPRO regions) which will be in the form of workshops involving key CS representatives on material preparation and capacity building.

Seed money for countries are to cover costs related to country co-ordination, travel within the country, material preparation and dissemination, sub-national meetings, etc.

*(submitted on behalf of Peoples Health Movement – India, and Asian Community Health Action Network)*