

## **Contribution from PHM Tanzania for the manual Building a movement for health**

PHM Tanzania's vision is to make the Right to Health Real for Tanzanians. By using a Human Rights-Based Approach, PHM Tanzania's mission is to bring all health and human rights activists from Tanzania to support and promote the right to health, food and nutrition as a basic human right.

Our Activities range from advocacy to policy dialogue with a common goal of transforming the Tanzanian health system and challenge the all outdated Tanzania health related policies while also supporting international efforts in achieving the HEALTH FOR ALL NOW Vision.

### **History, structure and organising principles of PHM Tanzania**

PHM Tanzania is a registered national NGO with number ooNGO/00008064 under the United Republic of Tanzania NGO Act 2002. Initially, PHM TANZANIA was established shortly after the Third People's Health Assembly (PHA3) which was held in Cape Town, South Africa in July 2012.

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PHM Tanzania is part of the PHM global network bringing together grassroots health activists, civil society organizations and academic institutions from around the world, particularly from low and middle income countries (L&MIC). Currently the network has a presence in around 70 countries.

PHM Tanzania is currently a convener of 50 local NGOs working to address health and human rights issues in Tanzania mainland and Zanzibar. The organization has a governing board and the country coordinator who has been appointed to run day to day organizational programs for five years. The coalition and network building is a part and parcel of PHM Tanzania program and hence as the covenant, PHM Tanzania hosts several NGOs to join the people's health movement and work together on achieving the Alma Ata Declaration and PHM Global objectives as our binding body. However, PHM has established other programs and projects separately according to our country needs and problems.

The PHM Tanzania organization board together with its Country Coordinator will lead the organization for five years and choose again according to trainings and observation from PHM Global Secretariat.

### **Linkage with regional/sub regional coordinating structures**

PHM Tanzania is working towards a new and representative governance structure at Regional level which covers Kenya, Uganda and Tanzania. The new Steering Regional Committee (SC) is not yet in place. So far PHM Tanzania receives programming updates from Africa Regional Office based in South Africa and the current regional representative from Sub-Saharan Africa.

## **How PHM Tanzania address specific challenges of movement building**

### **a. Building a shared vision, defining a strategy:**

PHM Tanzania is active across community at the heart of its work and play a key role in strengthening health systems with strong contributions across each of the elements of the health system defined in the WHO health systems framework (service delivery, health workforce, health financing, leadership and governance, medicines and technologies and health information systems).

### **b. Dealing with political structures/ideologies:**

PHM Tanzania work in the health sector depended on government's willingness to provide a conducive environment for CSOs to operate and donors' recognition of CSOs as partners in development. Government so far have been provided space for PHM Tanzania to disseminate information related to health rights as part of ensuring Tanzanians are accessing to health information.

### **c. Management of decision-making power:**

Further, the participation of PHM Tanzania in the health sector has always on ad-hoc interventions and engagement, and sometimes with no clear roles and defined outcomes. There is no network of CSOs working on health rights. The country consider treatment is a priority aspects in the health sector rather than preventive aspects. The governance aspects in the health is emerging and PHM is utilising media especially social media to promote governance and accountability in the health sector from macro to micro (community) levels.

### **d. Alliances, networks (and particularly the link between the local and the global)**

In July 2015, PHM Tanzania meeting concluded that since Tanzania health sector is still in need of support from civil society and other non-state actors, meeting agreed to task PHM Tanzania as convener, to call for a steering committees that would provide oversight of the PHM movement in Tanzania network.

PHM Tanzania currently has mailing list for its members to share information and use it as a tool for movement/coalition building. All 62 members representing NGOs members, academicians, research institutions and community groups, health and human rights activists as well as individuals. PHM Tanzania welcomes new members every July in each year to join the movement.

### **e. Communication (internal, external):**

PHM Tanzania has continuously utilizing social media such as Facebook, twitters, mass media (newspapers, radio and Television etc.) and other informal media (drama show, concerts, plays etc.) for policy influence, advocacy, community mobilization, accountability and governance on the right to health, food and nutrition issues in the country. And hence become amongst specialized network working on rights to health. However, there is a need for country circles to have let say

tanzania@phmovent.org or kenya@phmovement.org webmail. This will add our recognition and substantiate our legal presence as part of PHM Global Movement.

**f. Training of new activists:**

Training of new activists especially PHM Tanzania members has been conducted in a diversified steps through mobilisation at social media reaching out 795 followers from twitter, 171 likes from Facebook, WhatsApp and email mailing list.

**g. Inspiration, motivation:**

So far PHM Tanzania is motivated to address health rights as part of governing board commitment and interest. Most of the PHM Tanzania board members are human rights and gender activists

**h. Engagement of the community, participation:**

Experience with PHM Tanzania has shown that behaviour change to improve people's health and well-being requires changes in knowledge and attitudes not only at the individual level, but also at the community level. Community-level shifts in attitudes and social norms create a more supportive environment that enables individual to adopt and maintain new behaviours. Community involvement can also create the sense of ownership necessary to sustain behaviour change beyond the life of an externally funded program. For instance: PHM Tanzania organised a consultative meeting to

**i. Sustainability (economic, human):**

The sustainability of PHM Tanzania has based on successfully provision of leadership in re-orienting health services to promote access, prevention and care at the community level. The community and public as a whole have been following up PHM Tanzania messages that provided health information and updates that has led the community to respond to the information. These updates include outbreaks of new diseases I.e. malaria, cholera, TB etc.

**j. Forms of action (campaigns, advocacy, action-research, boycott, demonstration...):**

PHM Tanzania is among few health related CSOs that have actively campaigned for governments to work towards universal health coverage. Universal health coverage has become a priority for all governments, despite varying implementation approaches to achieve this goal. However, with few resources the campaign has been conducted with minimal utilisation of media due to the lack of resources.