The Right to Health Movement

**Reading:** A Movement for Health Equity, from *Reimagining Global Health*, Paul Farmer, Jim Yong Kim, Arthur Kleinman, and Matt Basilico

**Discussion Guide**

**Goal:** By exploring global health history, inspire teams and their members to commit to participating in the Right to Health Movement.

**Suggested Discussion Questions:**

1. What does the phrase “right to health” mean?

2. How can advocacy be leveraged to build a social movement and to ultimately achieve the goals you are fighting for? (Think: organization, coordination, informed activists, etc.)

3. Why is the PIH Engage network uniquely positioned to contribute, in a meaningful way, to advocacy efforts in the right to health movement? What power do we draw from our teams, our network, and Partners In Health as an organization?

**Key Quotes:**

“The successes of AIDS activists created a new model featuring direct action, self-empowerment, and self-education first for other health-based groups and ultimately even for activist groups outside the health realm” (343).

“Supporters of global health equity do not need to hold official positions of power to make a significant impact. Students, health workers, lawyers, people living with HIV, and other grassroots activists have changed global health policy through effective advocacy; their tactics are available to anyone with a passion for equity” (347).

“Former U.S. surgeon general Julius Richmond, who taught us a great deal, described three components of policy change: knowledge base, political will, and social strategy. This model is worth adopting in the global health movement” (349-350).
Lesson Plan

**Goal:** By exploring the history of the health equity movement, inspire teams and their members to commit to participating in the Right to Health Movement.

**Warm Up:** Throughout history, social movements have been a potent force in bringing about change. Give an example of a social movement and the change it affected.

**Diagnostic:** What does the phrase “right to health” mean to you?

**Teaching Bit:** The text highlights three organizations that believe in the right to health and how they contributed to the health equity movement. All three cases used effective, coordinated advocacy to capture the power of grassroots organizing to bring about social change:

- **AIDS Coalition to Unleash Power (ACT UP):** ACT UP is an international direct action advocacy group formed in New York. As “an organization that aimed to combat ‘the government’s mismanagement of the AIDS crises,’” ACT UP was able to speed up the approval process of HIV drugs, lower the prices of ARVs, and spark a larger movement of public participation in consumer health policy. ACT UP utilized “a model featuring direct action, self-empowerment, and self-education… [drawing] a broad spectrum of people and [uniting] them into a cohesive organization” (341-343).

- **Treatment Action Campaign (TAC):** TAC, also a direct action advocacy group, based in South Africa, was founded “to challenge by means of litigation, lobbying, advocacy, and all forms of legitimate mobilization, any barrier or obstacle, including unfair discrimination, that limits access to treatment for HIV/AIDS in the private or public sector.” Similar to ACT UP, and even working collaboratively, TAC’s approach included a strong emphasis on “treatment literacy” as well as education on social and economic rights among affected communities. TAC leveraged its broad, diverse grassroots constituency to achieve large-scale political outcomes. TAC and ACT UP, utilizing similar approaches, and supporting one another in the process, created a successful transnational activist movement (343-345).

- **2004 and 2008 STOP AIDS Campaigns:** During both the 2004 and 2008 election seasons, a coalition of AIDS activist groups including Health GAP, the Global AIDS Alliance, and the Student Global AIDS Campaign (SGAC), collaborated to get commitments from presidential candidates for increased global AIDS funding. By coordinating their efforts, the coalition was able to have activists present at many key election events. Using the tactic of “bird-dogging,” when audience members repeatedly asked candidates to commit to a cause, they were able to confirm a pledge to global AIDS funding. The campaigns were a great success, resulting in multiple commitments from candidates and ultimately an increase in funding (345-347).

**Guided Practice:** Social movements cannot happen without advocacy, but advocacy does not necessarily lead to a social movement. How can advocacy be leveraged to not only build a social movement, but to ultimately achieve the goal you are fighting for? (Think: organization, coordination, informed activists, etc.)

**Independent Practice:** The majority, if not all, social movements start with an idea and a small group of individuals committed to bringing about social change. With a partner or small group imagine that you are establishing an organization with the goal of ensuring the right to health. Strategize how you would build your movement. What would be your organizational structure? What partnerships would you form? What tactics would you utilize? (Think: media, congressional visits, bird-dogging, etc.)

**Assessment:** PIH Engage is a national network of committed but vastly unique individuals. PIH Engage is also a network intimately connected to the work of Partners In Health. Why is the PIH Engage network uniquely positioned to contribute in a meaningful way to advocacy efforts in the right to health movement? What power do we draw from our teams, our network, and Partners In Health as an organization?

**Closer:** Through our efforts as well as those of the rest of the global health community, what is a milestone in global health equity that you would like to see achieved? By when?