

## Europe Regional Workshop, Brussels, 7-10 April, 2016

### Background

Prior to establishing where and when to host the European regional workshop, that had the aim of sharing the results of the action-research in Italy across the region, a decision was made to consult among key PHM Europe stakeholders. This was made with the aim of increasing the ownership of the event by the PHM Europe constituency. During the consultation process, from PHM in Belgium came the proposal to organise the workshop back to back with a European day of mobilisation against the privatisation and commercialisation of health and social protection, scheduled in Brussels on April 7th (world health day). This proposal was backed by three main arguments: 1) offering support to the European initiative by favoring the participation of activists from several European countries; 2) exposing the group of international and Belgian activists participating in the regional meeting to an action day, as a common experience to add to the ones collected in Italy during the action-research and that could be used to build collective knowledge; 3) optimising the resources and capacity available through shared organisation of the two events (action day and regional workshop).

In order to put the accent on the capacity building aspect of the workshop, it was collectively decided to label it as regional IPHU (International People's Health University), that is the main capacity and movement building programme within PHM. This proved effective in attracting people, and provided a needed basis of credibility for building a participatory process aimed at co-constructing the programme.

### Preparation and mobilisation (sharing) of resources

Based on the experience acquired during the action-research in Italy, particularly concerning participatory processes and collaborative learning, it was decided to keep the programme open for contribution and build it through a participation of all the people interested. However, in order to do this, an initial note had to be circulated among key people in PHM Europe. At the same time, the Belgian NGO M3M offered to contribute to some of the expenses related to the travel costs of participants, and granted in-kind contributions in terms of venue (M3M office in Brussels) and time of its staff for secretary functions (logistics, etc.).

### (Selection of) participants

As the aim of the meeting was to discuss health activism also in the light of the experiences and programmes of PHM Europe, it was decided not to have an open call for participants. The discussion before this decision was made, based also on the choice of limiting the number of participants to 25 for both logistics and pedagogical reasons, was particularly articulated. On the one hand, an open call would have given the opportunity to expand the number and the diversity of the people involved. On the other hand, from previous experiences (European IPHU in Thessaloniki, Greece, in 2013) it was known that the open call attracts mainly students, that generally - especially if costs are supported - have less problems in travelling due to more flexible schedules and lighter family commitments. In order to pursue and guarantee the presence of key activists in countries, with more experiences to share and a greater steering role for the growth of the movement regionally, a different strategy had to be chosen. This was

mainly based on personal contacts in different countries with key people that could then, in their own country/networks, suggest other people to invite. The advice was to think both at people already involved in the PHM, and others that it was strategic to involve; and possibly a combination of more senior and younger activists. A “mandatory” request was that participants were involved directly in actions around health in their country. The greatest challenge in this phase was that - in order to allow a true participatory process - people had to be invited to something that was still undefined. This is when the name of PHM and IPHU became useful to gain the trust of participants. However, several reassurances via email/skype communication were needed to overcome a feeling of loss when adhering to an uncertain programme, and for sure in some cases people dropped out because they felt they could not commit their time without knowing the details of the event.

Based on this process, that started two months before the event and entailed frequent email communication, a quasi-final list of around 30 people (including 4-5 among the organisers) from 10 countries was reached, and a dedicated mailing list was created to facilitate communication. Quite importantly, two extra-participants joined last-minute: one from PHM North America (though based in Belgium), and one from PHM South Africa (also involved in the action-research in South Africa and internationally).

## Co-construction of the schedule

An online questionnaire was then developed in order to explore the expectations and possible contributions of each participant. Participants were asked to take into account four pre-set objectives of the meeting while making their proposals; these were:

- participants know more about the current forms/experiences of mobilisation for health in Europe;
- participants reflect together on common challenges in movement building (e.g. fragmentation; alliances and networks; mobilisation vs movement), and on the strategies to address them;
- participants have a chance to discuss concrete action to protect and promote health and develop common plans;
- personal relationships are built/strengthened within and across movements/countries.

Twenty two people filled in the questionnaire. Based on a summary of the responses, a list of possible topics was compiled and a skype call was convened to discuss it, as well as to share ideas on methodology. 9 people participated in the skype, and through further discussion a final list of topics was agreed on (amended compared to the results of the questionnaire; for instance, the issue of refugees' health was added). The final topics selected, all framed in terms of action points, were:

- How to resist and counteract the privatization and commercialisation of health and social services
- Involvement and participation of the community
- How to fight xenophobia, discrimination and promote social inclusion: working for/with refugees and migrants to change the policies and the politics in the EU
- How to create and strengthen international solidarity

- How to overcome fragmentation in activism: health as a space of intersection between movements and struggles.

On methodology, key points of agreement were identified:

- start each session with a presentation/case study
- work in small groups (4-6 people)
- group work should be action-oriented and aimed to encourage/foster collaborations
- allow proper time for meaningful exchange
- set clear goals for each session.

Feedback of the meeting was shared in the mailing list and a second skype call was convened for finalising the programme, attended by 11 people (for both meetings, doodle was used to schedule the date and time; evenings were preferred by most participants, as the majority had work commitments during the day). In the second skype call, each proposed topic/session was discussed in detail to see who could contribute with what experience. This was done with the aim of maximising the sharing of real experiences by participants, as a common 'food' to fuel the discussion.

Besides attending to the meetings, people commented on the programme, and on their role in the programme, also through a dedicated mailing list and/or on a shared online document. A shared dropbox folder was also created to exchange all relevant material.

Based on this process, a draft schedule was created, followed by separate email conversations among the contributors to each session to reach a final version of the programme. A course book was then developed, including a presentation of each participant and the background and overview of the programme.

### Logistics and management

The logistic organisation faced its greatest challenge after the terrorist attacks in Brussels on March 22nd. The security alerts and measures (including closure of the airport and metro etc.) that followed made most participants and the organisers wonder if the meeting could still take place, and under what risks. Fortunately, there was a shared feeling by everyone that it was even more important to meet, in order to show solidarity and be resilient against terror and the political propaganda that uses it for supporting right-wing arguments based on racism and xenophobia.

A logistic choice that was made mainly for (economic) convenience and turned out to be extremely effective was to book all participants (except for the Turkish who booked their own accommodation) in a youth hostel very near to the meeting venue. This was made possible also by the flexibility of all participants, who accepted to stay in a very basic facility. The fact that it was nearby and that the whole group was there made it much easier for people to follow the tight schedule of the meeting, while having a chance to know each other and spend also spare time together.

In terms of economic support, all participants had their flight reimbursed, and the accommodation was covered in the youth hostel. For those who chose differently, it was asked to cover the difference or the entire cost of the other accommodation.

Finally, lunches were offered as well as one social dinner; all the other expenses were covered by participants, including transportation in the city.

In the management of funds, a principle of shared responsibility was followed: people were asked to declare what they needed, while being aware that the resources were limited and had to be used to support the needs of everyone. In any case, due to a combination of low travel cost (all participants travelled with low-cost companies, and Brussels is a big hub in Europe) and low local costs (basic accommodation, simple food, in-kind contributions), the meeting turned out to be much cheaper than expected.

## Programme

Overall 28 people from 10 countries, including participants and organisers (the difference is blurred as the course was co-constructed), attended the IPHU.

### April 7th

Participants attended the press conference and the seminar on the mechanisms of health care privatisation in Europe, then joined the action in front of the European parliament. They had a chance to listen to several experiences of health care privatisation across Europe, as well as to actions of resistance. Some participants, from Greece and Turkey, also shared their own experience in the seminar.



*Action in front of the European Parliament (Brussels, 7 April 2016)*

## April 8th

A welcome message by the director of M3M, and long standing PHM member, opened the IPHU, followed by a round of introductions using the method “ball of wool”: a participant introduces him/herself, then throws the ball of wool to another participant while holding the thread. After a few introductions, a web starts forming that shows the connections within the group. In order to represent ‘real’ networks, we asked participants to throw the ball to someone they were already connected to.



*Introductory exercise with the methodology “ball of wool”*



Session #1 - How to resist and counteract the privatization and commercialisation of health and social services

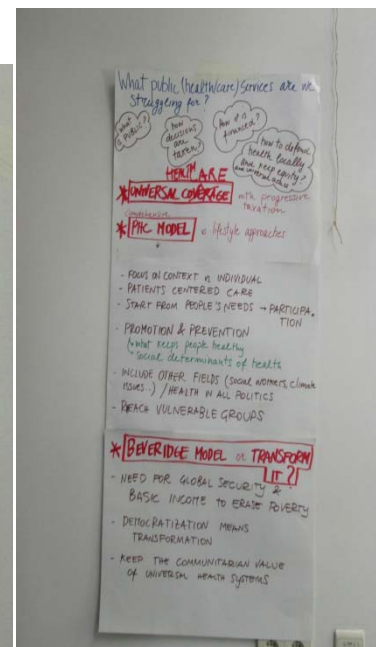
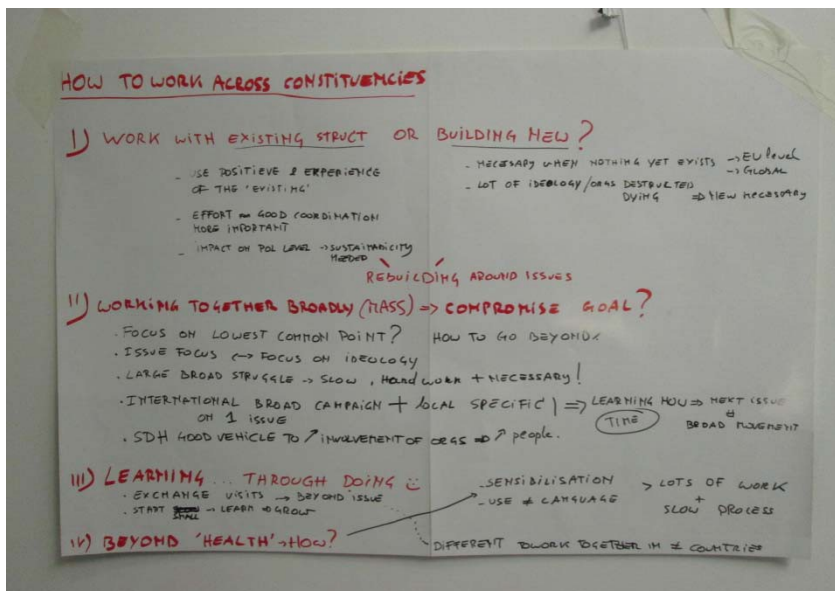
The first session addressed actions to defend and promote public health care, as a safeguard to the right to health and to equality and justice in society. After an overview on the mechanisms of privatisation that occur across Europe, concrete experiences of action were shared from countries (including Spain and the UK). Examples of European/global actions were also shared (the PHM programme WHO watch and the campaign to stop TTIP/TISA).

A group work was then organised following the methodology “market place”: there are different discussion tables, and each participant is invited to take part in each table during three consecutive rounds of discussion of 20 minutes each. This is followed by a discussion in plenary. One person in each table is nominated as facilitator: he/she does not change table and reports the round of discussion to the following group. Notes of the discussion are taken on posters that are then visible to everyone.

The goals of the group work were: to know each other's' positions, views, experiences; to brainstorm around items of common interest/struggle; to share ideas for improved collaboration.

The three discussion tables focused on the following topics:

- What space/role/priorities for PHM Europe? (rooted in what people/organisations can contribute)
- Challenges of working across constituencies (e.g. trade unions and social movements; example/tool of EU network against privatization)
- What public (health) services are we struggling for (what should be changed, improved,transformed)?



### Session #2 - Involvement and participation of the community

The second session was introduced by two case studies: one on a project by the Health collective of Berlin to establish an alternative model for health and social care; the other on the experience of PHM Scotland in co-constructing a People’s Health Manifesto involving the community. Both case studies had to address the following questions:

- who is involved in the project, who is carrying it on
- what in your view is “community”; who did you want to involve and who did you involve
- how did you involve/mobilise for your project, what were the main challenges
- what (political) goals set/achieved; what is the relation with institutions/traditional health-social services
- how to move forward (sustainability).

A group work followed, where participants could choose either one of two discussion tables, according to their preference:

- Alternative approaches to address people's health and social needs
- Health advocacy with/for the people.

Goals of the group work were to exchange experiences, to discuss common challenges and ways around them, to identify lessons to share, to discuss the relevance for international activism and PHM Europe. Feedback on the last two points was shared in a final plenary.

## April 9th

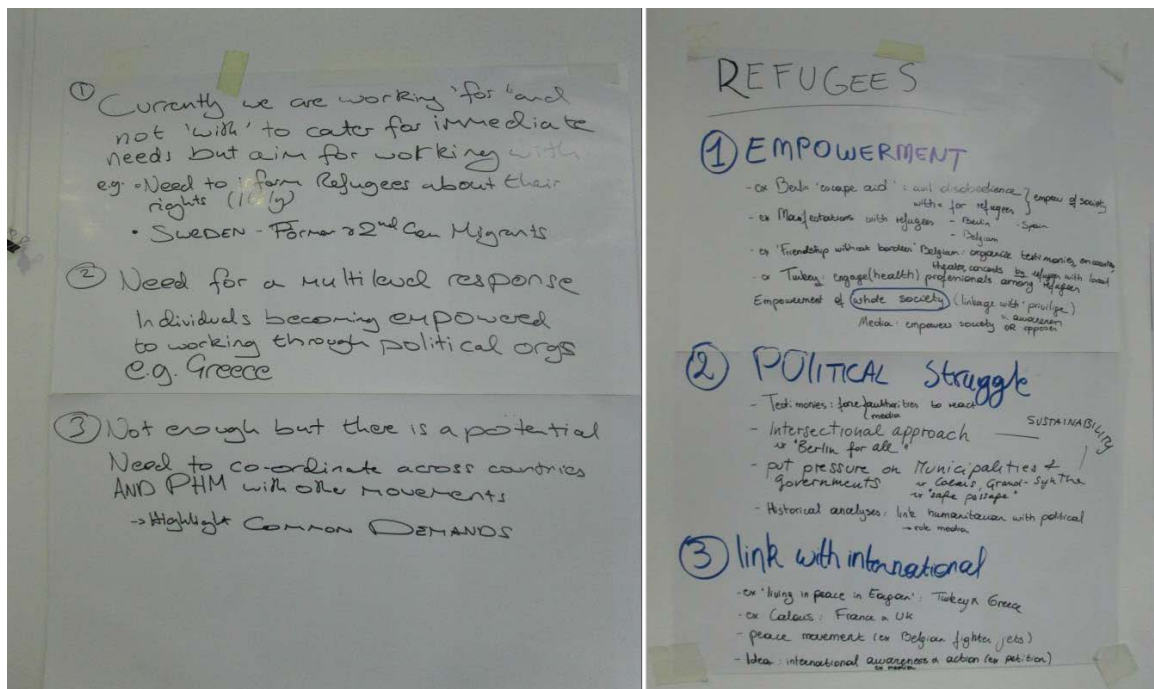
### Session #3 - How to fight xenophobia, discrimination and promote social inclusion: working for/with refugees and migrants to change the policies and the politics in the EU

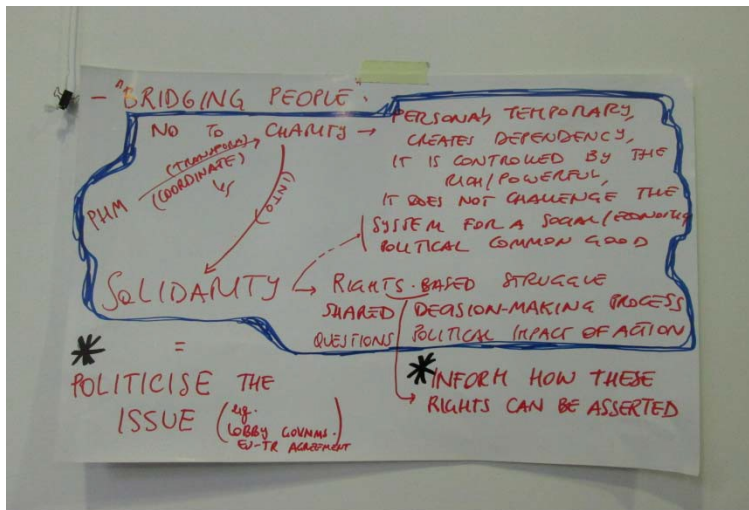
The session opened with an overview of the refugee "crisis" in the EU, with a focus on the situation in Izmir (Turkey) and the highly controversial EU/Turkey agreement. Short case studies, in the form of personal narratives, were shared also from other European "borders" including Calais (France), Ventimiglia (Italy) and Thessaloniki (Greece).

The group work focused on an analysis of the experiences presented, and others that participants are aware of, following a set of suggested questions:

- are we working for, or with the refugees? (empowerment)
- are we addressing neglected needs in a way that strengthens the political struggle? (subsidiarity and the responsibility of the state)
- are we linking with international activism (PHM Europe)?
- other questions we should ask ourselves?

The groups were asked to identify concrete experiences and practices for each question and then share them in plenary.





**SOLIDARITY - PHM - POLITICAL STRUGGLE**

- MATERIAL SOLIDARITY (EMERGENCY HELP IS NEEDED FOR SAFETY (1st STEP))
- DOCUMENT, RAISE AWARENESS, COLLECT THE INFORMATION + BUILD LEGITIMACY FOR THE STRUGGLE
  - WHAT ARE THE CAUSES AND PERMANENCES (WHY?)
  - HOW IS THE SITUATION AND STATE FOR GOVERNMENT WHO DOES (NOT) WHAT (WHO?)
  - EXPLORE THE "REFUGEE MARKET" AND THE PRIVATISATION OF ASSISTANCE
  - HOW MIGRANTS RIGHTS CAN BE ASSERTED
- WORK WITH THE REFUGEES
  - FACILITATE GROUP WORK (WORKING TOGETHER)
  - DEVELOPE OF LOCAL ACTIONS (LOCAL, NATIONAL)
  - LEARN LANGUAGES (WHY?)
  - COMMUNICATE IN THEIR LANGUAGES
  - LEARN FROM OTHER STRUGGLES (E.G. MEXICO)
  - RECALL TIME LEFT BEFORE WORKING IN THE MARKET
  - FACILITATE PROFESSIONAL INTEGRATION
  - RECOGNISE DIVERSITY AMONG REFUGEES
- ADVOCATE, MAKE THE STRUGGLE POLITICAL → EX-TERRITORY ACTIVISM!

*Session #4 - How to create and strengthen international solidarity*

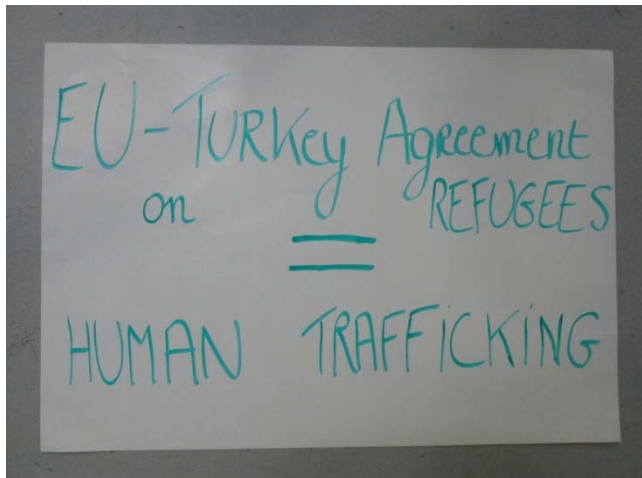
Four case studies were presented to introduce the session:

- Attack to the 'academics for peace' in Turkey
- The role of international solidarity in the Greek crisis
- Examples from the PHM
- North-South solidarity (experience of Medicus Mundi International)

The group work focused on ideas and proposals for action to share and build together, with the understanding that the people in the group (starting with those who proposed the idea in the first place) would take responsibility for their realisation. These were:

- Impact of the Turkey/EU agreement and how we can increase awareness on it
- 3 Turkish academicians in prison, court case against 2000 people shortly: we will need international solidarity, and how to build it
- April 7th 2016... and beyond?! What role for PHM Europe in the regional mobilisation





## April 10th

*Session #5 - How to overcome fragmentation in activism: health as a space of intersection between movements and struggles*

The session was opened by two case studies. One was specifically related to the action-research in Italy, illustrating the process, the methodology and the main results. The other one was about the experience of an international network called Universities Allied for Essential Medicines (UAEM).

The group work focused on four issues that emerged during the action-research in Italy and that participants were interested in knowing more about. They could choose the group they were more interested in. The groups were:

- participatory action research (PAR)
- decision making process (transparency, internal democracy)
- sustainability
- alternative methods of activism.

The final plenary was used to share the groups' main points of discussion, particularly on concrete ideas to overcome fragmentation in activism.

### *Closing session*

The closing session was dedicated to a shared evaluation (see below) and to organise a final action in the form of a 'solidarity video' to be shared with the upcoming IPHUs in Seattle (April 2016) and London (June 2016) and the regional workshop in South Africa (June 2016).



*Shooting of the 'solidarity video': representatives of PHM UK, South Africa, USA.*

## Evaluation

Different tools were used for evaluation: a 'quick-and-dirty' tool based on smileys on a poster, per each session, to give an immediate feedback and feeling about people's appreciation; a 'tree of consciousness' (poster with a drawing/in the shape of a tree) for people to share open thoughts on the topics and methodology; a final evaluation session based on the method "suitcase-trashcan- megaphone"; and an anonymous online survey shared after the course.

### Smileys

A poster with smileys is always exposed on a wall, and after each session people are invited to cross the smiley corresponding to their evaluation. This methodology is commonly used in IPHUs.

Advantages: quick, immediate, anonymous.

Disadvantages: does not allow for in-depth evaluation, nor for detailed evaluation of the session's components; it can however be used a starting point for discussion.



Summary of the smiley's evaluation per each day

### Tree of consciousness

An empty poster (with a drawing/shape of a tree) is always exposed on a wall, and people are invited to use post-its to share their thoughts on the topics or methodology, or any other feature of the course (or aspects that are missing). Although the tool had been experimented previously with success, in this case only 1-2 comments were collected throughout the days. This may be due to the fact that the group was relatively small and the environment very friendly and familiar; people talked a lot to each other and probably felt free to share their thoughts verbally. The tight schedule may also have played a role (people wanting to take 'real' breaks when they had a chance!).

### Suitcase-trashcan-megaphone

Three chairs are placed in the middle of a circle, labelled as:

- suitcase (something that you bring home from this experience)
- trash can (something that you throw away as you didn't like it or don't need it)
- megaphone (a proposal that you want to make for yourself and/or the group)

Everyone who feels like it sits on each chair (or only on some) and shares his/her thoughts. People can take more than one round, as at times they are encouraged or inspired to share more by listening to others.



### *Suitcase*

- other people working with same ideas and feelings
- contacts of people to collaborate with (in Barcelona and developing countries)
- passion for what we are doing
- methodologies, participation
- good vibes, love
- facilitation and organisation
- questions
- accommodation (easy to reach), helpful group, great food and hospitality
- methodology, engagement-ownership of the IPHU (“what can I bring” made it more personal;involvement in planning)
- thanks Turkey for empathy and action
- listening to local experiences helps you to reflect on your own
- local work linked with larger issues (global/local and when/where the connection really happens)

### *Megaphone*

- pictures of posters to make a summary of the issues/actions debated
- engage non participants: through inputs (before the course) and outputs (videos, presentations... not only text!)
- make something that connects this IPHU with the upcoming ones in London, USA, South Africa
- participation of some people in IPHU UK 2-4 June
- don't hesitate... (to engage Soumo!)

### *Trash can*

- [no comments]

## Online questionnaire

Soon after the course, an online questionnaire was shared with the participants, for two main reasons:

- 1) to allow those who did not participate in the evaluation session to share their opinion;
- 2) to allow everyone to express him/herself anonymously.

12 people completed the survey. Concerning attainment of the four objectives of the IPHU, participants scored higher for #1 'participants know more about the current forms/experiences of mobilisation for health in Europe' and #4 'personal relationships are built/strengthened within and across movements/countries' (both "well" or "very well" reached). For the other two objectives (#2 'participants reflect together on common challenges in movement building and on the strategies to address them' and #3 'participants have a chance to discuss concrete action to protect and promote health and develop common plans') results were more scattered, with one person who scored both as "poorly reached" and a few others that scored "average". The majority, however, still scored them high or very high.

A second question asked the relevancy of each topic for a person's activism. All topics (health care privatisation, working with the community, refugees' health, international solidarity, methods and strategies of activism) scored high or very high; amongst them, refugees' health was the one less relevant (i.e. compared to people's real engagement on the ground, not perceived priority).

When asked what they liked the most (open question), respondents said:

- all the people sharing their knowledge and experience
- M3M was a perfect place for IPHU. They were very kind. Translation was a very good and inclusive idea. The meeting on 7th and the demonstration was a very interesting experience for me. Nobody sprayed pepper gas or pressured water on us. There was not any police bothering us. :))
- I liked the openness: there was space to express your difficulties. Too often, activists believe so much in the necessity of mobilisation that we don't dare the admit that it poses a lot of (personal) difficulties and doubts. It felt assuring to know I'm not the only one struggling with this. It makes your personal issue a collective thing that can be taken upon seriously.
- The varied group of people with knowledge and experience from such different settings and domains. And the informal sharing of this knowledge and experience that took place in every session. I also really liked that we were such a small group where you got the chance to chat with everyone you wanted to between the sessions. In that way the breaks became almost as important as the sessions, for learning and sharing. The topic on privatization and health was very useful for our activism and Elias had a great presentation on this. The session about Participatory action research was also very interesting and inspiring! All in all, it was a great weekend that was inspiring, motivating and gave me an enormous amount of new knowledge and understanding of health challenges all over Europe. I'm very thankful and glad for being a part of the PHM.
- I've appreciate a lot meeting health activists from lots of Europe countries and to learn from their experiences; it helped me to enforce the consciousness that our fight is the same fight in all the countries and that to understand our local dynamics we have to learn the more global ones. The most I like was to understand better the Turkish situation; the experiences of Cem, Feride and Turkan and their efforts as health activist are simply amazing.
- I liked the way the days were broken up with presentations in the morning and group work in the afternoon.

- The method: there were no "lecturers" and "listeners" but everyone came in with the willingness to share their experience and to learn from others. Also, the in-depth knowledge that participants had about their issues was impressive, and bringing those perspectives together to tackle common struggles (e.g. privatisation) was fruitful!
- The way the program was developed, including real experiences from EU activists. The focus on action and solidarity, the way relevance of the discussion groups
- Meeting the P in the HM
- Efficient and interesting methodology + chance to meet activists from elsewhere

When asked what they liked the least (open question), respondents said:

- The overload of information: we heard so many cases but it was often too fast to process everything, or to have time to define the essential or most relevant points. We tried to summarize everything during the small group sessions, but I found it a bit confusing sometimes. Sometimes there was lesser time for discussion than for the presentation. Not all speakers stuck to their time limit, and I think we can't accept that because then you have to cut in group discussion time. Also: I had some attention difficulties when trying to stay focused on the presentations. This was better during group discussions. So the workshops were participatory in the sense that everyone contributed by talking about their own experiences, but I didn't really feel as everyone could 'participate' all the time. Two weeks later, I feel like I'm still missing the biggest part of what was said. I came up with this idea afterwards, but it could be a good idea to give everyone the task of summarizing one of the posters in a clear text that can be consulted afterwards.
- In some of the smaller group sessions it was unclear whether there was a facilitator or not and some facilitators seemed to be uncertain about their role. I think it's often useful to have a facilitator who can at least steer the discussion a bit when it drifts too far away. So a bit more prepared facilitators would be my answer to what could be improved.
- "The linguistic barrier", the fact that especially during the group works for some "non-English" speaking people was difficult to participate to the discussions. I wonder how to enlarge the participation to the people that have difficulties with the English in order to make the PHM Europe more inclusive.
- The unfacilitated sessions could have had a guide or something.
- I regretted that the IPHU happened to fall on a very busy weekend for me, so I could not invest 100% of my energy in it! I realised that many of the people there were also quite busy -having to do some phone calls/emails in breaks- so perhaps we can factor that in for a future IPHU (e.g. finishing early in the afternoon, like 16.00 or 17.00).
- no windows in the meeting room ;)
- We should have put more emphasis on movement building
- Social and accepting atmosphere that fosters collaboration, participation & learning

When asked who was missing (open question), respondents said:

- Alexis Benos, John Lister, as individuals. Balkan countries, Russia (ex socialists) were missing. It would be interesting to share their experiences, but I don't know any certain organization or

people. There was a foundation in Germany (Rosa Luxemburg?) I could not remember their name exactly. They had a document about TISA very early...

- It's a pity that there was no open call for participants. I think a lot of people might have felt excluded when they saw the pictures and video afterwards.
- Of course some countries' representatives were missing; for example it would be interesting to have someone to share the oppressive immigrant situation in Bulgaria, Hungary, Croatia, Slovenia and someone more from Greece. We could reach them through articles for example about health privatization or about health and migration or enforcing proximity relationships.
- I feel like there weren't enough stories of personal impact. Maybe people who could speak to their experiences of how a thing has affected their lives?
- I am quite new to PHM, but since we talked a lot about refugees, it would have been nice to bring in some of the organisations who are working with them in Greece. I think it would have enabled that, by sharing, these organisations become a bit more advocates/political and that we, at home, have a stronger connection to those on the ground (Stop Mare Mortuum would be a potential organisation).
- it would have been good if Sebastian was there the full period of time
- Representation of a diversity of regions. They could be reached by informing on the existence of PHM, but this takes a lot of time and effort.

On logistics (open question), respondents were very consistent in expressing their appreciation and gratitude to the Belgian hosts. This comment summarises all: "I've appreciated the organization of the Belgian guys a lot, they had a lot of attention to details. The hostel, lunches and the social dinner were very good as well the organization of M3M offices."

Finally, on the question whether or not the IPHU worked to strengthen PHM in Europe and what could be done differently to be more effective in this direction (open question), respondents were generally positive or very positive and said:

- This is and should be a continuous effort. Taking into account the diversities, it is difficult to prepare a common agenda. But we will struggle. I have realized that in Turkey we are facing problems which brought us back decades!!
- Yes, it was good to have a sight on who is who and who is doing what. So now we know who to contact. But I think to main 'strengthening' still has to come. We have a sense of 'group' again, we got reminded that we are part of this very promising global movement.
- I'm sure that it strengthened the PHM Europe since now we are at least 30 people who know each other and what kind of activism that is going on on the grassroot level in several countries. This in itself will make collaboration and cooperation easier in the future. In addition I hope that the monthly skype meetings that we are starting up will strengthen the PHM Europe and also give rise to further networking and collaboration.
- I think that the IPHU worked a lot in the direction of strengthen PHM in Europe; we exposed ourselves sharing our experiences using our personal language and learning a lot from the other participants. I know that "it's easy to say it" but I think that we have to improve a common PHM-Europe platform (for example the website or the mailing list) where we can share our experiences, instances and ask the help of the other actors of the platform.

- I am not too aware of how PHM in Europe was working until now, but specially with the Skype call idea, I think this IPHU provided the spark to start a regular tradition of sharing and updating each other. I hope this expands to more organisations, since solidarity and understanding our issues as common is very needed in Europe!
- It marked a starting point, already there are actions being taken to work together on the topics discussed
- Yes it did by organising the IPHU just after the European action on the 7th of April. It was a good opportunity to bring several actors together.

A final remark (final open question: “any other remark?”) stressed again the importance of participatory action-research as a tool for activism with the community: “IPHU's are great. Let's have more of them! I found the talk on the participatory research programme very interesting. Also on all the examples you gave on how to make it more 'participatory'. All the methods, like going outside in a parc and talk to people, sounded really great. Maybe we should include more of these 'outside' experiences in a next IPHU? Sometimes I felt a bit as if we were in an isolated island.”.

## Outcomes and follow up

Some immediate decisions were taken in the IPHU and followed up. These included:

- Circulate a video on the IPHU to share with the upcoming IPHUs in Seattle and London and the regional meeting in Cape Town (the video was finalised and shared)
- Release of a solidarity statement with the Turkish academics for peace
- Work on a discussion paper analysing the Turkish/EU agreement on refugees (paper shared in the IPHU mailing list)
- Organise online coordination meetings (open to all interested people) to share experiences and build actions across PHM Europe, every two months; rotate the responsibility of convening, facilitating and sharing the summary of the meetings (two meetings held until now with good attendance, in May - facilitated by Norway - and July - facilitated by Italy; next one scheduled for September, will be facilitated by Turkey)
- Send a “representative” of the IPHU in Brussels to attend the IPHU in London in June (one participant - from Italy - attended the IPHU in London).

On a broader matter and longer term, the IPHU served the purpose to use the action-research as a building step towards a stronger movement in the region. The coordination is now working towards a People’s Health Assembly in UK next October, where a day has been dedicated to strengthening health activism in Europe. This will be a great chance to deepen and disseminate the learnings shared in Brussels, and continue to transform them into action.