

Evaluation of reach and impact of GHW4

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Methodology

Under this activity, the research aimed at evaluating PHM's engagement with knowledge creation and dissemination towards health for all, with a focus on Global Health Watch 4 (GHW4).

From this perspective, the activity aimed at evaluating both the reach of GHW4 in the broader PHM family, and its impact on and usefulness for health activists. The evaluation of the reach of GHW4 is based on the data collected through a survey shared on PHM-Exchange and aimed at GHW4 readers. The evaluation of the impact is based on data collected through interviews of PHM activists involved in organising launches of GHW4.

PHM-Exchange is the main vehicle to share information on PHM activities. The publication of GHW4, the articles published as part of the virtual launch, as well as the publication of the on-line version were all shared through this route. Through a survey shared by the same means (and hosted on the PHM website), data was collected from 19 anonymous respondents (AR), through a short survey. Respondents had a choice to respond to all questions or not.

GHW4 was published on 13 November 2014 and over the following 8 months, 27 launches were organised by PHM activists across the world. 9 activists involved in organising the launches (LO) agreed to fill a short questionnaire. The data was collected anonymously on-line, and again, respondent had a choice to respond to all questions or not.

Out of the total 28 respondents, close to half are from Europe (12 out of 28), followed by Asia (7 out of 28) and the Americas (7 out of 28). Only 1 respondent is from Africa and 1 chose not to give his/her country of residence.

Importance / role of GHW

All the respondents felt that GHW4 is an important initiative of PHM. GHW is an "alternative" World Health Report "with people's participation" (LO7) and a "very low cost and excellent book" (LO1). For PHM in country x GHW4 is felt as an important document that ought to be disseminated (LO4).

Many activists who organised a launch of GHW4 did so because they see it as an opportunity to get PHM's positions to be known. It is an opportunity to "disseminate PHM's critical view" on global health issues, and on "important issues GHW4 raises in the struggle for health for all" (LO6).

GHW was articulated as a tool to create alliances and reach out to new people and 'members'. Several activists also saw organising a launch as an opportunity to make PHM more known in their country/city. "It (the launch) is a useful platform to promote PHM in general as well as GHW itself" (LO5).

Activists mostly felt that the content is otherwise difficult to find, especially in one single place. GHW4 is seen as a tool to "inform on aspects that people may not know about from other sources" (LO1) as well as to "give a voice and platform for silenced global issues" (LO3). Respondents felt that it

is one of the rare publications that looks at health from a political economy perspective and provides a “dispassionate analysis of key, burning issues” (LO2).

A respondent also felt that GHW is an 'information and education tool' that contributes to building PHM's coherence and to strengthen the struggles of its constituents. GHW gives a glimpse of current debates in different parts of the world (LO4). Another respondent also articulated GHW as a tool for mobilisation, to “involve” medical students and human rights groups in particular.

GHW is also seen as a tool to incentivise local discussions building on instances and experiences from other countries (LO4). GHW gives a clear global picture and in a discussions the concrete consequences of a global process or a global phenomenon on people in a specific country can be highlighted.

The quality of the information available was also referred to. Respondents felt that GHW gives them evidence and arguments to present an alternative narrative, to back up and justify “a point of view that is not mainstream” (LO5). Respondents felt that GHW raises PHM's 'credibility' and 'consideration', both from people who share and disagree with PHM's point or view.

Academicians use GHW as 'alternative text books', as a 'reference' in the classrooms and 'background materials for teaching'. Among the readers of GHW, most of the respondents use GHW in the context of teaching and to produce lessons, but also to prepare lectures and seminar, for writing, to prepare dossiers and for their 'own guidance' and to 'exercise' their thoughts.

Target audience

Respondents felt that the target audience of GHW are academicians, students and NGO activists, especially academicians. A respondent noted that as it is a peer reviewed publication, academicians find easy to use it.

However, students were reported to be “more enthusiastic” about the opportunities GHW brings to them in terms of critical thinking, 'self-training', and organising activities. Students are also seen as a “fertile ground” for new ideas. A respondent articulated that schools and universities are an “adequate space” to use GHW as a tool to engage (LO4). In line with this, it was suggested that PHM does a more active promotion in public health and medicine schools, such a sending free copies of the book for the libraries.

However, some felt that academicians and students are not the target that PHM should prioritise as it is the audience that has the easiest access to knowledge and information (LO1) and that “health activists” should be the main target of the GHW (LO8).

A respondent suggested that policy makers could be a target audience if GHW content is disseminated in a less dense, “book heavy” form and a more catchy, “tech-based” form (LO3).

These (students, academicians and NGO activists) were also reported to be the main audience of the launch events, in addition to trade union activists, and grassroots activists. 'Health workers', 'government public servants' and 'trade union leaders' actively participated to the launch events.

Contents of most interest

The contents of most interest varied from one launch event to the other. In the launch events for which data was gathered, they include Latin America's community resilience, globalisation and health, immigrant and refugees health, social activism, trade and health.

Respondents noted that content of interest were linked to local realities at the time, for instance trade and health was of interest in a context where the TPP negotiations are in the news. In another case the chapters that were chosen by the organisers for discussion were chosen “based on the local reality” (LO4). In another case, the contents that raised most interest were those that directly related with the area of work and nature of engagement of participants (social activism), or with the theme of the larger activity within which the launch event was held (globalisation and health). In another case, the reason for interest is that the content provides an alternative model to look up to (Latin America's community resilience) (LO3).

A respondent also reported that the case studies were the materials that raised most interest“ as they can be better understood and participants can related better with case studies (LO9).

Among the readers, most respondents felt that many chapters of GHW were useful to them and only a few chose to name specific chapters. Chapters that were mentioned as being the most useful include trade and health, mental health, access to medicines, intellectual property, extractive industry.

Limitations to GHW's impact and how to improve its impact

Respondents broadly agreed on the limitations to GHW impact. Respondents noted that these are not 'new' limitations and that many solutions to these limitations require 'time and resources'.

GHW4 is a primarily English language book and this was raised as a 'real' limitation (by a non-English respondent) that makes GHW 'hard to share'. For the first time GHW4 saw a regional edition in Spanish which included articles relevant for the Latino American region. Attempts at translating individual chapters were done earlier and this time too, but not in a systematic fashion. This is despite that launches were organised across continents, mostly in non-native English speaking countries.

The language is 'dense' and difficult for the 'uninitiated' or the world beyond academics, students and NGOs. It was noted that activists in PHM circles themselves might not have read GHW, which also explains why they don't 'pick up on it' and disseminate it.

Primers or 'community' aimed versions of key chapters which are less 'dense' were suggested as solutions. Respondents proposed a range of tools to make the contents more accessible, such as dissemination through interactive visual texts such as info-graphics, inclusion of quotes from local people on issues in the text of the chapters, detailed case studies, speaking tours of PHM members talking about the contents.

A respondent also raised that more continuity after GHW is published will increase the visibility of and engagement with the content of GHW. A more 'consistent' engagement can be done by having a regular flow of discussion, maybe one chapter at a time, and regular local events across the year where PHM members cover GHW topics.

A respondent also proposed that expanding the impact of GHW can be done through complementary roles and expertise of different organisations and that alliances can be forged for this. PHM has 'expertise' in producing a book such as GHW, this expertise and energy should not be 'dispersed' and PHM can 'seek alliances' to improve its impact on a wider audience (LO1).

Dissemination of GHW: how does it reach people

Most respondents got introduced to GHW by becoming a part of PHM, some through through friends or on their own by looking at the PHM website or doing a search on Internet (google). One respondent came to know GHW because of being reached out to contribute.

Most respondents reported that they have suggested GHW. They have suggested GHW to people in their network, to 'target' groups and organisations, to people interested in the issues, to people interested in PHM, to 'friends and colleagues,' and to students in international health.

Most respondents did not purchase GHW themselves (15 out of 19), as it was either available in their office, with friends, or on-line. Those who did purchase it are all from high income countries, though not all respondents from high income countries had purchased it. Respondents that purchased the book did so because they find the hard copy easier to use, either 'easier to read', or because it is 'more quick to find something inside' (AR3).

Most respondents have downloaded GHW, except those who have the paper version and a few (3 out of 19 respondents) who did not know that GHW was available online for free. Most respondents knew GHW before GHW4 and only some (4 out of 19) were introduced to GHW through GHW4, two of them joined PHM on recently.

Limitations to the reach and accessibility and how to improve it

Several respondents mentioned the cost of GHW as a limitation to its accessibility. "A colleague allowed me to read his copy because i could not afford to buy my own when it was first released (AR11). The cost factor also limits the circulation to those attending he launches as buying off the shelf is too expensive. "Where there is no PHM focal person the book is basically unavailable because of the very high market price" (LO1). A few respondents articulated that the cost was a deterrent to buy a hard copy one of them mentioned that "this stuff should probably be free" (AR4).

Several readers strongly felt that working on a better website would increase the reach of GHW. Offering a free version on-line seems very effective in expanding the accessibility of GHW, however, despite that respondents did mention that they read a chapter at a time, there were request for the full book to be down-loadable in one go too. Respondents who organised launch events before the on-line version was available lamented the fact.

Respondents also noted that the Spanish version of GHW4 should be down-loadable from the PHM website. Another respondent suggested that a mobile phone application would be useful to make the book more accessible.

Respondents suggested that the reach of GHW can be increased by expanding the thematic audience to those who work on themes other than health, such as indigenous people's groups who would be interested in indigenous people's health (AR6). Taking it further, GHW4 could be promoted not only as an essential book for health activists, but also for activists who are engaged with topic impacted by global processes as well (AR1).

Promotion through linking with organisations beyond the PHM family was also suggested. Linking with organisations working on issues other than health, as well as linking with students organisations to increase the reach in universities, and with professors who might be interested in teaching the contents

was suggested. It was also suggested to look for alternative avenues for distribution, such as independent bookshops and writing groups.