LINKING PEOPLE FOR CHANGE

NETWORKING

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Everyone of us is involved in networking. Borrowing sugar from a neighbour, or asking a friend for ideas about a work project, are examples of networking within our own personal circles. Networking for change is different as Dr Hari John explains in her article entitled "Linking people" (page 5). Groups involved in "networking for transformation" want to achieve change for the benefit of society as a whole. Ecumenical networks have a specifically spiritual dimension in their work for social transformation.

As a result of the Contact evaluation last year, I was given a strong reminder of the strength of the "Contact network". Many readers taking part in the evaluation said that Contact gave them a sense of not being alone in their struggle for dignity in health care. Although they were not necessarily able to speak directly to other Contact readers, by reading the magazine they felt part of the network. As editor of Contact, I feel the strength of the network through the overwhelmingly positive response I receive when I ask someone to contribute to the magazine.

This issue begins with a brief introduction to networking, defining terms and describing some of the advantages and difficulties in the process. A list of useful international and national networking contacts are provided.

Church health associations (CHAs), which bring together Christian health institutions and agencies in different countries, form another important CMC network. Dr Kofi Asante, WCC executive secretary with responsibility for these CHAs, provides a brief introduction to the work and recent networking activities of CHAs, while Rev Moses Thliza, who heads the Christian Health Association of Nigeria, describes some of the benefits he has had from being part of this network.

The next article is an honest and open discussion of the problems and dilemmas of those involved in network building at the national level. The experiences and lessons from the AIDS Community Action Network in Chile is described by representatives of three of the organizations involved. One of the authors, Karen Anderson from EPES, is a close and valued member of the CMC and Contact networks.

In terms of international advocacy on behalf of health consumers, Health Action International has an extremely strong track record. The article on page 14 describes the networking process involved. In a period of 15 years, it has become an "international antibody" to the pharmaceutical industry worldwide as well as a powerful advocate of consumer interests on a wide range of drug and health issues.

This issue would not have been complete without an article on the electronic mail (e-mail) and Internet. Michael Tan of Health Action International Network in the Philippines describes the exciting developments and cost-savings made possible by being "on-line". However, he warns that there are also disadvantages. For example, he points out that the silence of the marginalized, including women, is being transferred on to the electronic mail. Relying too much on communication technology may actually widen the gaps that need to be closed.

Finally, please do try to find time to do the thoughtful bible study on networking. A quiet reflection among friends and colleagues can produce fruit insights, greater solidarity and a refreshed sense of our own spirituality.

Diana G Smith
Editor
WHAT IS NETWORKING?

The following statement aims to provide some background on the hard-to-define concept of networking. Examples are provided from experiences in networking for health.

Networking is most simply defined as communication and cooperation between groups and individuals sharing a commitment to a common task, issue or objective. Individuals and groups share resources and ideas, and make efforts to stimulate and encourage each other.

While some networks are informal, others are much more structured. At one end of the spectrum, a group of concerned individuals may telephone each other from time to time to discuss raising health service costs. A much more structured organization is characterized by the Network of Community-oriented Educational Institutions for Health Services.

Some networks form in response to an immediate crisis. For example, groups often get together to campaign against a hospital closure. Other networks are built to meet a long-term challenge. ACAN (see page 10) was created as a response to the growing problems surrounding HIV/AIDS in Chile.

Networks operate on different levels - grassroots, district, national, regional, international - and thus have different potential spheres of influence. Grassroots networking involves the poor and disadvantaged directly, which may make them particularly dynamic and energetic. However, free and open communication between grass roots members and all other levels is vital for effective networking.

Some networks are built on particular media or fora. For example, HealthNet provides information and communication among health workers via the electronic mail and Internet. Other networks have developed during meetings or conferences. For example, the NGO Forum for Health meets during the World Health Assembly.

Why network?
The four most commonly cited reasons for networking are:

- achieving a common identity, peer support, encouragement and motivation,
- pooling of resources and efforts,
- learning from similar experiences, and
- speaking with a stronger, more unified voice within a public arena.

Sharing experiences and identifying with the hopes and aspirations of other members is an important aspect of networking.

By pooling efforts, duplication is often avoided. Network members can share information and skills in fundraising, training, and organization of campaigns and events. The outcome of such joint activity may often be greater than the sum of the parts. Sharing experiences and knowledge not only leads to a sense of empowerment, it can also cut the costs of expensive consultancies or
training programmes. Those involved in networking often point to the considerable power of networks even when resources are small.

Finally, networking can create an alternative voice on important policy areas in health. In some cases, achievements have been considerable. For example, the activity of the large number of decentralized groups coordinated by Health Action International has ensured that consumer advocacy now has a place in drug policy discussions.

When successful, health networks can challenge hierarchies and vested interests in important ways. One of the intentions of the Africa Community Health Action Network (Afri-CAN) is to reduce the role of the professional or "expert" in health. Members argue that health care is more likely to be sustainable and participatory if strategy is based on the local knowledge.

Health networks can also challenge the medical and health structures by sharing information on alternative technology, or on cases of local corruption and inefficiency. Such initiatives may also increase democracy in health care.

What are the risks?
Networking activities are time-consuming and offer little reflected glory for many of the individuals and supporting groups involved. Groups may have completely different responses to dealing with an issue. Different groups have different capacities, and there is always a danger that the network will be dominated by a small number of organizations. These and other problems are described in the article about ACAN's campaign against HIV/AIDS in Chile (page 10).

Perhaps the greatest difficulty posed by networking is trying to decide how much time to commit to it and finding the resources to cover the costs.

Nevertheless, when dedication, commitment and energy are harnessed by networking, great achievements can and have been made. Networking can not only change policy, it often introduces an alternative voice challenging governments, businesses and other vested interests on behalf of the health of the poor and the marginalized.

RESOURCES
This list includes the names and addresses of some useful health networks operating at the international and regional level.

Africa Community Action Network for Health (Afri-CAN), c/o CISS International, PO Box 73860, Nairobi, Kenya. Phone: 254 2711416. Fax: 254 2711918.

Asian Community Health Action Network (ACHAN) contact Dr Prem John, 702B, Shivalaya, 16, C-in-C Road, Chennai, 600 105 India. Tel: 91 8252702. Fax: 91 8270424.

Health Action International (HAI) for details see p 16.

Latin American and Caribbean Health Network Isis International, Correo Central, Santiago, Chile. Tel: 562 633 4582, Fax: 562 638 3142.

International Baby Food Action Network (IBFAN), c/o GIFAP, PO Box 157, 1211 Geneva 19, Switzerland. Tel: 41 22 798 91 64. Fax: 41 22 798 44 43. e-mail: philipsec@iprolink.ch

International Christian AIDS Network (ICAN) c/o The Basement, 178 Lancaster Road, London W11 1QU, United Kingdom.


HealthNet is a telecommunication system providing health workers with electronic mail, conferences and publications. SateLife, 1360 Soldiers Field Road, Boston, Mass. 02135 USA. Tel: 617 789 5455. Fax: 617 789 4771. e-mail: hnet@usa.healthnet.org Web: http://www.healthnet.org

Network of Community-Oriented Educational Institutions for Health Sciences, Network Secretariat, POB 616, 6200 MD Maastricht, The Netherlands. Tel: 31 43 88 15 25. Fax: 31 43 87 07 08. e-mail: secretariat@network.rulimburg.nl

NGO Forum for Health, a group of non-governmental organizations which get together to seek partnership with the UN agencies, especially WHO. Dr Daleep Mukarji, NGO Forum for Health, c/o Health, Community and Justice, World Council of Churches, PO Box 2100, Geneva 2, Switzerland. Tel: 41 22 791 6111. Fax: 41 22 791 0861. e-mail: dsm@wcc-cce.org
LINKING PEOPLE

Dr Hari John of the Asian Network for Innovative Training Trust (Anitra Trust), India, believes that networking is potentially much more than communication and cooperation between people with a common purpose. She says that it can be a key to achieving a just and participatory society by strengthening democratic decision-making.

Long time ago, as soon as human society started to become more complex, networking must have begun. One group of cave dwellers would have networked with a neighbouring group in order to organize how to repel or rule over outsiders. Finding strength in numbers has been practiced, often as a necessity. People chose to stick with their own kind based on a commonality of objectives.

Networks may be based on kinship, such as the Mafia or the Yakuza in Japan. The Hitler Youth Groups were a vast and effective network. Other networks are based on trade and profession such as the Ancient Order of the Garter or the Society of Chest Physicians. Multinational organizations such as IBM, Microsoft, Pepsi and Coca Cola have their own organized networks. The Internet is an electronic network worldwide. Some networks, not all, share a common commitment to an ideology.

Networking for change

Many non-governmental organizations (NGOs) are involved in networking for social change. Their objective is to benefit society at large by bringing together as large a group as possible who share a common ideology and who are prepared to work jointly to propagate such an ideology on a larger scale. Networking is primarily linking people – facilitating linkages between “believers” and “activists”. Whether they are international, national, district or community-based, networks are designed to stimulate, promote, encourage, facilitate and strengthen the work of others.

Development NGOs are non-profit, voluntary, autonomous bodies with their own ideology, objectives and strategies. Ideally, they unambiguously focus on a constituency that consists of the “disadvantaged” of the world – disadvantaged in terms of caste, class, creed, language, ethnicity, colour, land holding, education and so on. Almost any group of people can start a network – consumers, Indigenous Peoples, a group of radical Catholic priests. What is important to the dynamics, evolutionary processes and transformations is who starts the network, why the network is started and ultimately, who owns the network.

There are different types of networks operating at different levels. Grass roots networks, or networks of people’s organisations exist at the district and local levels. They are often interconnected and complementary to the more institutional networks that exist at the international, regional and national levels. However, there are basic distinc-

Almost any group of people can start a network. What is important is who starts the network, why the network is started and ultimately, who owns the network.
tions. Grass roots organisations are generally made up of the low income or the disadvantaged people and in principle are accountable or “owned” by people themselves. They represent the poor and can thus be called as people’s organisations (POs). The leadership is, or should be, in the hands of the poor.

Importance of “grass roots”

One would expect that the vision, mission, objectives and strategies of both these groups - the NGOs and the people - would tend to converge and merge. But often this is not the case. Although both seek improvements in the lives of the disadvantaged, the health of the community need not necessarily be the health of the NGO. In some cases, the sustainability of the community may be at odds with the sustainability of the NGO.

Historically, it is recognized that enlightened, educated, middle class individuals have played, and will continue to play, crucial roles in people’s transformative processes. However, a dispassionate analysis of the last fifty years of “development” will show that such transformative processes have worked only where the role of people themselves has been paramount right from the beginning. The failure to accord primacy to people’s participation and the lack of foresight to visualise this have been the biggest obstacles to true and sustainable development.

In some cases, there may be a reluctance from those working in NGOs to fully commit themselves to the transformation process. For example, a priority of development NGOs and their networks should be the promotion of people’s participation in democratic decision making. However, real power sharing may reduce the power of the NGO itself. Whether NGOs are willing to go powerless in order to make it possible for people to share power is a troubling question. When it comes to the crunch, those representing NGOs may not be willing to stand up and be counted as one among people. Those with vested interests in an organization may opt to continue to be part of the “other side”.

People’s power represents a “third system” according to Annelies Allain (See “IBFAN: On the cutting edge, offprint from Development Dialogue). The first system consists of government and their agencies and the second system consists of business - the transnational corporations that rule the world in partnership with the first system. The “third system”, represented in the form of people’s organizations and movements, has produced revolutionary change in the Philippines and Eastern Europe as well as success stories for health in terms of action on pesticides, and against marketing of baby foods in favour of breastfeeding. People are beginning to challenge the system, and these successes in networking strengthen democratic decision making and ultimately reduce injustice.

Institutionalised NGOs may not be willing to involve themselves in mainstream political activity, believing that politics is “dirty business” (as indeed it

### Anitra Trust

Formed in India in 1985, the Anitra Trust is a secular network and support group of non-governmental organizations (NGOs) engaged in action for sustainable development at the grass roots.

It works by bringing together several NGOs in a particular local area and encouraging them to form themselves into collectives. Members of these collectives are then trained with the help of approaches such as participatory action research (PAR), alternative training which is participatory (PT) and participatory strategic planning (PSP). In the process, those who receive the training learn what is wrong with the present “development” policies, particularly in terms of their adverse impact on the poor and marginalized. The trainees then work, as part of their own NGO, to organize communities, building up bargaining power and credit worthiness. Through this activity, the Anitra Trust has brought together a network of 250 villages. Its ultimate aim is to assist and enhance the work of small action groups as they facilitate the transformative processes of the poor.
However, the social and economic structures of the world are based on power politics and the people’s challenge should be to aim at these systems.

Challenging vested interests means the active participation of people’s networks in mainstream electoral politics in a democracy. Strategic alliances with fellow travellers, for example, the greens, left groups, and radical church groups need to be forged in order to enlarge the ‘force’. Restricting networking to exclusive groups, such as among Dalits in India or radical Feminists worldwide, almost always keeps others away. Even though networking requires focus, a central priority should always be to build a “critical mass” and this requires forming strategic alliances with other like-minded individuals, organisations and networks. Challenging vested interests also requires taking on corporations in a systematic manner, as in the campaign against Nestlé and the action against pharmaceutical companies (see article on page 14).

Unfortunately, funding plays a central role in networks. The structure of networks that we see today are well-defined and established funding agency networks. While this means that each agency trains, safeguards and tries to expand its network based on its own agenda, it is obvious that edifices built on a commodity such as money can never really be strong and will never really represent the interests of the people. Even though money is necessary for organizing networks, it should never be allowed to rule.

**Requisites for networking**

To reiterate, building successful NGO networks rests on commitment to a common vision, based on a philosophy and an ideological basis that encompasses those most in need, i.e., the disadvantaged. A clear and unambiguous focus on the reference group is an essential prerequisite for successful networking, while an idea whose time has come, an issue of topical immediacy, a perceived common “enemy” make networking easier. Shared interests and joint activity keep the network alive. Dynamic leadership will provide an added bonus, whereas egocentric “prima donnas” will tend to be a disruptive force. The leadership style and their lifestyle set the tone of networks. Keeping the interest, enthusiasm and involvement of the membership is vital. Regular communication, sharing of information between members, perhaps through newsletters and personal visits by the leadership, help sustain the spirit of the network. Simple managerial tools and efficient organization and coordination are also essential for the health of networks, but overemphasis on efficiency may overshadow the spirit and the philosophy that underpin work among the disadvantaged.

When networks are truly “grass roots” or people’s organisations, they have a life and momentum of their own. If the poor are involved, it is not a job or a task to be fulfilled, it is quite often literally a matter of life or death. The commitment is phenomenal, overcoming illiteracy, poverty, class and caste distinctions, gender differences and so on in order to build solidarity through ever enlarging networks. Experience has shown that people realize that the larger the network, the stronger they become. The leadership, too, has realized that even highly effective models tend to remain models. To bring about meaningful change there needs to be a critical mass.

The ultimate aim of networking is to enlarge the circle of believers and build up people’s movements. Such movements are able to march with confidence towards an alternative society which is just, participatory and pluralistic, and in which there is equitable sharing of resources. A society in which dignity can be secured without fear, discrimination or exploitation need not be a distant dream if networking for social change is allowed to harness the potential of people’s power for transformation.

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CHURCH HEALTH AGENCIES: ACHIEVING BY CONNECTING

Over the years, CMC/WCC has stimulated the creation of national "coordinating agencies", or church health associations, which bring together separate church agencies operating health services in a particular country. Coordinating agencies have no authority or executive control over their member institutes but they can provide inspiration and leadership. The networking taking place between representatives of different Christian health associations is seen as crucial to the success of national efforts. Here Dr Kofi Asante describes a recent network-building meeting in Africa, and Rev Moses Thliza details what he believes are the benefits of networking with others involved in church health work.

The need for separate church health agencies to share experiences and speak with a stronger and more unified voice within the churches and to the government has been a major force in the creation of Christian health associations. National coordinating agencies have been more effective than any individual church medical service in negotiating with governments and effecting public policy issues.

Over the years, several meetings have brought together representatives from Christian health associations from different parts of the world. In October 1996, CMC convened a regional consultation for heads of West African Christian Health Associations and church health programme coordination offices. Participants were from long-established agencies, such as Christian Health Association of Ghana (CHAG), Christian Health Association of Liberia (CHAL), Christian Health Association of Nigeria (CHAN) and Christian Health Association of Sierra Leone (CHASL). But many of the participants were present for the first time, including representatives from APROMESTO, Togo; APSM, Mali; AEAD and UCMP, Burkina Faso; DCMC, Angola; CDS, Guinea Bissau; the health voluntary desk in GCC, Gambia, and the CWRC Programmes Office in Senegal. There were also two observers who hope to form Christian Health Associations in the future.

Worship and bible studies at the meeting took the theme: "The church as a healing community", which was also an important theme in the discussions. Several experiences were shared on how local congregations were being involved in health work. Other important topics
included cost containment, strategies for sustainability, leadership, and relationships between the church and the Christian health associations. There were also sessions on the important role that the church was playing in HIV/AIDS and substance abuse.

The networking which took place among representatives from the 11 African coordinating agencies taking part in the meeting was as important as the formal sessions. Some participants were meeting for the first time, others could catch up on recent successes and failures. The time spent sharing meals, games, stories and prayers bound participants to each other and formed a foundation for future networking.

How does networking help?

Rev Moses J K Thliza, Secretary General of Christian Health Association of Nigeria describes what he has appreciated about being part of the network of ecumenical coordinating agencies.

My first meeting was in 1985 in Ghana. It really made me realize how encouraging it could be to learn from each others experiences. After that meeting, I did not have the opportunity to visit people I had met. However, just keeping in touch by mail helped me a lot. Several of us continue to share our annual reports.

In 1991, I was able to visit Kenya where I was particularly impressed by the efforts that women in the church were making through their contributions, savings and loan schemes for health projects. Church groups were also organizing income generating schemes for women and school leavers. Church health agencies were also sharing the technology for locally made stoves which require less fuel. But perhaps the most important aspect of the visit was the opportunity to spend time with people with whom I could share experiences and identify with hopes and aspirations. Networking does not only keep you informed about developments, it encourages and motivates all of us in our work.

For me, the recent Lomé meeting provided an additional stimulus to take part in the West Africa sub-region exchanges. Recently, I have been too busy with the development of CHAN’s five-year plan to become much involved. However, in the future, I will try to give it more attention, especially since I can drive to several of the capitals – Lomé, Accra, Ouagadougou and Yaoundé – where there are active Christian health associations.

CMC has made this networking possible. I am not now talking just about the meetings organized for Christian coordinating agencies, but also about the networking that is possible through Contact. I have been a reader since 1974 and it has kept me informed and made me feel part of a like-minded network.

Rev Moses Thliza, Secretary General, Christian Health Association of Nigeria (CHAN), 8 Nnoid Avenue (TEKAN Headquarters), Behind Central Bank, PO Box 8944, Jos, Plateau State, Nigeria. Tel: 234 73 57429/ 54044.

National coordinating agencies have been more effective than any individual church medical service in negotiating with governments.
LESSONS FROM CHILE

Representatives of health, religious, women, gay and human rights groups in Chile formed the AIDS Community Action Network (ACAN) in 1991. After working together for several years, ACAN analysed the tensions which underlie coalition building as shown by their own experience. Their evaluation pinpoints problems which may arise in coordinated efforts while the lessons they learned suggest how these may be addressed.

In 1991, many groups in Chile working around AIDS began to create spaces to share information and resources. Some just beginning AIDS-related work started meeting monthly to discuss educational approaches. Others linked to the religious sector organized the First National Ecumenical Pastoral Conference on AIDS. These initiatives led to calls for some kind of coordinating body as the urgency and complexity of AIDS was more than any one organization could handle.

As a result of two seminars organized to discuss joint efforts around HIV-related prevention and care, ACAN was born. After initial difficulties — inexperience, distrust, lack of adequate skills, an overly ambitious organizational structure — the network evolved into a monthly assembly of interested groups with a three-person elected coordinating committee and ad hoc commissions for special events.

Confidence in the network was built by encouraging members to participate in each other's AIDS-related events, and by developing a collective platform of guiding principles. Joint activities included World AIDS Day events, a Candlelight Memorial, and a three-day national seminar which led to many community activities and to the formation of the first local AIDS network with municipal funding.

Over time, some of ACAN's founding members dropped out. Currently, 24 organizations, including associations of people living with HIV/AIDS, are members. Some organizations were created specifically to respond to AIDS while the others are NGOs with extensive experience in community development. ACAN does not receive on-going...
funding. Day-to-day operations are financed through membership dues based on a sliding scale and major events are funded through specific project grants.

Self-interest versus altruism
The first tension confronted in sustaining a coalition around AIDS arose from acknowledging that ACAN members come together in response to different motivations. Some organizations joined as a way to further their own institutional agendas; they value collective efforts only to the degree to which they respond to and advance their own goals. Other organizations invest their time, energy and skills in the network because they see it as a critical vehicle both for furthering overall HIV/AIDS-related prevention and for influencing governmental policies and actions.

From the perspective of long-term coalition building, these motivations can be labelled "self interest" and "altruistic". To avoid a "free-rider situation" in which some network members always work harder than others, ACAN established a four-point contract of participation. Members oblige themselves to:
- Regular participation in monthly assemblies (meetings dealing with operational details, work plans, discussions on topics of interest, etc)
- Payment of monthly dues
- Adherence to ACAN's Declaration of Principles
- Commitment to fulfil whatever tasks are taken on: "do what you said you'd do."

Organizational needs versus coalition building
ACAN members obviously value the possibility of increasing their impact through coordination. Nonetheless, the demands of working together can be very taxing on small organizations. For example, some ACAN leaders also head their own organizations; their network participation necessarily means abandoning some responsibilities in their own NGOs.

The anonymous nature of much ACAN work exacerbates this tension. When it comes to recognition for work done, the accolades go to the network rather than individual members. This can be a problem of survival because organizations are accountable to their funders and beneficiaries for their own work plans. A prerequisite for long-term inter-group cooperation is therefore balancing the demands and rewards of working together.

A broad social movement versus institutional effectiveness
Without full-time staff and a clear procedure for delegating responsibility for acting in the network's name, difficulties arose in providing leadership. The main ACAN activists are sometimes stretched to the limit supporting community efforts, writing and presenting position papers which reflect collective analysis and simply maintaining network activities such as sending out minutes of meetings.

The loose ACAN structure has limits but members are also wary of the danger of institutionalizing and becoming a "super NGO" instead of an evolving social movement comprising many different groups and leaders. As a solution, ACAN institutionalized the network's administrative functions by hiring a part-time secretary and renting office space while maintaining all other aspects of its work as voluntary and coordinated.

Relationship to the gay rights movement
In Chile, homosexual behaviour is penalized and homosexuals face discrimination. Yet it was gay groups who were in the forefront of AIDS work in the country and they have increasingly become politically active. Their legitimate goal of defending...
Members are also wary of becoming a "super NGO" instead of an evolving social movement.

gay rights through political action, sometimes in a confrontational way, has sometimes clashed with ACAN's need to wield a more "pedagogical", or educational, discourse about AIDS and homosexuality.

The relationship between ACAN and the emergent gay rights movement is part of an open-ended and ongoing process. ACAN believes that the relationship must hinge on an analysis combining a human rights perspective with a broad vision of human sexuality.

Relationship to the state: dependence versus autonomy
ACAN considers itself a part of civil society and a vehicle through which the marginalized can voice their concerns and formulate their demands. Those concerns and demands must be presented to the State so that appropriate political action, resources and legislation can be implemented.

On the other hand, NGOs competing for ever-diminishing international funds must apply for State funding grants or resort to small-scale, local fundraising. Economic dependence often means sacrificing political autonomy. Critical ACAN postures may be perceived by the government as threatening or be discredited rather than welcomed as a necessary ingredient in a democracy.

Given the government's role and dominance in developing HIV/AIDS-related policies and programmes, ACAN is establishing a working relationship which NGOs can have input and participate in the government's programme without losing autonomy or accountability to those they serve and/or represent.

Pro-network discourse versus funding practices
International donors frequently stress the importance of pooling efforts in coordinating networks to avoid duplication and turf fights and to promote a strong community role in policy formulation, defence of patients' rights and other issues. Yet they have few concrete funding policies which benefit those organizations which work together.

While funders may support collectively organized activities, they often overlook the fact that a strong network relies on strong and diverse members; this requires funding of the individual organizations making up the network. Funders need to go beyond discourse to establish concrete guidelines and policies which recognize and support networking efforts. This includes examining the overall context in which organizations work so that decisions to fund an organization evaluate whether their practices are contributing to coordinated efforts or not. Networks which represent a wide range of organizations should be considered valid sources.
of information regarding funding deci-
sions.

Lessons learned
Our experience teaches us that a suc-
cessful coalition needs to continually
negotiate situations which arise from a
series of underlying tensions. Import-
ant lessons which we have learned so
far are:

• Networking not only enriches the
  knowledge and vision of each indi-
  vidual organization working in varied
  settings and with different populations
  but also it is a means to optimize
  overall resources.

• Joint action and cooperation is not
  only an effective strategy for dealing
  with complex problems but also can
  be a rich learning experience for the
  different organizations involved.

• Coalitions need constant main-
  tenance as well as mutually agreed-
  upon operating principles. Effective
  coordinating efforts must be built
  around shared goals and expecta-
  tions. Organizations must know what
  they can expect from others and what
  they are expected to contribute in the
  networking process.

• An adequate balance between public
  activities and internal coalition building
  initiatives is crucial for strengthening
  coordinating efforts.

• Democratic leadership and transpar-
  ency in proceedings are central to
  building trust among network
  members.

• Specific interest groups that arise in
  the context of networking need to be
  willing to insert themselves into a
  broader framework and organizational
  structure. It is important that the people
  most affected by HIV/AIDS play a
  leadership role.

• NGO network members need to
  develop skills for challenging and
  working with governmental Ministries
  more effectively so that they can
  establish working relationships with-
  out losing their identity.

• Donor agencies need to develop
  criteria for evaluating the networking
  track records of the organizations they
  support. They must consciously build
  mechanisms for supporting coopera-
  tive efforts and the actors who make
  those efforts possible.

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A longer version of this article, including a bibliogra-
phy, is available. Please write to us if you would like a
 COPY. The article published here first appeared in
AIDS Encounter, a newsletter of UNAIDS. Since
then, EPES has left the network but continues to work in
local networks with many shantytown health teams,
public health workers from local clinics, teachers and
so on. Contact hopes to publish an article about
community group workshops and networks in low-
income districts of Santiago in the future.

Networking not only
enriches knowledge and
vision but also it is a
means to optimize
overall resources.

International AIDS Day 1992:
Poster of the participatory "Tic-
tac-toe" on how AIDS and HIV
infection is NOT transmitted.
ADVOCACY FOR RATIONAL DRUG USE

Health Action International has played a major role in ensuring that the discussion about how to achieve rational and safe use of pharmaceuticals is high on the agenda of the international health community. Here, Catherine Hodgkin, former coordinator of HAI-Europe, describes the history, workings and achievements of this invaluable network.

How did HAI start?
“May 27 to 29, 1981 were memorable days for me. Those three days in May made me, a medical professional, aware of the enormous potential the non-medical, non-governmental organizations (NGOs) had in helping policy makers and governments rationalize the global pharmaceutical supply system.”

This is the statement of Dr K Balasubramaniam, then employed by UNCTAD, and now working as one of HAI’s three international coordinators.

In 1981, 50 people from health, development, and consumer organisations met in Geneva. They were brought together by a shared concern about the way in which pharmaceuticals were being misused and about unsatisfactory standards of industry promotion and marketing. At this meeting they established Health Action International. At the time, it was described as an “international antibody” to the worst effects of international pharmaceutical marketing but in the 15 years of its existence it has become much more than that and has grown to be a powerful advocate of consumer interests on a broad range of issues relating to drugs and health.

Since the 1960s, there had been important developments in perceptions of how drugs could best contribute to health. The thalidomide disaster was just one of several events which underlined the need to regulate what drugs are marketed and how they are used. The World Health Organization (WHO) had produced a list of around 200 essential drugs which met common health needs – a valuable tool for countries struggling with the bewildering array of drugs on the market. In spite of this progress the reality in developing countries was not changing significantly. Most people could not afford medicines,
and if they did have access to them the chances were high that they would be sold a drug which was ineffective, expensive or dangerous.

Many organizations and individuals were working for a more rational use of drugs but they were often isolated and hampered by lack of information and resources. They had no means of making their voice heard at an international level and no means of learning from each other either. HAI was established to provide a voice and a forum for these groups and to act as an additional force in a field where discussions had traditionally been dominated by government and industry.

How does it work?

The HAI network is built around the simple idea that if many organizations and individuals pool their expertise, skills, resources and experience, and cooperate to achieve a common goal, they become a powerful force even if their financial resources are small and their organisational structure limited. Cooperation between groups in industrialized and developing countries is important, particularly when it comes to influencing policy at international level or monitoring the standards set by multinational companies.

The HAI Network today is made up of around 180 consumer, health and development groups working in 70 countries. The groups are varied – ranging from powerful NGOs to small groups of isolated health workers or concerned individuals.

There are three coordinating centres, in Asia, Latin America and Europe, and plans to establish a coordination centre in Africa. The coordinating centres maintain close contact with each other and with HAI participants in six continents. The coordinating centres are there to serve the needs of the groups, to respond to developments at national or regional level and to coordinate international advocacy and campaigning. Participants meet at regional or international meetings to discuss common concerns and develop joint strategies. HAI groups are autonomous and self-reliant, and pharmaceutical drugs are often only one component of their work.

The newsletter of the network, HAI News is published six times a year. In addition, there are regional and national newsletters. Information is increasing available on-line.

What does the network do?

HAI works through research, action campaigns, training and advocacy to promote a more rational use of drugs. HAI publications are used by health workers, government regulatory agencies and consumers around the world. Research carried out by HAI groups contributes to better education about drugs, and campaigns initiated by HAI have led to the withdrawal of various dangerous or obsolete drugs. The range of activities is wide and groups vary in their areas of work and expertise. A few examples serve to give an idea of this diversity.

- Information sharing has been a key element of HAI’s work. For example, during the past few years, all three offices have been involved in sending out copies of Problem Drugs, an information kit highlighting different kinds of drugs known to carry significant health risks. The pack, which examines categories of known “problem drugs” such as appetite stimulants and anti-diarrhoeals, has been translated into six languages, reprinted many times and used all over the world both as a campaigning tool and to train health workers. Correspondence sent from groups and individuals who have received the kit has shown that there is a continuing need for this kind of information.

- At the same time, HAI thrives on its networking potential. Meetings provide an opportunity for making contacts. Many of those involved work alone or with little opportunity to meet others with whom they can make joint
plans. Recently HAI kicked off its new three-year project on networking for rational drug use in Africa. A successful workshop was organized in Nairobi in March 1997 which brought together about 35 HAI partners from Eastern Africa. Several follow-up activities have been planned.

- HAI, together with others, has been campaigning internationally to end the inappropriate use of anti-diarrhoecals. Several of the most widely misused anti-diarrhoecals have been withdrawn from the market.

- HAI participants served on WHO Expert Committees which drew up "Guidelines for the Development of National Drug Policies" and "Ethical Criteria for the Promotion of Medicinal Drugs". HAI representatives also participate in other WHO consultations.

- Recently the impact of the General Agreement on Tariffs and Trade (GATT) and the World Trade Organization (WTO) has been the focus of an international advocacy campaign. Groups throughout the HAI network have also been involved in a campaign to increase access to information and transparency regarding drug regulation. (See page 19 for details of a related publication).

- Major projects have addressed problems related to children's medicines and have worked to promote the implementation of national drug policies.

- In Europe, HAI groups work together to encourage the European Union (EU) to adopt regulations restricting the export of products not licensed in Europe. They also organise working groups to monitor the development of new EU legislation.

- In Geneva, HAI advocates meet regularly with delegates attending the World Health Assembly and argue for strong leadership from the WHO on drug issues.

What has been achieved? There is still much work to be done by HAI and others working in this field. The WHO estimated in 1988 that between a quarter and a half of the world's population still has no access to basic essential drugs.

Debt and the economic problems facing many developing countries mean that health care services are under increasing pressure. In spite of guidance given by the WHO, few countries have acted effectively to control drug promotion and in most developing countries drug regulatory control is rudimentary. Re-educating prescribers and consumers to prescribe and use drugs more rationally is a slow and gradual process.

However, HAI can claim to have made a real impact. Since its foundation 15 years ago, there have been changes especially in promoting a process of reform and change within some companies and in the field of policy advocacy. The essential drugs concept has gained wide acceptance, steps have been taken to encourage the distribution of independent information on drugs, some of the worst drugs have been withdrawn.

Perhaps most importantly, there is a wide acceptance of the fact that consumer advocates have a place in drug policy discussions and that what is at issue is not the safety of drugs, but the safety of people using them. Involving consumers in policy decisions, providing appropriate consumer information on drugs and educating people in the principles of rational drug use, these are all essential steps in maximising safety and reducing risk in medicine.
ELECTRONIC NETWORKING

E-mail and Internet: Bane or Boom?

Are electronic mail and the Internet going to contribute to the process of networking for social change or provide an obstacle to its achievement? Michael Tan of Health Action International Network (HAIN) in Manila, the Philippines, provides us with his perspective.

Much has been said and written about this electronic “Information Age” and how electronic mail, or e-mail, and Internet will catalyse social change. The potential certainly is there: e-mail can mean more rapid communications and at lower cost. At our NGO, for example, monthly phone bills dropped from about US$300 to $50 when we shifted away from faxes and towards e-mail. And while phone bills dropped, the volume of mail exchange actually increased.

One of the earliest initiatives to start e-mail services in the Philippines actually came from an NGO, the E-mail Center headed by Obet Verzola, who initially used GreenNet as a gateway. Most of Obet’s “clients” are NGOs. There are now “talk forums” on environment, women’s issues, politics, and socialism. Exchange here can be quite lively, with participants from throughout the country.

In 1996, HAIN experimented with doing a “virtual consultation” on the role of resource centres in HIV/AIDS prevention. Here, we broadened the participation in consultations by doing daily postings of our proceedings and inviting comments. The experiment showed both strengths and weaknesses of electronic communications. On one hand, we were able to get comments from many more people than those attending the meeting. There were also people who wrote in, after the workshop was over, that although they did not participate actively by sending comments, they enjoyed being able to “listen in” to the consultation.

But this experiment also showed the serious limitations of electronic communications. The most glaring limitation emerged when we analysed the demographics of people who sent in comments. They were overwhelmingly male expatriates living in Asia. It was a rude reminder for us that the potentials of electronic mail will remain largely untapped – even with fairly low cost – because of many barriers, from a lack of phones to a whole culture of ethno of communications. For example, women’s silence had transferred itself even on to electronic media.

E-mail and Internet will either broaden access to information, or further widen the gap. It would be tragic if the latter happens simply because we did not try hard enough to tap these technologies.

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LINKED TOGETHER IN FAITH

I CORINTHIANS 16.1-8 AND PHILIPPIANS 2.1-4

What networks are you a part of? Some may be small or local, others may be large or international. One of which you are certainly a part is the network of readers of Contact. You probably belong to several very different kinds of networks. As you think about this, you may find it helpful to look again at the article "Networking for transformation: Linking people" by Dr Hari M John.

What is your experience of these networks? What makes these networks effective or what prevents them from being as effective as they could be? Do they exist only for the good of the people they link together or for a wider good?

The New Testament describes the development of a network of churches as the gospel spread from Jerusalem. Letters were sent to encourage, inform, equip and, sometimes, to raise questions. People travelled from church to church. We could describe all this writing and visiting as activities which supported and built up the early Christian network.

Paul wrote to the church at Corinth (the letter we now call I Corinthians) while he was working with the church in Ephesus.

Read I Corinthians 16.1-9
In the first part of this passage, verses 1-4, Paul encourages his readers to join the five churches in Galatia in sharing their resources with Christians in Jerusalem suffering from poverty. By becoming Christians, members of the Jerusalem church would have cut themselves off from the Jewish welfare system.

How effective are our present confessional and ecumenical networks in sharing resources?

Paul goes on to talk about his travel plans. From his writings and from the Acts of the Apostles we can see how important personal visits by himself and others were felt to be.

How important is personal contact for the church and other networks of which you are a part? What is the role of letters, journals, telephones, faxes and e-mails in maintaining and developing these networks?

Now read from another of Paul's letters — Philippians 2.1-4.
This was clearly written to a local Christian congregation — a small network of people sharing a common faith and experience. It may also help us reflect on larger networks too.

The Christians of Philippi are linked together by Christ, a relationship which meets their own needs but also directs them out beyond themselves. In verse 2 Paul repeats the word "mind" (some English versions use other words to translate the Greek) for emphasis. This is to underline the importance of a common orientation rather than suggest they should agree about absolutely everything.

What does the passage suggest about the importance of:
- common attitudes?
- motivation for involvement?
- priorities?

How are the ideals in this passage reflected in any networks you know?

Compare your reflections on this passage with those on your own experience of networks and your reading in this edition of Contact.

If you were asked to write some guidelines for effective networking, what would you include?
Power, Patents and Pills
In this Health Action International (HAI) publication, a number of consumer representatives suggest that intellectual property agreements made by the GATT and World Trade Organization (WTO) may have negative implications for the health of many consumers, and could limit or deny them access to pharmaceuticals, particularly essential drugs. HAI believes that access to essential drugs should be the guiding principle used to assess the impact of intellectual property right on pharmaceuticals. For more information, contact: Elizabeth Hayes, Publications and Information Officer, Jacob van Lennepkade 334-T, 1053 NJ Amsterdam, The Netherlands. Tel: 31 20 683 3684. Fax: 31 20 685 5002. e-mail: hai@hai antennal.nl

Children living in a world with AIDS
This useful World AIDS Campaign Media Briefing provides facts and figures as well as dealing with such issues as AIDS and breastfeeding and a discussion of access to drugs needed for the treatment of HIV disease in the developing world. It draws on information from all over the world. Available free of charge from UNAIDS, 20 avenue Appia, CH-1211 Geneva 27, Switzerland. Tel: 41 22 791 47 65. Fax: 41 22 791 48 98. http://www.unaids.org e-mail: desantisd@unaids.org

The World Health Report 1997
Conquering suffering, enriching humanity is the theme of this year's World Health Organization (WHO) report. Dramatic increases in life expectancy, combined with dramatic changes in lifestyles, are leading to global epidemics of cancer and other chronic diseases. These will cause a high increase in human suffering and disability in the coming decades. Already chronic diseases kill more than 24 million people a year – equal to almost half of all deaths worldwide. For information concerning the report write to, Office of World Health Reporting, World Health Organization, 1211 27, Switzerland. Fax: 41 22 791 4870

LETTERS

Out-of-date medicines

We have been reading an article a few years ago in Contact about out-of-date medications. We would like to have a little security in the way we use some of these medicines and now do not have that article. It went in the war of invasion. Could you send it to me to use in our mission work here in Angola?

Bertrand S Duncan, MD
MAF Lubango
Angola

We are an indigenous community-based organization working with the Church of Uganda in North-Western Uganda. Since 1990, we have established five Community Library Centres and one Central Library which lends books to the Centres from which

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Community libraries
the community borrow and read. At present, we have over 1,200 readers per month. This number was affected by the insecurity in Northern Uganda. But now the security situation has improved, and we are expecting the number of readers to increase to 2,000 per month.

Isaac J Anguyo
Managing Director
Here is Life (HIL)
Arua, Uganda

Subscription transfer

For many years now I have been enjoying a free subscription to Contact. What I appreciate most about the publication is its emphasis on the emotion of human caring in dealing with health issues, something that I miss in other health-oriented publications.

I would like to give up the free subscription in my name and request you to place in your mailing list the institution in which I work, which is the Philippines Social Science Council. We have a library and papers which many researchers, teachers, students, NGOs and other interested readers find useful to their work.

Lorna P Makil
Technical Officer
Philippine Social Science Council
Philippines

ANNOUNCEMENTS

Protect health in war
The Geneva Foundation to Protect Health In War has recently been formed as a forum for exchange between humanitarian and academic sectors, and as a centre for information, expertise, evaluation and dissemination. The Foundation aims to help find solutions to the problems submitted to it, providing they are compatible with its described goals. Any participant in humanitarian action (donor, beneficiary, humanitarian agency) facing a problem may solicit help in the form of research in a specific field, evaluation, feasibility study, bibliographical research, organisation of seminars, financing of a finished product (book, film, completed study project). For more information, write to Geneva Foundation to Protect Health in War, 6 route de Ferney, 1202 Geneva, Switzerland. Tel: 41 22 733 74 00, Fax: 41 22 733 74 12.

Essay competition
WCC Publications has announced an essay competition for young people on the theme of: "Jubilee: the ecumenical relevance of a biblical theme for the church today". Essays must be between 3,000 and 5,000 words in length. Deadline for the receipt of entries: 1 May 1998. The prize will be an invitation to participate in the WCC's Eighth Assembly in Harare, Zimbabwe, in December 1998. For further details (available in English, French, German and Spanish), please write to WCC Publications, Assembly Essay Competition, PO Box 2100, 1211 Geneva 2, Switzerland. Fax: 41 22 798 1346.

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