

The contribution of civil society organisations to achieving health for all (CSE4HFA)

Italy – Phase 2 report

written by



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Introduction

This report has been written by three people, chosen from the action-research group (Grup-pa), and then jointly reviewed, amended and approved.

The content is based on the analysis of the material produced during the second phase of the action-research (accounts of the coordination meetings, accounts of the public and internal workshops, discussions and debates via email and regarding the documents that were shared, etc.), as well as on the results of a dedicated workshop that was organised to collectively assess the project.

The workshop, attended by eight people, was held in Bologna on 30 September 2017. In order to encourage freedom of expression, and promote the exchange of different ideas, the traditional assembly discussions were combined with participatory methodologies, including non-verbal approaches (e.g. people were asked to physically position themselves to show their level of agreement/disagreement on different statements concerning the process; the different positions were then explained and discussed, creating a setting that promotes active listening and facilitates the understanding of other people's ideas and experiences).

Phase 2 planning (and links with phase 1 data collection/analysis)

1. How the plans for phase 2 were conceived and realised

During the national meeting "Health and social movements. 1978-2015" (Bologna, 18-19 April 2015)¹, that took place during phase 1, many people and groups/movements expressed the need to meet again in order to share the projects they carry on and exchange the strengths and weaknesses of the practices they experiment. At the same time, Grup-pa had its own needs, which included:

- to share the analysis and learnings of the first phase of the project (as elaborated in the [phase 1 report](#)), so that they may promote further collective elaboration, strengthen the network between different groups and involve new ones;
- to enhance the public debate around health, while keeping open the field of its reappropriation and of the generation of meanings around health;
- to experiment new methodologies of sharing experiences and co-construct meanings, including non-verbal and non-frontal approaches for exchange and analysis, which represent inclusive and participative (health) practices.

A sub-group was then created, open to all the people in the project's mailing list as well as to new ones, that met over a month (through four Skype calls) in order to identify the main thematic axes emerged during phase 1 of the action-research. These axes became the topics of three public meetings organised during phase 2. They were chosen based on the issues that, from the analysis of phase 1, were most shared and noteworthy among the various groups/movements, and Grup-pa itself.

¹See phase 1 report, p. 18 (download here <https://gruppaphm.noblogs.org/report-di-fase-1/>).

2. Activities in phase 2

As documented in the previous report, during phase 1 of the action-research (April 2014-November 2015) a mapping (“MappAzione”) was carried out by involving and interviewing over twenty groups (movements, collectives, associations, occupied spaces, organisations, etc.) active in Italy in fields that are interconnected with the social determination of health and health promotion (i.e. work and environment, land and food sovereignty, opposition to unnecessary imposed mega-projects, sexuality and gender, art and culture, education, alternative economies). Phase 2 (December 2015-ongoing) chiefly involved Grup-pa in organising and facilitating three public meetings, structured around the exchange of practices through inclusive and participatory methodologies, focused on the key thematic axes emerged from the analysis of phase 1.

The first public meeting was titled “[Social movements and welfare: which practices between defending public institutions and social transformation?](#)” (Bologna, 1-3 April 2016). The meeting focused on public welfare: the practices used to defend public services from privatization, as well as the strategies of self-organisation carried out by different groups and movements (self-managed popular clinics, queer “consultorie”², occupied housing projects, etc.). These self-organised spaces and services are put in place, with different degrees of criticism and conflict, in order to attend needs that – due to bureaucratic, economic, political and cultural reasons, etc. – are not addressed by the current public services, that focus only on delivering procedures. During the meeting, the welfare system was analysed both as a system of control, and as a field of struggle and possibilities, in the attempt of understanding the transformative tensions that exist between self-organised “alternative” experiences and the struggle to defend a public system that is being dismantled. Together, we tried to explicitly analyse the (cultural, political, and partly economic and generational) “gap” that separates these two areas of the composite contemporary health movement.

Fig. : Poster of the first public meeting

The second public meeting was titled “[Building healthy spaces and communities. Practices of collective reappropriation and self-organisation](#)” (Naples, 10-12 June 2016). The meeting focused on the practices of reappropriation and self-organisation of (material and symbolic) spaces, in order to explore if and how they promote health as well as new forms of community. The key points identified have been: the institutionalisation and/or legitimisation of experiences that emerge from illegal practices; the inclusiveness and/or reproduction of forms of discrimination and privilege within self-managed spaces; the creative forms of reappropriation of public spaces and the construction of new constituent collective imaginaries; the possibilities of generalisation/impact of these experiences beyond geographical and identity boundaries.

Fig. : Poster of the second public meeting

The third public meeting was titled “[Commons. Between the personal and the collective: new forms of community and sustainability](#)” (Rome, 19-21 May 2017³). The meeting explored the challenges of sustaining alternative practices of “making” health and creating community compared to institutional processes, taking into consideration both the material and the immaterial levels involved in personal and collective situations. People and groups were involved in discussing the relationships between individuals and organisational structures, and in exchanging the practices that they carry out in order to address needs, expectations,

²Queer “consultorie” (the feminine for “consultori”, territorial services dedicated to women's health) are self-organized groups that work on queer(ing) sexual health. Their aim is to foster self-determination, to promote attention to the social determinants of health, to challenge the dominant heteronormative and sexist organization of health care, while at the same time resisting the dismantling of public welfare.

desires and organisation/functioning. The second part of the meeting was dedicated to presenting and discussing the new proposal of “health commons practices”, elaborated by Grup-pa, focusing on the following aspects: how these practices materially sustain themselves, what impact they have on those who put them in place, what margins of action there are and if/how they can be transformative, if and which relationships they establish with the institutional practices of assistance and healthcare.

From this meeting on, Grup-pa has been continuing to develop and share the discourse around “health commons practices” (see page 10).



Fig. 1: Poster of the third public meeting

Organisation of activities in phase 2

3. Which people/group(s) are involved in carrying out the activities? What are the differences (if any) in composition and number, compared to phase 1 (less/more people, same/new people, etc.)?

Both the number of participants and the organisational framework of Grup-pa changed from phase 1 to phase 2. A quantitative evaluation of participation was made by assessing the number of people attending the coordination meetings⁴ on Skype. The analysis didn't show a significant variation in number along the three years of the project (December 2014-September 2017), although some of the members changed. Another parameter was the attendance at the workshops (weekends dedicated to the preparation of the activities and to the co-construction of the analysis and the reports through participatory methodologies). In this case, attendance during phase 2 decreased compared to phase 1, from an average of 25-30 people to around 10-15. Contributions via email and the collective diary (shared online tool used during the entire project to freely share thoughts, reflections and proposals) diminished; although both tools were widely used during phase 1, they suffered a significant decline during phase 2 (this observation concerns particularly the

³The event was originally due in autumn 2016, but following the considerations made within Grup-pa on the (un)sustainable workload and on the need of more time to study its contents, the event was rescheduled for spring 2017. This allowed to expand the topics, and provided time to elaborate the political-cultural proposal of “health commons practices” (see below).

⁴Open organisational/coordination meetings that happen regularly every 2 weeks on average; everyone can attend and there are no fixed roles. This approach to coordination was created at the beginning of the project, in order to support the connection between the different working groups that are created based on shared interests and for the tasks that are needed at certain times.

diary and the sharing of thoughts, reflections and articles, while the use of emails for answering organisational and logistic issues remained more steady through time).

The quantitative analysis does not reveal much about the underlying – personal and collective – processes and dynamics within the research group. A more in-depth analysis is possible based on the considerations shared during the evaluation workshop (in some cases related to the entire duration of the project, in others only to the second phase). A first reflection concerns the **different type of activities carried out during the two phases**. In fact, the aim of the first phase was to interview the groups/experiences, an approach that allowed the people involved to follow their inclinations and desires, choosing who to meet and how to conduct the encounter (while following the interview prompt, something that represented on the one hand a constraint, but on the other one a reassuring framework). This phase turned out to be very rich in terms of collective reflection and experience, “*a relevant experience of open, self-managed and incredibly enriching collective work*” (extract from the minutes of the evaluation workshop). Conversely, the project did not have a defined mandate for phase 2, and the activities had to be thought and structured on the basis of phase 1 results. During the planning workshop organised in Bologna in December 2015, it was decided to continue working on the main topics emerged during phase 1 by organising three public meetings. The aim was to re-discuss the issues and deepen the reflection, as well as expand/strengthen the network with the groups already met as well as with new ones. Phase 2 activities were therefore more directed towards organising the public meetings, which meant working simultaneously on contents, methodologies and logistics. This implied a lower degree of flexibility and less space for individual inclinations and contributions, and led to an increased demand for sustained commitment.

A second aspect concerns the **organisational differences between the two phases**. Since its creation as a “permanently open group” (that's what the acronym Grup-pa stands for), Grup-pa has always tried to be a crossable experience, in which everyone could participate freely based on his/her time, desire and possibility. During phase 1, this allowed also forms of temporary and partial collaboration, which were enriching as they brought in different views and perspectives, creating multiple levels of participation. The people met in sub-groups on the basis of a common interest and worked autonomously, while a more central level of coordination (that was also open) maintained the connection between the groups and organised the workshops. In the original planning, phase 2 had been conceived as a step towards further expansion of Grup-pa, and broad collaboration with groups already reached and/or others interested in participating in the preparation of the activities (both during the public meetings with other groups and movements, and for activities aimed at engaging the broader public). However, once the first phase came to an end, this fluidity in participation ceased to exist. In December 2015, aware of the ongoing dynamic, an attempt was made to create a setting that could accommodate different levels of participation. Three working groups were created (focused on contents and methodologies, demonstra(c)tions⁵ and communication) for the organisation of the public meetings. At the same time, coordination and budget responsibilities remained cross-cutting and were managed collectively. The expectation was that the people not directly involved in the core activities of Grup-pa, but interested in contributing to the organisation of the public meetings, would participate in the working groups. However this happened only partially, and not to the extent that was imagined in the beginning. This may be due to the fact that most activities required a high level of involvement, something that was not compatible with less intensive forms of participation, and even discouraged those who may have been attracted by curiosity. In the end, during phase 2 there has been only one level or modality of participation, with everyone taking part in all activities. This implied on the one hand a higher the workload (on contents, methodology and logistics), and on the other one it diminished the richness of the internal discussions. What continued to function was the open coordination, which allowed a rotation of roles and workloads according to the availability of different people in different moments. The process was never dependent on the same people, and there was no discontinuity as it may have occurred in relation to the different phases of people's lives.

⁵Actions and performances in the public space (central squares, public gardens, etc.), aimed at raising awareness on the issues discussed during the public meetings.

4. What alliances with other actors (organisations, institutions, movements...) were formed (please list)? What are the differences (if any) compared to phase 1 alliances?

Phase 1 has undoubtedly led to **expanding the knowledge on already existing and active networks, just as it has allowed new people and groups to come to know and even join Grup-pa**: “*I believe that we have gained a lot in terms of relationships and in terms of contents, even though this has come more often from the participation of individuals rather than from moments of collective exchange and discussion*” (extract from the minutes of the evaluation workshop). In fact, during phase 1, the people in the sub-groups (“Gruppole”) had control over which groups and experiences they wanted to reach out to, and could organise themselves to do it.

This aspect also characterised phase 2, as some of the groups reached during phase 1 gradually started engaging more directly with the activities of Grup-pa (e.g. Presidio di Salute Solidale, a self-organised popular clinic based in Naples). Furthermore in this phase, also following the public meetings, **Grup-pa began to be more known and acknowledged amongst the groups active on health issues at the national level**. This is particularly linked to the contents brought by Grup-pa, as well as to its contribution in terms of experience and knowledge-sharing around issues of sustainability, internal functioning, participatory methods and methodologies, and self-management. The public meetings were also effective in bringing together groups that did not know each other or that had never collaborated before, and this led in some cases to the creation of new relationships and networks (for example, the network of self-organised popular clinics).

In other cases, Grup-pa was invited by other groups (e.g. Genuino Clandestino⁶, SomMovimento NazioAnale⁷...) to contribute to their events and activities by sharing practices and/or contents experimented during the public meetings. These relationships did not take the form of strategic alliances, as they have often been mediated by personal relationships among individuals involved in the different groups. If on the one hand this became a limit, as personal relationships do not always reflect shared group processes and goals, on the other one it is difficult to think that a relatively unstructured and light organisation such as Grup-pa could have planned, structured and maintained articulated and deep network relationships if not through the participants’ experiences and life choices.

More in general, something that makes the creation of networks and alliances more challenging is that Grup-pa is not a territorial entity, but a group of people that come from different parts of Italy and that physically meet in different places each time. There is no fixed space or territory in which it operates, and its members act and work in their living contexts not primarily as members of Grup-pa but as individuals or members of local groups. This impacts both on the perception of Grup-pa as a social movement, and on the relationships, networks and alliances that it can create.

5. Which groups were/are reached through the activities? What are the differences (if any) compared to phase 1 (smaller/larger populations, same/different groups, etc.)?

In phase 1 the groups to reach and interview were identified on the basis of the interests and previous experiences of the people in Grup-pa. Individual or group interviews and/or meetings were organised during events or assemblies, in accordance with people’s availability.

In phase 2 the aim was to get back in touch with groups reached in phase 1, and to meet new ones in order to elaborate more on the key issues that had been identified. Different organisational and logistic tools were developed to make the public meetings more accessible. For example, each one was organised in a different city (Bologna, Naples, Rome), in order to facilitate the participation of local groups. Moreover, whenever

⁶Genuino Clandestino is a national network of small-scale producers, urban and peasants’ movements, individuals engaged in the struggle for food and land sovereignty.

⁷SomMovimento NazioAnale, or “NatioAnal Commotion”, is a national network of queer collectives.

possible, an effort was made to “match” the main focus of the meeting with the emerging political issues of the hosting city (e.g. the issue of self-managed spaces in Naples). Despite this, many of the experiences approached in phase 1 did not participate in phase 2 meetings, while the relationship with some of groups was consolidated (particularly those working on land and food sovereignty and the queer transfeminist movement).

On average, around 100 people from all over the country attended the public meetings. Participation was qualitatively variegated: in addition to people from the groups and movements involved, many participated as individuals and/or for pre-existing relationships and contacts, but also – at times – simply out of interest or curiosity. While this allowed Grup-pa to become more known to new people, it also represented a limitation when dealing with issues that required a previous work of contextualization and elaboration.

6. What practices are used/developed for the activity? What are the differences (if any) compared to phase 1? If relevant, elaborate particularly on some challenging aspects related to the 5 themes of phase 1⁸

Movement building

(changes in) organisation of country circle; resources, paid/unpaid activists, sustainability; challenges in local/global relationship; ideology (is there a particular one present?); tensions between specific issues and broader structural analysis

As mentioned above, one of the main changes in Grup-pa during phase 2 was the lower number of people involved in the activities. The decrease did not affect primarily the coordination, that underwent constant variations with peaks of participation before and after the public meetings, but rather the management of the activities. During the evaluation workshop, various lines of thought emerged disclosing new action-research questions.

1. What relationship between freedom, responsibility and participation?

During phase 2 people felt less free to choose how and when to participate or not in the activities and in the coordination meetings. The same people (around 10) attending the coordination calls were also those who handled the organisation and the facilitation of the public meetings, and often felt overloaded.

While phase 1 allowed for different levels of participation (depending on time and energy), phase 2 created a tension towards a single form of total participation that was at times inhibitory for those who wanted to take part in the activities with a lower level of involvement.

At the same time, some people felt the lack of a more in-depth and explicit discussion on the relationship between responsibility and freedom within Grup-pa, on if and how it is possible to find a practical way to keep the two together. This issue, as the interviews in phase 1 revealed, was reported by different groups and social movements and their members. Several people reported experiences of malaise and frustration that are (partially) related to an overwhelming sensation and/or tension that arises when attempting to reconcile the different ways in which individuals live/manage the division of tasks and responsibilities. Furthermore, it was highlighted that people experience the relationship between freedom and responsibility not only at a cognitive level, but also at an emotional-relational level, as it influences the ways each individual feels towards exposing him/herself personally in group dynamics.

2. ...it is not (just) a matter of quantity but of quality... how can internal dynamism, energy exchange and openness to experimentation be maintained?

The evaluation workshop revealed how the decreased participation in the activities of Grup-pa coincided with a phase of greater exchange of thoughts and practices with the social movements and networks that had been reached in phase 1. In this perspective, phase 2 fulfilled the main goal of the process initiated by Grup-pa that, as its very name describes, aims to build constantly open and contaminated/ing relationships with other groups and networks, rather than merely expanding its own membership.

⁸Descriptions following each theme are based on tensions or issues raised in Phase 1 and discussed during the Vancouver meeting in November, 2016.

It was also shared how this openness and contamination is nourished by the dynamic of the internal energy exchange (which includes changing levels of engagement by different people over time) and the possibility of experimenting new approaches. In this sense, the number and diversity of participants within Grup-pa is not just a quantitative problem of workload: the multiplication/multiplicity of people is key in order to cultivate an increasing number of ways to express and act in the outside world.

3. How do we make space for interpersonal relationships in collective processes?

Despite the attention and space that Grup-pa has given to group processes and personal relationships since its creation (and even in the prior experiences that led to its creation), in the evaluation workshop several people reported negative feelings that, in different moments, made the collective work harder and heavier to sustain.

Relationships, and the emotions they generate, are an integral and even foundational aspect of any (action)-research that does not want to reproduce in practice the mind-body and subject-object separation analysed at a theoretical level. In this sense, it seems necessary to take these feelings into consideration during the action-research process, by adopting methodological tools that enable people to freely express them. This is however not an easy task and, as said above, there's also the risk to improperly force the personal and even intimate way in which different people choose/are able to express themselves in collective and relational processes.

Knowledge generation, Capacity building

knowledge that is meaningful for the people, produced at the local level, linked to action (local struggle); different means of communication (book, radio, theatre...)

building activists and/or building a movement (which gets more emphasis in the country work?); link with (direct) action; strategy for recruitment and follow up; methodology of organising (increasing or sustaining participation) and of facilitating learning (pedagogy); integration with PHM work and needs at country level; measuring impact (for activists, for movement building)

Regarding the production of meaningful and experiential knowledge on health, the discussion in the evaluation workshop touched upon the impact that Grup-pa had in conveying within the broader movement a political vision on health, rooted in its social determinants, and in sharing health practices that are coherent with that vision. When speaking of health practices we refer also to the experimentation of verbal and non-verbal participatory methods for decision-making, and for organising and carrying out activities.

Phase 2 of the project required, from the very beginning, a significant investment of time and energy in order to prepare the public meetings, choosing methods that were coherent with the goals as well as with the needs/desires of the people involved. Examples include: tools to facilitate open discussions (such as word cafe, open space technology and fishbowl discussion); non-verbal means of expression such as theatre activities; story-telling tools for producing experience-based knowledge (inspired by narrative socio-analysis); economic redistribution device (Pig Floyd) to overcome economic barriers to participation; so-called “demonstra(c)tions” to engage people in public spaces (political “Gioco dell’oca” game⁹, theatre performances, etc.).

The perception shared in the evaluation workshop was that Grup-pa contributed to broadening the view on health as a process rooted in its social determinants; however, it was not fully successful in conveying the deep political meaning of the practices used to organise and facilitate the public meetings, as well as their coherence with a social and political vision of health. This discrepancy may in part be due to the difficulty that people have in accepting/understanding practices that differ from the consolidated experience in the history of social movements (such as public assemblies and debates). In some cases, particularly during the second public meeting held in Naples, participatory methodologies were not always experienced as real moments of confrontation, leaving a general feeling of dissatisfaction.

It was also shared that the transformation of embodied practices – which reiterate the western separations between body and mind, reason and emotion (the formers being undisputedly predominant) – requires time and first hand experiences, in order to understand (and embrace) its political significance. Moreover, it was noted that Grup-pa was not always able to guarantee, for lack of energies, the care and attention that the

9 A game similar to “Snakes and ladders”.

investment in this kind of transformation requires, in order to sustain its legitimacy in a social context that moves in the opposite direction.

Another aspect concerns the relationship between health practices and knowledge generation. As mentioned at the beginning of the report, the three public meetings were created mainly to address the need to exchange practices, expressed by many of the groups and movements reached during phase 1. Related to this, in particular during the last public meeting in Rome, Grup-pa explicitly stated both the need/desire to reappropriate the field of knowledge and actions for health, and the will to start a broader discussion together with the multiplicity of experiences that already exist and experiment alternative practices around health and its determinants, in different forms and in geographic areas (queer transfeminist “consultorie”, self-organised popular clinics, groups that practice collective forms of care in community contexts, experiences of reappropriation and collective management of land, theatres and housing spaces; in summary, all those groups whose practices resonate with a social and political vision of health).

Grup-pa is therefore currently engaged in the co-construction of experiential knowledge under the name of “health commons practices”, to open up and make visible a space of ongoing transformations, that happen both in new spaces created by the movements as well as among who's operating to defend existing public services, provided that they address health as a social and political issue.

Campaigns

tension between broader vs narrower campaigns, organic vs structured planning; concerns (if any) over criminalisation of civil society; how activists view similarities or differences between a campaign (long-term, including different mobilisations) vs a mobilisation (around a specific policy or issue)

During Phase 2, Grup-pa received a call from PHM Europe to take part in the mobilisation for the 7th April, World Health Day, renamed “People’s Health Day” to signify civil society’s strong position against the commodification of health and the privatization of healthcare. Based on Grup-pa’s field of interest and its position in relation to the broader PHM network (see below), a discussion started regarding the opportunity and the forms of participation. However, at the time most people were already engaged in the action-researched activities (organisation of the third public meeting, elaboration of the proposal of “health commons practices”), and there were no margins for additional engagement towards the construction of a centralised mobilisation. However in different cities (particularly Bologna, Rome and Naples) members of Grup-pa took part in the organisation of local events and mobilisations.

In Bologna, also in virtue of the relationships established during phase 1, as well as the recent participation in “Lotto Marzo” women’s strike (Non Una di Meno), a demonstration was organised together with the queer transfeminist movement, as well as with other groups and people active against the dismantling of the National Healthcare Service. Just as in the beginning (see the first public meeting on welfare, in particular), Grup-pa played a mediating role, bridging groups that – despite sharing common horizons – have extremely different mobilisation practices and strategies, and do not usually cooperate with each others. The demonstration, held in a very central square of the city, was animated by moments that directly involved the public through games and interaction. This was carefully planned and prepared, based on the shared choice to give priority to the contents and methods of the action rather than to political affiliations symbolised by party or union flags.

In Naples, a broad coalition of groups organised a demonstration followed by different activities in a central square. Grup-pa contributed by proposing alternative ways of occupying public spaces, such as theatre of the oppressed (TO): *“On the 7th April we carried out a TO performance in Piazza Dante, we proposed to do it and everybody agreed, and after doing it everybody said ‘it’s amazing, it’s great that we did TO, it was something that really got people involved’ [...] If we hadn’t met Grup-pa we would have probably done something more head-on, boring, like speeches through a microphone... and that’s it”* (extract from the minutes of the evaluation workshop).

Finding groups and spaces that are open and willing to construct new synergies is not always easy. For example, this partially happened in Bologna and Naples, but not so much in Rome (participation methods are often not part of the historical heritage of the struggles for health in Italy).

Finally, we want to highlight how Grup-pa also acted as a means and bond for the development of individual initiatives (e.g. a radio programme on the topics of the 7th April in the city of Crotone), and also

contaminated/inspired other groups (e.g. a symbolic action done by the Caritas group “InformaSalutesuStrada” in Rome).

Global governance

(possible) links between country activities and WHO Watch and other PHM global programs

This was the least explored topic during phase 1, as very few of the over twenty groups and movements reached through the action-research mentioned the international sphere as an area of intervention, although acknowledging (in most cases) its strategic importance. Undoubtedly, this also resulted from the selection of the groups, that reflected the interests and priorities within Grup-pa. For example, network actions and/or international advocacy did not emerge as topics, and this impacted on the results of the research.

If not directly in relation with the findings, nevertheless a greater attention and connection with the international context arose from the Italian group's involvement in the CSE4HFA project. In fact, the project allowed for various moments of discussion at the European level (e.g. the regional workshop organised in Bruxelles in April 2016 to share phase 1 results, as well as the regional coordination meetings in London in October 2016 and in Istanbul in June 2017) that were attended by Grup-pa members. The participation in the online PHM Europe calls, scheduled every two months, also increased as a consequence of the project.

7. What is the “program logic” underlying the activities, i.e. how do the activities under each of the 5 themes above lead to the desired goal or outcome of the country work? How do the goal(s)/expected result(s) of the country work move us closer towards the broader PHM goal of achieving 'Health for All' (theory of change)?

One of the first considerations that led to conceive the action-research as a tool to explore and involve groups active in different fields (more or less directly related to health) was the great fragmentation that characterises civil society. Many groups and movements spend most of their energy trying to survive, there is very little reciprocal contamination and exchange of experiences, there seems to be a lack of spaces, languages and stable aggregation methods capable of increasing the impact on the surrounding world in terms of transformation and in favour of the existence of the groups themselves. It is rare for a group to have as its purpose and aim that of broadening its knowledge of what is “outside” its own area of interest, as generally any exchange is structured around forms of political, generational and/or sectoral affinities. In this sense Grup-pa, by directing the mapping (“MappAzione”) and interviews towards different fields and geographic areas, represented an original experience. On the other hand, it was not to be expected that, from limited contacts, sustained and widespread programmatic alliances could rapidly originate (see above, question 4). Rather, this phase has been useful for getting to know the active forces (and related practices), and identifying the key intersections that have emerged from the analysis as factors that are common and cross-cutting in most of the groups that were reached.

Following the participatory action-research approach, these findings have been put back into play, in order to continue the spiral of action and reflection and, at the same time, spread awareness on what had been achieved. Compared to phase 1, the impact of phase 2 in terms of dissemination was wider, even if the number of groups involved was lower. In other words, Grup-pa managed to go more in-depth, and to create more stable relationships, although with a smaller range of experiences.

Although the perspectives varied and were continuously renegotiated, both phases followed the same rationale: creating spaces where people and groups could meet and discuss the construction of common (cultural, social, political, solidarity and mutualistic) grounds. The current phase further develops this approach by proposing the concept of “health commons practices”, seeking new/stronger political-strategic alliances and exchange of practices within a shared conceptual field built – and continuously redefined – through participatory action-research. The focus on practices is not merely strategic (i.e. for the production of synergies and alliances), but intrinsically political (conceiving participation as a value) and connected to health and staying healthy (as individuals; as a community). Staying together in a certain way (horizontally, paying attention to all aspects of us-as-people, taking care of the social, physical and relational environments

in which we move, using and supporting self-production, etc.) is a health(y) practices, although there's often little awareness of this: *"I believe that we have such a wealth or practices that, at times, even we [...] fail to acknowledge them explicitly, as it's so deep, I mean, and this is a beautiful thing because it means it's now embodied"* (extract from the minutes of the evaluation workshop).

In terms of impact, the evaluation workshop unveiled different views regarding how contents (e.g. social determinants of health and health understood as a social product) and practices should be shared. Concrete examples of how Grup-pa directly and indirectly contaminated other groups and social experiences were shared. However, this aspect is still perceived as being "under construction", and the proposal of "health commons practices" (and related initiatives, see below) represents the next step forward in this direction.

Way forward

8. What are the main challenges and the lessons learned during phase 2, in relation to building a social movement for Health for All2?

There are different aspects to take into account in an evaluation that is more an ongoing monitoring than an impact assessment, since the action-research is still in progress and has no foreseen conclusion.

Several issues have already been explained in relation to the construction of alliances, internal functioning and impact in terms of consolidation and transmission of practices and contents. What can be added here is that phase 2 saw a remarkable effort to organise the three public meetings, a task that took time away from the internal debate and co-construction of knowledge and awareness. In order to address this, beyond postponing the third public meeting from autumn 2016 to spring 2017, it was decided to go back to meeting regularly as Grup-pa. In parallel, in order to address the issue of the reduced number of participants (perceived not so much in terms of missing workforce, but of richness and diversity of ideas and perspectives), it was decided to include in the workshops also public moments aimed at involving more/new people in the reflection. The solution is still far from being found, and Grup-pa is still suffering from the fragmentation that isolates each group in its own spaces and times, yet there are different ideas in the pipeline that will be tested in the coming months.

Furthermore, in terms of political actions (e.g. the 7th April campaign), along the project Grup-pa tried to be cross-cutting in different groups, acting as mediators. However, it has been difficult to be coherent and adopt certain (participatory) methodologies without having a critical mass of people prepared to support them. The risk is that of being absorbed into political-assembly dynamics of uncertain representativeness, that do not reflect what Grup-pa sees as a way of (well)being in activism, nor its vision of social transformation (rooted also in the practices). In this respect, for the 2018 campaign around 7th April, Grup-pa has opted for a preliminary phase dedicated to building strategic alliances with groups that can help to consolidate a set of discourses and practices, before extending the mobilisation to all those who are potentially interested in joining.

9. What are the lessons learned from the action-research process (e.g. applying learning from phase 1 to phase 2)?

In the experience of Grup-pa, the action-research process continuously generates learnings that are useful, and keeps them close to the field of experience and practical application. The practice of keeping track of the activities through minutes, reporting, audio-recording and transcriptions, pictures, collective productions – which was in place also before the action-research – helps to construct an archive of the process and allows a continuous reflection on its development.

10. (How) are they related to the future planning/organisation of PHM in your country?

Grup-pa has several projects in the pipeline, generated through the action-research. First of all, the work on the proposal of “health commons practices” will continue, with the aim to publish a paper through a collective writing process. Both the content-building and the dissemination will be oriented to the broadest circulation of ideas, and guided by the participatory practices that were experimented in the previous phases. The people and groups who'll be the main targets include all the spectrum of movements already reached through the action-research, as well as people who study and/or work in health and healthcare.

As far as the internal organisation is concerned, Grup-pa has since long planned to organise a workshop with the cooperative Mag6 on the relationship between work and money, also in relation to the experience made through the action-research with the participatory and shared management of the project's budget. This issue is tightly linked with the issue of sustainability, both material and human: something that has been central to the analysis and experience of Grup-pa, as well as to the biographies of its participants, and also one of the themes of the public meetings during phase 2.

In terms of mobilisations and advocacy, Grup-pa will actively participate in building the actions for the 8th March (women's strike) and for the 7th April, people's health day.

Finally, the relationship with PHM Europe and PHM global will continue, taking advantage of any opportunity to come (e.g. launches of Global Health Watch 5, International People's Health University, People's Health Assembly).