

**Title:** Heeding the push from below: how do social movements persuade the rich to listen to the poor?

**Citation:** Campbell, Catherine and Cornish, Flora and Gibbs, Andrew and Scott, Kerry (2010) Heeding the push from below: how do social movements persuade the rich to listen to the poor? *Journal of health psychology*, 15 (7). pp. 962-971. ISSN 1359-1053

**Official URL:** <http://dx.doi.org/10.1177/1359105310372815>

**More details/abstract:** This article discusses three successful pro-poor social movements: the Brazilian Landless Workers' Movement, the Indian wing of the People's Health Movement and the South African Treatment Action Campaign. These have mobilized poor people to demand access to land, health services and life-saving medical treatment respectively. We show how each group has succeeded not only through building the 'voice' of the poor to make forceful demands, but also through facilitating the development of 'receptive social environments' in which the rich are willing to take these voices seriously. Community psychologists need to pay more attention to the latter challenge.

**Version:** Accepted version

**Terms of use:** This document is the author's final accepted version of the journal article. There may be differences between this version and the published version. You are advised to consult the publisher's version if you wish to cite from it.

**This is a download from OpenDocs at the Institute of Development Studies**

**HEEDING THE PUSH FROM BELOW:  
HOW DO SOCIAL MOVEMENTS PERSUADE THE RICH TO LISTEN TO  
THE POOR?**

Article published as:

Campbell, C., Cornish, F., Gibbs, A. & Scott, K. (2010). Heeding the push from below: How do social movements persuade the rich to listen to the poor?

Journal of Health Psychology, 15, 962-971.

<http://hpq.sagepub.com/content/15/7/962.abstract>

*Catherine Campbell, London School of Economics, England*

*Flora Cornish, Glasgow Caledonian University, Scotland*

*Andrew Gibbs, HEARD (Health Economics and HIV/AIDS Research Division),*

*University of KwaZulu-Natal, Durban, South Africa*

*Kerry Scott, SATHI (Support for Advocacy and Training to Health Initiatives),*

*Pune, India*

Catherine Campbell is Professor of Social Psychology at the London School of Economics, and Director of the MSc in Health, Community and Development. She is a community health psychologist who works on the links between collective action and health.

Flora Cornish is a Reader in the School of Health at Glasgow Caledonian University. Her research interests focus on community agency in promoting health and reducing inequalities. She has a long-standing research engagement with sex worker led HIV prevention programmes in India.

Andrew Gibbs is a Researcher at HEARD, at the University of KwaZulu-Natal, Durban, South Africa. His research interests include the role of the media in creating an enabling environment for health promotion and community responses to HIV/AIDS.

Kerry Scott is a recent graduate of the MSc Health, Community and Development program at the London School of Economics (LSE). She is currently living in Pune, India and working for Support for Advocacy and Training to Health Initiatives (SATHI), an Indian health advocacy NGO.

### **Abstract**

We discuss three successful pro-poor social movements: the Brazilian Landless Workers' Movement, the Indian wing of the People's Health Movement and the South African Treatment Action Campaign. These have mobilised poor people to demand access to land, health services and

lifesaving medical treatment respectively. We show how each group has succeeded not only through (i) building the 'voice' of the poor to make forceful demands, but also through (ii) facilitating the development of 'receptive social environments' in which the rich are willing to take these voices seriously. Community psychologists need to pay more attention to the latter challenge.

**Keywords:** social movements, Landless Worker's Movement, People's Health Movement, Treatment Action Campaign, community psychology.

This paper examines the processes through which social movements succeed in empowering poor people and facilitating social change. Mass movements, such as the feminist movement in the west, and anti-colonial movements in countries such as India, have long been linked to positive social outcomes. With globalisation creating new forms of poverty and inequalities, and the failure of 'traditional' forms of political struggle and development to change these (Hoogvelt, 2001), there is currently a renewed interest in the potential of social movements as a means of challenging inequalities.

Escobar (1992; 1995) argues that social movements are of interest because they offer an alternative form of development and politics to 'conventional' or mainstream non-governmental organisations (NGOs) whether local or international. He argues that many of the disappointing outcomes of mainstream development approaches are the result of the 'depoliticisation' of poverty by NGOs and other organisations such as the World Bank and bilateral donors, with their focus on technical solutions. These include measures such as income generation projects, pro-poor economic policies or welfare grants that fail to challenge the wider local, national and global inequalities that undermine the ability of poor people to improve their life chances (Ferguson, 1994).

Social movements are argued to open up new possibilities for social change insofar as they "... tend to bypass established development organisations,

local elites and parties, or engage them on different terms. But they are by no means apolitical; instead of a depoliticized development, they politicise the rights of the poor.” (Escobar, 1992, p. 422). They do not aim to gain state power, rather they seek to re-shape power relations within the state, and more widely. Furthermore they are rooted in local struggles, generally spearheaded by the marginalised. Overall, social movements offer an alternative vision of the struggle for development and poverty reduction compared to mainstream NGOs, one that is politicised, emerging from those who are marginalised, and enable poor people to engage in efforts to turn this vision into action.

## **SOCIAL MOVEMENTS AND COMMUNITY PSYCHOLOGY**

Psychology, and particularly community psychology stand to gain significantly from greater attention to people’s participation in successful large-scale social movements. The little attention that has been given to social movements in Psychology has focused on social psychological questions concerning why individuals do or do not affiliate themselves with particular social movements (e.g. Klandermans, 1997), or on community psychological concerns regarding processes of participation. Neither the social psychology of collective action nor community psychology have given much attention to the processes through which social movements have an impact in society, or how social movements create an environment in which the demands of marginalised people are heard and acted upon.

It is in relation to the community psychology literature on collective action that we particularly locate our contribution in this paper. In principle, community psychology is strongly committed to understanding the role that collective action can play in facilitating the empowerment of the poor through challenging large scale power relations (Seedat, 2001; Nelson & Prilleltensky, 2006). In practice, however, community psychologists tend to engage in analysis and action at the level of small-group activism and empowerment. They tend to work on small-scale bottom-up projects, usually involving narrowly defined excluded groups (Orford, 2008). Whilst their efforts may improve the lives of project participants in small-scale ways, they seldom result in significant sustainable or generalisable social change. In final project write-ups, wider social hierarchies (based on factors such as gender or socioeconomic status) are most often depicted as obstacles to long-term project sustainability and to the 'scale-up' of innovative project strategies to other similar communities. Such final reports often conclude that such power hierarchies are too entrenched for small-scale groups of marginalised people to mount an effective and sustainable fight against their ill-effects (Campbell & Cornish, 2010).

In the terminology that we seek to develop in this paper, such projects are often successful in building the 'voice' of the poor, but less successful in building 'receptive social environments'. 'Voice' includes poor people's capacity both to develop critical analyses which link their poverty to wider

social inequalities and also to articulate forceful demands on the basis of these critical understandings. Projects develop voice through providing 'transformative social spaces' for dialogue (Campbell & Scott, 2009) in which poor people are able to engage in 'critical thinking' about the social roots of what might previously have been regarded as individual problems (we use the term critical thinking to refer to Freire's 'conscientisation', 1973). This builds their sense of empowerment, and their confidence to challenge the negative social relations that place their well-being at risk (Gaventa & Cornwall, 2001).

Such projects are often less successful in creating 'receptive social environments' in which the powerful are willing to listen to the voices of the poor and take them seriously – which would be a precondition for sustainable and generalisable change (Campbell & Cornish, 2010). Projects often assume that poor people themselves will be able to capture the attention of the powerful once they have been empowered (Jones, 2001). Yet this is often not the case. Community psychologists still have much to learn about how best to supplement their careful and creative 'bottom-up' work with marginalised communities with appropriate parallel efforts to create receptive social environments in which powerful social actors are willing to heed the demands of the marginalised.

Against this background, successful social movements are of particular interest because they are driven by similar aims and strategies to those of small-scale community psychology projects seeking to build the confidence

and capacity of the poor. They implement them on a much wider and more ambitious scale, however. Furthermore, compared to many more traditional community empowerment projects, social movements are more ambitious in relation to the level at which they seek to challenge the power hierarchies that oppress the poor. Social movements seek not only to build the voice of the poor to make forceful and articulate demands, but also to create social settings in which powerful people – locally, nationally and globally – are open to hearing what the poor have to say and to supporting them in achieving the movement's goals.

In this paper we explore three different social movements, each of which, we will argue, has succeeded through not only building the voice of the poor, but also creating receptive environments in which the rich are willing to take these voices seriously. *Movimento Dos Trabalhadores Rurais Sem Terra* (MST), known in English as the Landless Workers' Movement, in Brazil, has one million members. The movement has mobilised some of Brazil's most marginalised and dispossessed inhabitants to successfully demand the redistribution of land from the rich to the poor. *Jan Swasthya Abhiyan* (JSA), an Indian wing of the global People's Health Movement (PHM), has, through its constituent organizations, successfully organised over a million poor people to demand better health services from government, and played a key role in wider social movements to put primary health care back on the global public health agenda. Finally the Treatment Action Campaign (TAC) has channelled the voice of one of South Africa's most marginalised groups –

young, black, unemployed, HIV positive women – into a movement that has successfully challenged their highly resistant government to provide free universal access to otherwise unaffordable life-saving anti-retroviral therapy (ART).

These three social movements address issues that are wider than economic poverty *per se*, but all of which are urgent concerns for people living in poverty. Sen (1999) criticises definitions of poverty that focus narrowly on people's access to material resources – such as money or services or land. He argues that poverty should also be defined in terms of other human 'capabilities' that are equally important prerequisites for 'human freedom'. High in his list of the 'capabilities' denied to the poor is the ability to make effective political demands – around issues such as health and education. However, drawing on the work of Bourdieu (1986), Nair and Campbell (2008) emphasise that poor people are seldom able to bring about effective social change without the support of actors and agencies holding the political and economic power that is necessary for the poor to achieve their goals. Spivak (1988) refers to the vital role such 'strategic alliances' need to play if marginalised groups are to be heard and to flourish.

In this paper we examine how these three social movements have succeeded in creating environments that have enabled the development of political capabilities amongst groups of poor people in Brazil, India and South Africa – through mobilising significant political and economic actors to heed their demands, and to take them seriously. These movements have built the

political capacities of the poor to make a key contribution to the struggles for the redistribution of land, improvements in the quality of essential health services and the distribution of life-saving and expensive drugs respectively. How have these movements served to build 'receptive social environments' in which poor people's capabilities are most likely to flourish through being heard and taken seriously?

### **THREE CASE STUDIES**

We discuss our three case studies in the light of our review of the published academic literature on each one. However one co-author has participated in an internship with one of JSA's leading constituent NGOs and another has worked as a volunteer for the TAC in South Africa. These experiences will inevitably have informed our accounts of these two social movements. We present our discussion of each case study around four themes in turn: the aims and achievements of the group; strategies for building the voice of its members; strategies for building receptive social environments; and key challenges faced by the movement.

### **MOVIMENTO DOS TRABALHADORES RURAIS SEM TERRA (MST)**

In Brazil, 70% of agricultural land is owned by 3% of the people. Since 1984, Brazil's Landless Workers' Movement (MST) has fought for agrarian reform and a more just society. It pressurizes the government to redistribute idle farmland to landless workers, reverse land concentration, and reallocate state

resources to benefit small cooperative farms. It draws its legal argument from the Brazilian constitution's statement that "land has a social responsibility to be productive", arguing that it should thus be redistributed from landowners who are not using it to landless people willing to work it (Walford, 2003, p. 506).

MST has over a million members. It has organized over 230,000 land occupations, winning 15-million acres for land reform, creating 1,500 agricultural communities, and settling over 250,000 families. It has established schools and clinics on occupied land to serve workers' families, running over 1,200 schools, and educating approximately 150,000 children, as well as 25,000 adults in literacy courses (Brandford & Rocha, 2002). Schools draw on Freire's (1973) advocacy of dialogue over didactics and his critical questioning of social injustice.

Most MST occupations take place on unoccupied land legally defined as unproductive. However, several occupations have taken place on land owned and used by large corporations or landowners, such as the March 2002 occupation of then President Cardoso's family farm (Walford, 2005).

MST's activism has also included roadblocks and long distance mass marches to government ministries. In 2005, 12,000 landless peasants marched 200 kilometres to Brazil's capital demanding speedier action on President Lula da Silva's land reform promises (Kingston, 2005). MST leaders

readily meet government ministers and actively seek media attention to publicize their demands (Hammond, 2004).

### **MST: Building Strong Voice**

MST's success has depended on its ability to unite the geographically isolated and economically marginalized rural poor and offer a strong organizational framework and coherent action strategy for change. This has been at the movement's heart since its inception in 1983, when two Catholic land groups hosted a national conference of land reform activists and agreed to form one national organisation – MST. Occupations had been part of Brazil's political landscape since the first successful one in 1979, orchestrated by Joao Pedro Stedile, using the constitution to formalise it. Thereafter, local autonomous struggles mushroomed throughout Brazil without any leadership. MST united these groups.

MST develops strong 'voice' through promoting critical thinking among members. When inviting landless poor to take part in occupations or demonstrations, it builds momentum through consciousness raising meetings over several months. Leaders talk about the injustices of Brazilian society, introducing land occupation as part of a potential solution (Welch, 2006). Ideally new members come to see how economic, social and political structures limit their life chances, seeing collective action as a strategy for challenging the system. Rather than focusing energies on individual legal

battles, the movement gains momentum from its conceptualisation of landless and small-scale farmers as engaging in class struggle with those who stole land from society as a whole – the large landowners, bankers, politicians and corporations.

Despite the movement's commitment to constructing a sense of united political purpose, in reality, some members are motivated by their need to gain land rather than to build a more just society (Caldeira, 2008). At this advanced stage, most of MST's members are no longer landless, opening the risk that it might become a victim of its own success. Newly landed workers have continued to play a central role in the movement, however, using their improved circumstances to donate resources and to express solidarity with continuing struggles. This continuity is generated through linking MST membership not just with land, but also with a strong rural identity and sense of community. Coordinators communicate with membership through meetings, a movement run newspaper and magazine, and numerous pamphlets (Issa, 2007).

### **MST: Building a receptive social environment**

MST gained recognition in the Brazilian public sphere through favourable media coverage emphasising peaceful activism, and the legality, economic logic, and moral correctness of its actions. Mass marches in cities gained it the support of urban groups and elites. It also reached the “the pinnacle of

recognition by Brazilian popular culture” by being given favourable exposure in a popular national *telenovela* (Hammond, 2004, p. 81)

MST has worked hard to emphasise its legal correctness, sometimes using the existing legal system to gain additional land, rather than land occupations.

It has also used the Brazilian constitution to formalise rights to occupied land. Furthermore, the common-sense economic argument that unused land ought to be used to increase food production and stem urban migration has appealed even to those with little ideological solidarity with the rural landless.

The violent oppression faced by the landless activists, especially the widely publicised murder of 19 activists by police in 1996 generated much sympathy, positioning the movement firmly on the moral high ground (Hammond, 1999).

There is still some resistance to MST, however, particularly from wealthy landholders, urban elites and mainstream media, some of whom have branded occupiers as ‘unemployed vagabonds’ or dangerous radicals, even since the election of the leftist PT government in 2003 (Karriem 2008; Walford, 2005). Nevertheless, MST remains a popular organisation regarded as a credible and authoritative voice on land issues. A Brazil-wide poll in 1997 found 52% had a positive view of MST, with 85% approving of occupations provided they were non-violent (SEJUP 1997). Another poll ranked them the fifth most esteemed institution in Brazil (Welch, 2006).

MST’s successes can be partially understood within the wider context of

Brazilian activism, especially the 'liberation theology' preached by the Catholic Church's radical wing in the 1960s and 70s – a religious world view encouraging activism among the poor. As MST's founder put it: "Before, the line had been: 'No need to worry, you'll have your land in heaven.' Now it was: 'Since you've already got land in heaven, let's struggle for it here as well.'" (Stedile, 2002, p. 79).

Support from other Brazilian grassroots movements, the Catholic Church, unions and international organisations have further strengthened MST. It has developed a close relationship with the Brazilian Homeless Workers Movement, an urban version of MST, consolidating urban support (Duffy, 2007). Trade unions and churches have helped MST with training courses and funding.

MST has received formal and informal international support. Financial support from America and Europe is channelled into training for activists (Stedile, 2002). The US-based 'Friends of MST' is a network of individuals and organisations promoting solidarity for the movement in the English-speaking world, particularly through promoting positive representations of MST in the global media, running educational events and activities that aim to raise the international profile of MST, and organizing strategically targeted actions in the US (such as marches, demonstrations and "action alert" emails) that respond to issue-specific requests from the MST's headquarters (Quirk 2007).

The MST's horizontal and collective structure emphasizes the equality of all members (Vanden, 2005). Neighbourhood groups form the base units of MST. Each neighbourhood group sends two representatives to the ruling council of its co-operative, settlement or temporary encampment. Each ruling council sends representatives to regional and state congresses. Every two years there is a National Encounter, and every five years a National Congress, to which ruling councils send representatives. Furthermore the National Coordinating Council is made up of 102 representatives, illustrating how, even at national meetings, leadership is shared among many members, enabling the voices of marginalised workers to be channelled to the national level (Vanden, 2005).

### **MST: Challenges**

A significant and on-going ideological conflict exists between the more affluent and educated leaders, and the rank and file member base. Leaders support a vision of rural communal life characterized by peace and communitarianism, while workers point out that historically Brazilian rural life has been characterised by exploitation on plantations, actively resisting this idyllic 'mythologizing' of rural life (Caldeira 2008). Despite differences of this nature, however, MST leaders and members have managed to work together successfully to achieve the organisation's victories: settlers have gained land and leaders have sustained political and legal debate on Brazilian agrarian reform.

## **THE PEOPLE'S HEALTH MOVEMENT: INDIA'S JAN SWASTHYA ABHIYAN (JSA)**

The PHM is an international network of organisations seeking to place primary healthcare back on the international health agenda and challenge the impact of neo-liberal policies on health and development since the mid-1970s. PHM operates as a loose network, with individual organisations signing up to its broader objectives, but operating autonomously. There is on-going communication between different member groups for support and knowledge sharing (Turiano & Smith, 2008).

One particularly prominent member of PHM is the Indian Jan Swasthya Abhiyan (JSA), meaning 'people's health movement' in Hindi. JSA is particularly active in advancing the comprehensive primary healthcare agenda in India. Along with PHM, JSA supports a 'social determinants' approach emphasising how poverty, privatization and gender inequality undermine health. They support various struggles for workers' rights, environmental sustainability, gender equity, indigenous rights, food security and education. Resisting technical understandings of health in terms of disease, they emphasise the role of capitalism and globalization in worsening health inequalities. Indian member organisations join the JSA by endorsing the Indian People's Charter for Health, rooted in similar anti-globalization, pro-people, primary healthcare tenets as the PHM Charter.

Rather than a unitary organisation, JSA is a national coalition of NGOs, people's organisations, activists, health professionals and academics, all working towards the goal of 'Health for All' (Ahmad, 2004), via universally accessible, accountable, high quality public healthcare incorporating meaningful community participation in health services (Gwatkin, Bhuiya, & Victora, 2004). JSA has harnessed the energy of Indian health organizations to launch well-publicized campaigns leading to significant improvements in the Indian healthcare system. Since its inception in 2000, JSA has organised or supported over 15 nationally coordinated initiatives, including the Right to Food Campaign, Rural Health Watch, Hunger Watch, and a campaign against the practice of sex selective abortion.

JSA's most significant achievement has been its role in shaping and monitoring the Indian government's National Rural Health Mission (NRHM). This included lobbying to reduce the allegedly pro-privatisation slant of the NRHM, creating spaces for community monitoring of the programme and setting up a parallel independent monitoring system called People's Rural Health Watch to enable those receiving care through the NRHM to monitor the mission's failings and demand improved services. Another success has been JSA's Right To Health Care campaign, where, with large political support, it has set up tribunals enabling poor people to express their discontent with local primary healthcare services to central government.

### **JSA: Building Voice**

JSA developed out of India's first National Health Assembly (NHA) in Kolkata in December 2000. The NHA united 2000 Indian health activists who were frustrated at government failure to make significant progress towards *Health for all by 2000*, the WHO campaign adopted by all WHO member countries in the 1978 Alma Ata Declaration (Beaglehole, Bonita, Horton, Adams & McKee, 2004). The NHA aimed to stop the Indian government from forgetting its pledge, and to enable civil society actors to play a stronger, more coordinated role in pushing for health for all (Richards, 2005). By joining JSA, small and medium sized groups across India working on local issues could amplify their message, increasing their access to media, expert advice, and government attention.

### **JSA: Building Receptive Social Environments**

JSA has become the primary voice for health issues in India, gaining legitimacy through its representation of a large group of activists, including politically prominent members and well known doctors and academics. Its representation of so many respected organisations has forced the government and media to take its campaigns seriously. In May 2009 when JSA released its Health Manifesto, and invited political parties in the forthcoming national elections to respond to it, it received widespread media coverage.

JSA has also been supported by the wider PHM. The success of PHM's publication *Global Health Watch 2* – which was supported by many influential international organisations, including the *Lancet* – has helped create a broader symbolic context which is increasingly receptive to claims around primary healthcare.

JSA has succeeded in building strong support for project goals within small local communities, and building effective bridges between health rights activists and powerful external agents. It has forged productive alliances between middle-class or well connected activists and poor people fighting for social justice through People's Organisations (POs) and community-based organisations (CBO's) to create strong support.

JSA has used its middle class support base to access government and media attention, using these channels to funnel the voices of the poor to the heart of government policy-making. These contacts ensured vital support for the 2003 Right to Health Care Campaign (RTHC) by India's National Human Rights Commission (NHRC), for example. Such contacts also served to facilitate the Campaign's extraordinary success in communicating firsthand accounts of ordinary peoples' negative experiences of healthcare facilities to influential government policy makers. The JSA, with NHRC's support, asked local member organizations to run People's Health Tribunals across the country where community members were able to express their personal experiences with the systemic failures of the Indian healthcare system (Labonte, 2005;

Shukla, 2005).

Using these findings, JSA convinced the government to hold a National Public Hearing on the Right to Health Care in 2004. India's top health ministers and officials attended. Over 100 JSA representatives from 22 states testified to the depth, scale and range of health violations occurring in the public healthcare system (Turiano & Smith, 2008). Rural people were able to tell stories of their ill-treatment and neglect to some of the country's most powerful government health ministers.

JSA used its experience with the RTHC and the tribunal process to channel voices of the poor into government policy making. In 2005, the PHM picked up on this, launching the international Right to Health and Health Care Campaign drawing on the JSA's experiences. This international campaign encouraged other PHM members to use JSA techniques to push for improved primary healthcare (Labonte, 2005; PHM, 2007). In this way, the PHM network enabled JSA to extend the scope and scale of their successful strategies from India to many other countries.

### **JSA: Challenges**

JSA has on-going debates about how closely to work with government. For example, the government National Rural Health Movement (NRHM) promoted many of JSA's aims including a primary health focus in public health, community health workers, community participation in health service

monitoring, and health as basic right. Some are willing to work with the government, others fear such involvement compromises JSA's critical stance. These conflicts have been at least temporarily overcome by enabling different members of JSA to choose different paths of involvement.

## **THE TREATMENT ACTION CAMPAIGN (TAC)**

The Treatment Action Campaign (TAC) has been described as the most successful social movement in post-apartheid South Africa. Where other social movements have failed to substantially change government policy, TAC has been at the forefront of shaping the government's HIV/AIDS policy (Ballard, Habib & Valodia, 2006).

Founded in 1998, the TAC aimed to push the African National Congress (ANC) government to provide universal access to ART through the public health system. It has also been involved in challenging former President Mbeki's and former Health Minister Tshabalala-Msimang's views that there is no relationship between HIV and AIDS, and their denial of the efficacy of ART.

TAC's membership is around 8,000, but it can mobilise many thousands more when necessary. TAC's membership is primarily urban young black unemployed women, although it also includes students, academics and medical professionals cutting across lines of race, education and class. The central aim of achieving universal ART access has united these groups, with

each drawing on different relationships, power and connections to advance the organisation's agenda. TAC's ability to provide support and hope to otherwise very marginal women has enabled its success in attracting young unemployed black women, and it has been remarkably successful in placing this group at the heart of the body politic (Robins & von Lires, 2008)

TAC has been extremely successful in shaping South African policies around HIV/AIDS and access to ART. In 2002, via TAC's court action and mass public protest, the Constitutional Court confirmed that the South African government had to provide Nevirapine to reduce the transmission of HIV from mother-to-child during birth in all public facilities. The following year, a civil disobedience campaign, including the TAC's occupation of government offices and peaceful mass-arrests, led to international condemnation of government policy. TAC effectively forced the government to sign a national strategic plan on HIV/AIDS, including an initial treatment programme (Deane, 2003).

Although this was not effectively implemented until 2006, TAC were subsequently central in negotiating a widely praised National Strategic Plan on HIV/AIDS and STIs, that is currently positively shaping South African policies, with TAC pushing to ensure the plan achieves an 80% coverage of ART by 2011. These achievements have been remarkable in the context of a highly stigmatised illness, where the ANC government sidelined social movements from policy making, and where universal ART access was deemed financially unrealistic.

In achieving policy change TAC has drawn on strategies including court challenges utilizing the constitution to secure socio-economic rights, mass public demonstrations and marches and civil disobedience supplemented by extensive grassroots mobilisation.

### **TAC: Building Voice**

TAC have worked hard to facilitate voice, critical thinking and collective agency amongst its members (Endresen & von Kotze, 2005). Treatment Literacy has been a central goal, using dialogical approaches to disseminate scientific knowledge about HIV/AIDS and ART. Members are encouraged to use this knowledge to demand appropriate care and medicines in public clinics and from the state more broadly. It has also been highly successful in working with members to link their personal troubles to the wider public challenges of building a democratic South Africa, incorporating human rights, democratic accountability and a just political economy (Endresen and von Kotze, 2005).

### **TAC: Building Receptive Social Environments**

The TAC – a household name in South Africa – has been exceptionally successful in constructing a social environment that is receptive to its demands, establishing itself as the central legitimate non-governmental actor around HIV/AIDS. It has worked to become well recognised in the media,

establishing itself as the media's civil society 'voice of choice' in South Africa for its ability to provide considered responses on a range of HIV/AIDS related issues (Finlay, 2004). TAC has also used the media strategically to provide clear information on its activities. When in 2003 TAC started a civil disobedience campaign, it took out full-page advertisements in newspapers, explaining why it had decided to use such tactics to secure change. By framing its struggle as an un-contestable moral issue, it has mobilised the support of a wide range of prominent national and international constituencies, making it very difficult for the government to challenge its claims (Friedman & Mottiar, 2004).

TAC has relied heavily on a small group of prominent leaders, whose individual talents have been central to TAC's success. A large, left-leaning newspaper once referred to TAC's public profile as 'ZackieandMark', a reference to Zackie Achmat and Mark Heywood, two senior TAC office bearers (Beresford, 2002). These two, and a handful of others, have skilfully managed to keep TAC rooted in a politics of mass mobilisation while at the same time using more 'elite' processes to push the organisation's agenda. Equally comfortable in both modes of struggle they have been able to represent the marginalised sick and poor in 'elite' settings, strategically using court actions which have led to many of the organisation's gains, as well as mobilising immensely powerful international networks.

The organisation often draws on anti-apartheid symbols and imagery, and located its goals within South Africa's wider anti-colonialist struggles (Robins & von Lieres, 2004). The respected role played by certain key TAC leaders in the anti-apartheid movement of the 1980s has contributed to their legitimacy in post-apartheid South Africa, as well as keeping them committed to the forms of social mobilisation and democratic processes used in anti-apartheid times. In addition Zackie Achmat played a pivotal role in coalescing widespread respect and support for the TAC through his much-publicised and principled decision to not take ART, which he could well afford, until state-run universal-access pilot ART programmes were established in all nine of South Africa's Provinces.

TAC has consistently forged strategic bridging relationships including academics, international activist organisations, the government at times, and trade unions. These alliances have been central to success, increasing its legitimacy nationally and internationally and allowing TAC to develop strong claims through immediate access to high quality research on HIV/AIDS.

The Congress of South African Trade Unions (COSATU), the largest union coalition in South Africa, and member of the ruling ANC tri-partite alliance, has given strong support to the TAC, and occupied a seat on TAC's National Executive Committee (Friedman & Mottiar, 2004). In 2003, when TAC moved towards civil disobedience, COSATU publicly announced that it was considering joining the action. Whilst it did not, this expression of support

added legitimacy, influence and strength to TAC's claims. Another relationship TAC has fostered is with the church, a large and popular institution with strong links to the government through its role in the anti-apartheid movement.

TAC has also worked with the ANC government when appropriate. In 2001 TAC was a 'friend of the court', siding with the South African government when the Pharmaceutical Manufacturers Association took the government to court over its attempt to stop South Africa importing generic drugs.

Furthermore, Zackie Achmat has always openly stated he is a member of the ANC, and TAC has consistently tried to work with allies in government to change policies.

### **TAC: Challenges**

Other social movements and activists have criticised the TAC for being elitist and failing to be adequately antagonistic towards the state. Currently it has moved into a supportive relationship with the government. Mark Heywood, a key TAC organiser, while remaining critical of government, is now the Deputy Chair of the South African National AIDS Council (a government body) and TAC has taken on a role in supporting and monitoring the implementation of the new National Strategic Plan on HIV/AIDS and STIs. Many of the goals of the new National Strategic Plan resonate with TAC's aims and objectives. The organisation's sincere efforts to replace its original cadre of elite male senior leaders with women emerging from its poor grassroots membership are

proving fraught and challenging (Stephen, 2009). The organisation's ability to remain rooted in its grassroots membership, as well as continuing to articulate a strong voice of conscience in its new relationship with the government remains to be seen.

## **CONCLUSION**

Globalisation has created new patterns of wealth and inequality and new forms of struggle by the excluded, with social movements playing an increasingly prominent role. We have highlighted three movements that have built what Sen (1999) would characterise as the 'capabilities' of the poor to make successful demands, using access to land, healthcare services and lifesaving drugs as the springboard for their activities.

The approaches used by these movements resonate with Freire's (1973) claim that individuals are most likely to improve their own life chances through engaging in collective action to challenge the social circumstances that place their health at risk. Freire's work has profoundly influenced community psychology. As discussed in our introduction, however, many community psychologists have tended to throw the bulk of their energies into small-scale local community level activities to empower poor people from the 'bottom up', without enough attention to the challenges of creating the wider local, national and global social environments most likely to hear the voices of the poor and to support them in achieving their goals. We argue that promoting receptive

social environments is vital for the success of social movements, and should thus be a key concern for community psychologists.

Whilst the goals and contexts of the three case studies are very different in many ways, a cross case comparison highlights commonalities in their modes of operation which enable us to make some general comments about their pathways to success.

In relation to building the *voice* of the poor, each movement has devoted a great deal of time and energy to promoting critical thinking. As a result of this members have come to see their poverty and social disadvantage as the result of social inequalities rather than simply the outcomes of factors such as individual or community-level bad luck or incompetence. Each movement has been driven by a coherent and compelling and actionable political philosophy, with action strategies flowing coherently and clearly out of critical analysis.

Furthermore, each movement has provided an exceptionally strong organisational framework for united action. All these factors have served to motivate and enable the poor to engage in various forms of collective action, such as public protests, marches, land or government building occupations. The commitment of the poor to each movement's particular core issue has also been strengthened by the additional empowerment resulting from the provision of other forms of education and capacity building – such as adult

education, treatment literacy and provision of schools for participants' children.

How have the movements managed to get powerful politicians to listen to their demands? Here we distinguish between relational and symbolic aspects of a receptive social environment (Campbell & Cornish, 2010). At a relational level, each movement has been able to unite a broad range of people behind its objectives. This has been both horizontally, amongst similar level activists committed to similar issues in diverse and possibly geographically distanced local settings. It has also been done vertically, involving strategic alliances with politically and economically powerful actors, often at the national and international levels. Whilst each organisation continues to be challenged by the complexities of pulling together diverse constituencies with different ideological, gender or class positions, the fact that they are able to succeed in this politically complex challenge remains crucial to their success. Alliances have been formed both with similar and dissimilar others committed to the same issue (access to land, services or medical drugs) as well as linking movements to actors and agencies pursuing different but related struggles (such as human rights, gender equality and food security). By creating a mass movement of different interest groups, the movements gained a 'strength in numbers' that demanded politicians' attention.

As well as providing resources to keep social movements going, alliances have provided links into elite political and legal networks. Such elite networks

have often played a key role in assisting poor communities to use the courts to mount effective legal challenges to unjust social policies – drawing on existing laws or constitutional frameworks which may have been breached, or have not been implemented in practice. Elite contacts have often also been vital in channelling the voices of the marginalised to the heart of high level political debate and decision making.

The successes of these alliances have also had a symbolic dimension. Effective access to high level decision-makers has also been facilitated by each movement's formulation of simple and clear messages with strong moral resonance within important local, national or international ideological contexts. Thus for example, it is difficult to deny the claim that people with AIDS deserved access to life-saving ART, or that unused land should be used to facilitate the survival of the poor rather than lying idle. Clear and simple messages of this nature – skilfully transmitted via a 'politics of the moral high ground' – allow a diverse range of otherwise very different constituencies to coalesce around a clear objective. Highlighting connections to valued national ideals (such as the anti-apartheid movement in the case of TAC, or the constitutional commitment to land being productive in the case of MST) further enhances the legitimacy of the movements' demands. The skilful framing of the demands as morally uncontestable made unity possible and resistance difficult.

A cross-cutting theme, also at the symbolic level, relates to the success through which each movement gained wide social legitimacy as the most credible and convincing agents of their particular struggle. The media played a key role in all three cases, providing an arena in which topics are framed, and through which individuals and groupings are accorded the right to speak on particular issues.

At a broader level and one that has only been hinted at in the case studies, is the role the international symbolic context has played in supporting these social movements. As international discourses evolve this opens and closes spaces for social movements to capitalise on. Both TAC and JSA have benefited from changes in the international discourses on HIV/AIDS and primary healthcare respectively. For JSA the re-emergent discourse on primary healthcare, led by its global network PHM and clearly seen in the supportive international reception of PHM's *Global Health Watch 2* by elite health representatives, including the *Lancet*, illustrates how this changing international environment may open up receptive spaces for the claims of JSA within India. Similarly TAC's claims for universal access to ART have been significantly supported by the gradual shift towards accepting the need for universal treatment access within international health and donor organisations. These international changes create a context in which such ideas are more likely to be listened to when advocated from below.

We hope that our characterisation of the successes of the MST, the JSA and the TAC has illustrated our claim that community psychology could learn from greater attention to the strategies they have used to create receptive social environments in which the voices of the poor are most likely to be heard. We are not suggesting that every movement will be able to replicate each of the 'success factors' we have drawn attention to here. Furthermore the success factors that we have highlighted in these three particular case studies could be argued to suggest that only national organisations can for instance build media support, develop links to other organisations and channel the voices of the poor to the heart of national government in ways that significantly contribute to expanding human freedoms and challenging poverty.

Whilst we have no doubt that larger social movements are most likely to get widespread attention, we argue that smaller social movements operating more locally could also develop similar contextually specific strategies for promoting receptive social environments in the local context. Gains in human freedoms are not only achieved nationally, but also may also be achieved locally, through struggles that never move beyond the local arena. But similar challenges of building the voice of the excluded, and promoting a receptive social environment in which this is heard, would be as necessary in these local settings as they are in national ones.

## **REFERENCES**

Ahmad, K. (2004). Demystifying health care. *British Medical Journal*, 329, 1127.

- Ballard, R., Habib, A. & Valodia, I. (Eds.) (2006). *Voices of protest: Social movements in post-apartheid South Africa*. Pietermaritzburg: UKZN Press.
- Beaglehole, R., Bonita, R., Horton, R., Adams, O. & McKee, M. (2004). Public health in the new era: improving health through collective action. *Lancet*, 363, 2084-2086.
- Beresford, B. (2002, April 12-18). The heart of the AIDS protest. *Mail & Guardian*, p. 6.
- Bourdieu, P. (1986). The forms of capital. In J. Richardson (Ed.), *Handbook of theory and research for the sociology of education* (pp. 241-258). New York: Greenwood.
- Brandford, S. & Rocha, J. (2002). *Cutting the wire*. London: Latin American Bureau.
- Caldiera, R. (2008). 'My land, your social transformation': Conflicts within the landless people movement (MST), Rio de Janeiro, Brazil. *Journal of Rural Studies*, 24, 150–160.
- Campbell, C. & Cornish, F. (2010, submitted) How can community health programmes build enabling environments for transformative communication? Experiences from South Africa and India.
- Campbell, C. & Scott, K. (2009) Building transformative social spaces through mediated health communication. In D, Hook, B. Franks, & M. Bauer (Eds.) *Communication, culture and social change*. Forthcoming.
- Deane, N. (2002, May 2-8). Government Cosies up to TAC. *Mail & Guardian*, p. 2.
- Duffy, G. (2007, 17 April). Brazil's homeless and landless unite. *BBC News*, Retrieved January, 2009, from <http://news.bbc.co.uk/2/hi/americas/6563359.stm>
- Endresen, K. & von Kotze, A. (2005). Living while being alive: Education and learning in the Treatment Action Campaign. *International Journal of Lifelong Education*. 24(5), 431-441.

- Escobar, A. (1992). Reflections on development: Grassroots approaches and alternative politics in the Third World. *Futures*, June, 411-436.
- Escobar, A. (1995). *Encountering development: the making and unmaking of the third world*. Princeton: Princeton University Press.
- Ferguson, J. (1994). *The anti-politics machine: 'development', depoliticization, and bureaucratic power in Lesotho*. Minnesota: University of Minnesota Press.
- Fernandes, B.M. (2000). *A Formacao Do MST No Brasil*. Petrópolis: Editora Vozes.
- Finlay, A. (2004). Shaping the conflict: factors influencing the representation of conflict around HIV/AIDS policy in the South African press. *Communicare*, 23(2), pp. 68–93.
- Freire, P. (1973). *Education for critical consciousness*. New York: Continuum.
- Friedman, S. & Mottiar, S. (2004). *A moral to the tale: The Treatment Action Campaign and the politics of HIV/AIDS*. Centre for Civil Society: University of KwaZulu-Natal. Retrieved November, 2008, from [www.ukzn.ac.za/ccs](http://www.ukzn.ac.za/ccs)
- Gaventa, J. & Cornwall, A. (2001). Power and knowledge. In P. Reason and H. Bradbury (Eds.) *Handbook of action research: Participative inquiry and practice* (pp.70-80). London: Sage.
- Gwatkin, D.R., Bhuiya, A., & Victora, C.G. (2004). Making health systems more equitable. *Lancet*, 364, 1273–1280.
- Hammond, J. (1999). Law and Disorder: The Brazilian Landless Farmworkers' Movement. *Bulletin of Latin American Research*, 18(4), 469- 489.
- Hammond, J. (2004). The MST and the Media: Competing Images of the Brazilian Landless Farmworkers' Movement. *Latin American Politics and Society*, 46(4), 61-90.
- Hoogvelt, A. (2001). *Globalization and the postcolonial world*. London: Palgrave MacMillan.
- Issa, D. (2007). Praxis of empowerment: Mística and mobilization in Brazil's landless rural workers' movement. *Latin American Perspectives*, 34, 124.

- Jones, E. (2001). *Of other spaces. Situating participatory practices: A case study from South India*. IDS Working Paper, 137.
- Karriem, A. (2008). The rise and transformation of the Brazilian landless movement into a counter-hegemonic political actor: A Gramscian analysis. *Geoforum* 40(3): 316-325.
- Kingstone, S. (2005, 20 January). Modest gain in Brazil land reform. *BBC News*, Retrieved, January, 2009 from <http://news.bbc.co.uk/2/hi/americas/4190335.stm>
- Klandermans, B. (1997). *The social psychology of protest*. Oxford: Blackwell
- Labonte, R. (2005). Global right to health campaign launched. *British Medical Journal*, 331, 252.
- McCowan, T. (2003). Participation and education in the Landless People's Movement of Brazil. *Journal for Critical Education Policy Studies*, 1(1) Retrieved, January, 2009, from <http://www.jceps.com/?pageID=article&articleID=6>.
- Nair, Y. & Campbell, C. (2008) Building partnerships to support communityed HIV/AIDS management: a case study from rural South Africa. *African Journal of AIDS Research* 7(1), pp. 45-53.
- Nelson, G. & Prilleltensky, I. (2006). *Community Psychology: in pursuit of liberation and well-being*. Palgrave MacMillan.
- Orford, J. (2008). *Community psychology: Challenges, controversies and emerging consensus*. Chichester: Wiley.
- PHM. (2007). Right to Health and Health Care Campaign. Retrived, 10 January, 2009 from, <http://www.phmovement.org/cms/en/campaigns/145/page>
- Quirk, P. (2007). How to be a good friend (when you are 4000 miles away). *Foreign Policy in Focus* 24 September. Accessed January 10, 2009 from <http://www.fpif.org/fpiftxt/4571>
- Richards, T. (2005). Assembly meets to tackle health needs of the poor. *British Medical Journal*, 331, 128.
- Robins, S. & von Lires, B. (2004) Remaking citizenship, unmaking marginalization: The Treatment Action Campaign in post-apartheid South Africa. *Canadian Journal of African Studies*, 38(3), 575-586.

- Seedat, M. (Ed.). (2001). *Community psychology: theory, method and practice*. Cape Town: Oxford University Press.
- Sen, A. (1999) *Development as freedom*. Oxford: Oxford University Press.
- Shukla, A. (2005). Jan Swasthya Abhiyan's protracted fight for public care. *Combat law*, 4,(6), Retrieved January, 2009 from [http://www.combatlaw.org/information.php?issue\\_id=25&article\\_id=651](http://www.combatlaw.org/information.php?issue_id=25&article_id=651)
- Spivak, G.C. (1988). Can the subaltern speak? In C. Nelson & L. Grossberg, (Eds.) *Marxism and the interpretation of culture*. (pp. 271-313) Urbana: University of Illinois Press.
- Stedile, J.P. (2002). A movement of movements? Landless battalions: The Sem Terra Movement of Brazil. *New Left Review*, 15 , 77-104.
- Stephen, J. (2009). 'Saints and sinners': The Treatment Action Campaign. In K. Cullinan & A. Thom (Eds.) *The virus, vitamins & vegetables: The South African HIV/AIDS mystery*. Johannesburg: Jacana.
- Turiano, L. & Smith, L. (2008). The catalytic synergy of health and human rights: the people's health movement and the right to health and health care campaign. *Health and Human Rights*, 10(1), 137-147.
- Vandon, H. (2005, March-April) Brazil's landless hold their ground. *NACLA Report on the Americas*, pp. 21-28.
- Walford, W. (2003). Producing community: The MST and /and reform settlements in Brazil. *Journal of Agrarian Change*, 3(4), 500-520.
- Walford, M. (2005 ). Agrarian moral economies and neoliberalism in Brazil: competing worldviews and the state in the struggle for land. *Environment and Planning A*, 37, 241- 261.
- Welch, C. (2006). A preliminary history of the MST. *Latin American Research Review*, 41(1), 198-210.