Time	Activity	Description	Speakers	Venue (Capacity)
15th November				
9.00 am to 10.00 am	Opening Ceremony			
10.00 am to 11.30 pm	Opening Plenary	Part 1: A political overview of the global and regional situations that impact on healthcare and health Part 2: Review of PHM's status including: Current global context of for civil society and popular movements; Governance; Finances; Regional functioning; Growth/contraction; Global programmes; Country circle strengths and weaknesses	One speaker for Part1, Part 2 shared by 2-3 presenters	Main plenary Hall (1500)
BREAK				
12.00 noon to 13.30 pm	Plenary 1. The political and economic landscape of development and health	Will address issues ranging from the examination of the dominant economic model of development, power relations between and within countries, trade agreements, and the role of powerful actors such as the Bretton Wood Institutions, multinational corporations, private foundations and global partnerships and religious fundamentalist forces. Also interrogate the promises of the SDGs and explore their key contradictions in an attempt to fashion progressive alternatives that civil society can promote. Concerns about reinforcement of dominant development paradigms and indicators that are barriers to gender and social justice, will be discussed.		Main plenary Hall (1500)
LUNCH				
15.00 pm to 16.30 pm	**Sub Plenaries (P1.1 to P1.4)**			
	P1.1: Global Governance of Health	Global governance has witnessed a shift from a nation state driven process to a process which accommodates a range of stake holders, including private foundations and corporations. "Partnerships' meaning partnerships with private actors are the new *mantra* and this is aided by management consultancy firms who advise multilateral agencies and governments. The WHO has been particularly affected in this scenario where donors decide priorities at the global level. The role of the WHO has been supplanted by private Foundations and partnerships such as the Global Fund and Gavi		Parallel Hall (150-300)
	P1.2: SDGs -- Sustaining an Inequitable System?	There's a lot that is useful in the SDGs but as, some say, its fatal flaw is the embedded notion in the SDGs that development will continue to be informed by the current macroeconomic neoliberal logic. Also needing scrutiny is the emphasis on 'partnerships' in SDGs.		Parallel Hall (150-300)
	P1.3: Trade and Health	The global trade regime increasingly populated by FTAs allows health harming industries to circumvent national laws and promotes high prices of medicines through IP protection. This allows pharmaceutical, tobacco and Food and Beverages industries to act with greater impunity.		Parallel Hall (150-300)
	P1.4: Occupation, military	Military and economic objectives of global capital has engendered, in different parts of the world, occupation of sovereign territories, conflicts and the attendant humanitarian crisis		Parallel Hall (150-

	interventions and refugees	related to ever increasing flows of refugees and increase in forced migration (both within countries and across borders). Denial of human rights and of the right to health is rampant. Regional conflicts area also leading to an intensification of the crisis, such as the conditions of the Rohingya population.		300)
BREAK				
17.00 pm to 19.00 pm	Plenary: Special Plenary on Bangladesh	The plenary will focus on key issues on health and health care in Bangladesh and also foreground experiences, such as that of Gonosasthya Kendra (GK)	To be organized by PHM BD and GK	Main plenary Hall (1500)
16th November				
10.00 am to 11.30 am	Plenary 2: Social and physical environments that destroy or promote health	Superimposed on existing layering of society through differences in power dynamics related to class, gender, ethnicity, caste, etc. are global trends of rising xenophobia, war-mongering and intolerance. These contribute to inequity in access to healthcare services and to social determinants such as food security and sovereignty, secure employment and decent housing. Forced migration, conflict, gender violence, climate change and environmental degradation are increasingly responsible for their impact on health outcomes.		Main plenary Hall (1500)
BREAK				
12 noon to 1.30 pm	**Sub Plenaries (P2.1 to P2.5)**			
	P2.1: Gender and health	A gendered approach to health, is necessary to comprehend how women's health is neglected and seen through a patriarchal lens. The consequent inequity in access to material resources and imbalance in power relations inform, in large measure, health conditions and access to healthcare services for women.		Parallel Hall (150-300)
	P2.2: Equity and Health in the context of Class, Caste, religious minorities, and Race	Power dynamics based on divisions in society linked to class, caste, religion, race, etc. determine people's ability to lead healthy lives. Addressing these is fundamental to the understanding and addressing of poor condition of health in communities across the world.		Parallel Hall (150-300)
	P2.3: Climate Change, Environmental Degradation	The current paradigm of development is based on promotion of a culture of mindless consumption and exploitation of nature. The planet is on the brink of a disaster, and communities are already suffering the consequences of global warming, polluted air, water and land, and depletion of forest based resources. Polluting industries, including extractive industries, are involved not just in polluting natural sources of air, land and water but also in grabbing vast tracts of land and in displacing large populations.		Parallel Hall (150-300)
	P2.4: Food security and sovereignty	Food systems, in most parts of the world, are captive to the operations of agribusiness companies and food and beverages corporations. While undernutrition rates are too high in many parts of Africa and South Asia, the growing threat of obesity afflicts many countries,		Parallel Hall (150-300)

		including an increasing number of LMICs. Countries and communities are challenged in their ability to build sovereign systems that ensure equitable access to nutritious food.		
	P2.5: Social impacts of neo-liberalism	Neoliberal acts not just at the political and economic plane but also on the social and cultural planes. Increasing isolation, lateral violence (violence within deprived communities), mental illnesses are clear consequences.		Parallel Hall (150-300)
LUNCH				
15.00 pm to 16.30 pm	**Introduction to thematic strategy Discussions (T1-T6)** These discussions, held in parallel in 6 groups, will introduce the 6 topics identified as priorities for PHM's future work and on which strategic discussions in 6 groups will be continued on every evening for three days			
	T1. Health systems, against privatisation, defence of public systems, health workers			Parallel Hall
	T2. Food and Nutrition and Food Sovereignty			Parallel Hall
	T3.Trade and Health & Access to Medicines			Parallel Hall
	T4. Gender and Health			Parallel Hall
	T5. Environment, Extractive Industries, and Development			Parallel Hall
	T6. War and Occupation; refugees and migrants			Parallel Hall
17.00 pm to 19.00 pm	**Self organized workshops**: co-ordinated by individual organisations based on applications and a selection process			Workshop Rooms (50-200)
17.00 pm to 19.00 pm	**Thematic Strategy Discussions** (6 groups) Discussions in 6 groups: 1) Health systems; 2) Food and Nutrition; 3) Trade& Health and Access to Medicines; 4) Gender and Health; 5) Environment and Development; 6) War and Occupation			Parallel Hall (150-300)
19.00 pm onwards	**Regional Group Discussions**			Parallel Hall (150-300)
19.00 pm onwards	**Cultural Presentations**			Cultural Stage
17th November				
10.00 am to 11.30 am	Plenary 3: Strengthening health systems to	Universal health coverage (UHC) is the *slogan du jour* in global health systems policy, but its meaning is highly contested. The differences in emphasis between the Primary Health Care (PHC) and UHC approaches are significant. The former involves a focus on building and		Main plenary Hall (1500)

	make them just, accountable, comprehensive, integrated and networked	supporting the primary healthcare sector and envisages a prominent role for community health workers and community involvement in planning, accountability and prevention, as well as attention to the social determinants of health. In contrast, the UHC discourse starts with a focus on financial protection and essentially argues for care that is 'purchased' from a range of private and public providers.		
BREAK				
12 noon to 13.30 pm	**Sub Plenaries (P3.1 to P3.5)**			
	P3.1: Strengthening and financing Health Systems	Forty years after the Alma Ata declaration the visionary approach of PHC is a reminder of an alternative approach that should not be allowed a silent burial. The dominant discourse today around UHC is far removed from the vision of PHC, often based around insurance systems that provide narrow 'packages'. Alternative models of healthcare delivery need to be promoted which are better suited to promote equity in access, that are fair, and that promote accountable systems built around popular participation. Health systems need to be unified, comprehensive and networked, largely public in nature and should be funded through progressive general taxation. Low income countries need to be supported in their efforts to build well resourced public systems.	Case Study: Thailand, El Salvador	Parallel Hall (150-300)
	P3.2: Health Workers	The health worker crisis in LMICs compromises the capacity to built robust health systems. This is compounded by large flows of health workers from LMICs to HICs. A much larger investment is necessary on Community Health Workers, who are provided adequate training and are reimbursed fully as workers. Gender plays a critical role in the health workforce and determines the location and experiences of women and men as health workers.		Parallel Hall (150-300)
	P3.3Access to Medicines	While public systems are under threat, compromised access to medicines leads to the unnecessary loss of millions of lives. Medicines related expenses are the most important contributor to very high out of pocket expenses in many LMICs. The way research on new products is organised, the dominance of a few Northern corporations over the global medicines market and the perverse incentives of the Intellectual Property regime contribute to a situation where political and economic decisions override health and welfare.		Parallel Hall (150-300)
	P3.4: Indigenous health and wellbeing	Indigenous cultures regarding health and healing are disappearing or are themselves getting commercialised. Decolonising approaches to healthcare and health research are needed.		Parallel Hall (150-300)
	P3.5: Commercialisation and Privatisation of	In many parts of the world we are witness to the dismantling of public services and the increased participation of private providers in the delivery of healthcare. As a consequence		Parallel Hall (150-

	Healthcare	the costs of health care are increasingly impoverishing the people that need access the most. We also see several struggles in many parts of the world resisting privatization.		300)
LUNCH				
15.00 pm to 17.00 pm	Self organized workshops	Self organised Workshops co-ordinated by individual organisations based on applications and a selection process		Workshop Rooms (50-200)
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19.00 pm onwards	**Regional Group Discussions**			Parallel Hall
19.00 pm onwards	**Cultural Presentations**			Cultural Stage
18th November				
10.00 am to 11.30 am	Plenary 4: Organizing and mobilizing for HFA; struggles and resistance	While the struggle for Health has myriad dimensions, a key aspect is related to the numerous examples of struggles and actions by groups, peoples, movements, NGOs, community based organizations. This plenary and linked sessions provides space for the stories of these actions and struggles to be told, as sources of inspiration and as a platform for sharing experiences, mutual learning and strategizing for future action.	El Salvador, Greece, GK	Main plenary Hall (1500)
BREAK				
12 noon to 1.30 pm	**Sub Plenaries (P4.1 to P4.5)**			
	Sub-plenary P4.1: Community Control and Monitoring	A key vision of the Alma Ata Declaration was that communities would be in charge of their own health systems. While this was never pursued systematically, several examples of actions around community control of healthcare, community based monitoring, and tax justice, exist, in Australia, India, Latin America, etc.		Parallel Hall (150-300)
	Sub-plenary P4.2: Solidarity based alternative systems	Neoliberal economics promotes individual action and the market. However there are many examples of solidarity based actions by Governments, Civil society organisations and popular movements to support the movement for health. This ranges from the Cuban government's role in supporting healthcare in a number of LMICs, solidarity clinics set up in Greece to mitigate the effects of austerity measures, the Food sovereignty networks in many places, to the active propagation of the concept of Buen Vivir in Latin America.		Parallel Hall (150-300)
	Sub-plenary P4.3 : HIV Activism	In one the darkest periods of healthcare, the HIV epidemic led to heroic acts of resistance and activism from the HIV AIDS community, supported by many health and drug activists		Parallel Hall (150-

		from across the world. Stories from South Africa, India, the United States, etc. need to be told so that we are reminded that movements are built through solidarity actions.		300)
	Sub-plenary P4.4 : Corporate Accountability	Corporations act with impunity, disregard health concerns, and have a major effect on conditions of health. Many groups have challenged their actions and triggered retributions against such corporations. This includes Corporate accountability groups, organisations that mobilise against operations of mining corporations and those that continue to campaign against the Tobacco, Food and Beverages, Alcohol and Pharmaceutical companies.	Nick Freudenberg	Parallel Hall (150-300)
	Sub-plenary P4.5 : Positive experiences of public systems	From Cuba to El Salvador to Sri Lanka, several examples exist of governments resisting the neoliberal trend by promoting welfare and public health. These examples depict that good governance is not about making a few people very wealthy but is about making a majority of the people healthy.		Parallel Hall (150-300)
LUNCH				
15.00 pm to 17.00 pm	**Self organized workshops**: co-ordinated by individual organisations based on applications and a selection process			Workshop Rooms (50-200)
17.00 pm to 19.00 pm	**Self organized workshops**: co-ordinated by individual organisations based on applications and a selection process			Workshop Rooms (50-200)
17.00 pm to 19.00 pm	**Thematic Strategy Discussions** (6 groups) Discussions in 6 groups: 1) Health systems; 2) Food and Nutrition; 3) Trade& Health and Access to Medicines; 4) Gender and Health; 5) Environment and Development; 6) War and Occupation			Parallel Hall (150-300)
19.00 pm onwards	**Cultural Presentations**			Cultural Stage
19th November				
10.00 am to 12.00 noon	Plenary: Special Session on Alma Ata Declaration	The Alma Ata Declaration of 1978 has continued to inspire generations of health activists. On its 40th anniversary, this session will revisit the bold vision of the declaration, recount ways in which many community groups and local initiatives kept its vision alive and also discuss ways in which the core principles of Comprehensive Primary Health Care can influence the ways in which health systems are constructed.		Main plenary Hall (1500)
LUNCH				
13.30 pm to 16.00 pm	1) PHM's Future Strategy for the RTH 2) Closing plenary	The first part of the closing plenary will bring together various discussions in the Assembly and will also be a occasion to hear back from the discussions in the Thematic Strategy Groups and the Regional Groups. The second part will consist of 1-2 valedictory presentations by prominent speakers		Main plenary Hall (1500)
17.00 pm onwards	**Evening Public Activity**			