



Health for All Now!  
**People's Health Movement**



# ANNUAL REPORT 2024

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## I. Introduction

We are pleased to present the PHM Annual Report of activities for the year 2024. This report reflects the work of PHM activists from across the world in global programs, regional and country circles. From PHM Global we want to thank each and every activists who were committed to the struggle for health for all, as well as PHM affiliated networks, allied organizations and movements, to our funders for their efforts and support, without which it would not have been possible to achieve the results presented here.

The structure of the Report includes the Global Programmes, the Global Secretariat, the Regional and Country Circles, Project Activities, Movement Building actions and, in particular, the process of preparation and holding of the Fifth People's Health Assembly (PHAS) in Mar del Plata, Argentina.

As in previous years, the Annual Report is a reference that helps us understand the achievements and challenges that remain at the global, regional and country level in the perspective of the implementation of the mandates of the global assemblies and the Strategic Plan 2020 - 2025.

A brief summary is presented of the most important initiatives and activities of the Health For All Campaign (HFA) through its thematic circles, especially but not exclusively the campaign of solidarity with the Palestinian people, gender justice, against the destruction of biodiversity, the transformation of health systems, food sovereignty, the lessons learned during 2024, and a list of challenges is suggested to move forward.





In a scenario of restricted funds, the Democratization of Global Health Governance (DGHG) program was able to carry out an intense work related to its mission, from preparing the PHM's participation in the discussions of the 77th WHO Assembly, to participating in training courses, projects, collaboration with other programs, advocacy, denunciations, and movement building.

We also held several International People's Health University (IPHU) courses in different regions, almost all of them online due to financial restrictions that have not been overcome to guarantee face-to-face courses. As we must continue with the online courses, we will have to learn the lessons of the courses held to avoid dropouts among those registered.

A laborious effort was made by the Global Health Watch program (GHW) aimed at disseminating the GHW6 and the publication of the GHW7. The compilation of the GHW7 has included meticulous planning of the book and preparation of the activist for the writing of the chapters, selection and signing the contract of the publishing house, among other activities.

Alongside the activities of the global programs, we highlight the Public Pharma project, which has not only allowed us to approve a policy brief on the subject but also work focused on regions such as Europe and Brazil, to generate alliances and create conditions for a campaign extended to other regions of the world such as Latin America, Africa and Asia to establish, protect and extend public pharma.

The regional reports make an effort to show the difficult national contexts in which the country circles carry out their activities. Along with the organization of the PHA5, assumed by all PHM regions as their main activity during 2024, these activities were highlighted by the organization of IPHU courses; the mobilization against the genocide in Palestine and in solidarity with the people of Gaza, Lebanon, Sudan, the Democratic Republic of the Congo, among others; regions also campaign for the right to sexual and reproductive health, resistance to gender violence and the defense of sexual identities; resistance to the privatization and commercialization of health systems, social protection and the struggle for their transformation as public systems of universal access; the defense of the rights of health workers and migrants; the response to the consequences of climate change and against the insufficiency of measures to contain it; the right to food and to a healthy environment; the resistance to neoliberal policies and the persecution of far-right governments; the participation in the processes of change promoted by left-wing and progressive governments, among others.

It's been a while since we heard from Jan Swasthya Abhiyan (JSA), but that doesn't mean they've been idle. This time we got a robust report that gives an account of the important activities carried out by PHM organizations and activists in India against the defunding and privatization of services, access to medicines, the digitization of healthcare, among others, in each of the country's states. Likewise, a report from the new PHM Mexico circle, working in the process of defining its integration into the North American or Mesoamerican region.

Movement building continues to advance with new country circles, strengthened regions and developing alliances with organizations, networks and movements within and outside the health sector. This process is most visible in some regions such as Latin America, Europe and Africa. However, challenges remain in regions that are complex due to their political and linguistic characteristics, such as EAP. Funding challenges have become more pressing after PHA5, which has forced the Global Secretariat to downsize and reduce financial support to some programs and regions for 2025.

PHA5 was a collective effort that was intensely undertaken for most of the first quarter of 2024 as a movement priority so that the preparation, deliberation and assembly outcomes could meet the expectations of health activists and serve as a guide for action in the coming years. The Call to Action, the background paper that helped prepare it and the many meetings for sharing experiences and discussion gave the movement the energy, organizational strength and political clarity that will enable it to face the challenges of a changing world in the midst of multiple crises and a relentless search for the accumulation of forces to build a future of social and environmental justice in health, gender justice, peace and greater democracy.

Despite the progress reflected in this report, the new geopolitical context requires us to redouble our efforts in the quantitative construction and political strengthening of PHM activism and leadership, in broadening the spectrum of alliances, in financing our activities and in improving our capacity for mobilization at the country, regional and global levels, as proposed by the Fifth People's Health Assembly.

## **II. Global Programmes**

### **II.A. Health for All Campaign (HFAC)**

The Health for All Campaign (HFAC) is one of the four programmes of PHM. It is a global organizing framework in terms of PHM-identified thematic areas for the purpose of mobilization actions by civil society networks and social movements around the world. HFAC is where broad groups of PHM activists come together and connect PHM's local activism with global activism. PHM developed the Health for All Campaign to serve as an umbrella for more specific activism around six priority social determinants of health, called Thematic Areas. This vision must be facilitated through a coordinated effort and facilitation with the global secretariat, thematic groups, regional circles/chapters and the global level programmes to ensure movement building, including forms of action, networking, and knowledge development to inform strategy, practice and dissemination, resource mobilization, networking and leadership beyond the six thematic areas/groups. Under HFAC, this is largely done by thematic circles alone and in collaboration with various regions, other networks, or organizations.

Some thematic circles are more active than others, depending on coordination efforts, leadership, and interest among various PHM regions and members. Others, like the War and Conflict Circle, became more active due to the ongoing occupation and conflict in Palestine this year. Similarly, the Gender Justice and Health thematic group generated significant interest and also raised issues related to Palestine, Sudan, Lebanon, and Bangladesh in their ongoing meetings.

Given the resource constraints for this programme in the upcoming year 2025, we need to strategize how to organise the programme in the coming year with more voluntary support. The section below lists some of the activities the six thematic circles undertook in 2024.

#### **1. The War, Conflict, Migration and Forced Migration Thematic Circle**

The Thematic Circle played a proactive role during the PHA 5 and provided ongoing support to Palestine, organizing webinars on the situations in Palestine, Lebanon, Sudan, and Yemen, providing humanitarian relief, issuing statements and information sharing etc.

## Stop The War Campaign

In August 2024, PHM initiated and approved its Stop the War Campaign in solidarity with Palestine and countries under conflict, such as Syria, Lebanon and Sudan. Read the campaign concept note [here](#). This was to be done by supporting different PHM structures (country circles, thematic circles). The war and conflict circle took the lead in this, supported by the Global secretariat. The campaign had three main components;

i. Fundraising for Palestine, particularly for the Al Awda field hospital in Gaza. Most of the donations were expected and focused to be received at the end of the year, around Christmas. More information: <https://phmovement.org/support-awda-field-hospital-gaza> . PHM managed to achieve the campaign target, and managed to fundraise 90.000 EUR in little more than 4 months. The field hospital in Al Nuseirat, Middle Gaza, is now fully operational. Click [here](#) for more photos.



ii. Making visible the solidarity actions in PHM countries through PHM Global communication channels. It was understood that many of the country circles are already expressing solidarity to the Palestinian cause through different means, capacities, and contexts. We tried to put together some of these through the communication team and shared them through PHM communication channels. For example,

- the Movement for Progressive Transformation in Nepal issued this statement with other organisations against Israel's genocide and ethnic cleansing. The Medical Faculty Members at UMC Utrecht in The Netherlands hosted a memorial for all the health care workers who have been killed and are detained in Palestine and Lebanon. PHM members joined them. The Belgian organization Viva Salud organized a clothesline action on Albertina Square in Brussels. On a clothesline, they hung bloody doctor's coats, gloves and other medical equipment as a symbol of the destruction of the health infrastructure in Gaza and the wounding, kidnapping and killing of health workers by the Israeli occupation army.

- And so many other actions and initiatives. See below, on the PHM Regions and Country section.

iii. Boycott of Israel inspired by BDS principles. The conversation for this aspect of the campaign was initiated with the PHM EAP and Europe region and is ongoing. Please see the documentation of the campaign here and more details here: <https://phmovement.org/index.php/international-solidarity-campaign-to-stop-wars>

### Continuing to speak about the Palestinian cause

A series of webinars, talks and discussions were held to address the situation in Palestine and continue conversations around it:

- HWC was one of the biggest health organisations working in the West Bank, providing services to 300,000 to 400,000 people. Even before 7th Oct 2023, HWC had been facing repression in its functioning, from the arrest of its then-director Shatha Odeh in 2021 to attack on their Headquarters in Ramallah. The Palestinian Health Works Committee (HWC) (operating mainly in the West Bank) and the thematic circle organised a webinar, “Access to Healthcare in West Bank, Palestine: Before and after 7th October’ 23”, in February 2024 to continue highlighting the impact on health and healthcare in West Bank, Palestine even as the brutal war and occupation in Gaza and West Bank continues. Re-watch the webinar through this link: <https://phmovement.org/access-healthcare-west-bank-palestine-and-after-7th-october-23> The webinar “The Right to Health in Times of Genocide” called on all health activists to join with Dr. Tlaleng Mofokeng, South African physician, health activist and UN Special Rapporteur on the Right to Health to discuss the action in solidarity with Palestine. See here: <https://phmovement.org/webinar-right-health-times-genocide>
- In Australia, as in other countries, too, pro-Palestine protests are being targeted / banned by the state in the name of anti-semitism. One of the Australian senators even introduced a bill for this. PHM member Fran Baum is also a member of the South Australian group Academics for Palestine who wrote this blog about the issue: <https://johnmenadue.com/the-struggle-for-academic-freedom-why-the-bill-on-antisemitism-at-australian-universities-is-divisive>





## 2. Gender Justice and Health Thematic circle

While having limited monthly meetings, the thematic group made significant contributions, participated in campaign activities, and crafted statements in response to important dates (such as March 8 and the 16 Days campaign) and PHA 4, among others. The webinar strategy was quite productive and impactful.

### Initiating and Strengthening regional thematic groups

This year, PHM LATAM Southern Julio Monsalvo subregion launched its new gender justice circle: <https://phmovement.org/phm-latam-southern-subregion-launches-new-gender-justice-circle>

### Including newer groups, countries and issues

Through the support of feminist friends in the North American circle, the thematic circle established contacts in Martinique. Post PHA5, Martinique comrades shared a situation analysis on [“Women's health in the French Caribbean through the prism of single parenthood”](#)

### Engaging in PHA 5, creating spaces for gender as a cross-cutting theme

The thematic circle contributed substantially to the processes and PHM preparations for the Fifth People's Health Assembly (PHA 5), which was held at the University Mar Del Plata in Argentina from 7-11 April 2024. For the first time in PHA, gender justice was included as a main plenary, and all the plenaries included many women as speakers and moderators. A special note on PHM's position on gender-based violence (GBV) has been shared in the opening plenary. Issues related to LGBTQI, sex workers, and disability were discussed and given primacy. Femicide in Argentina and other countries due to systemic failures to protect women. The assembly highlighted the connection between the fight for peace and the pursuit of equitable health systems that address gender injustices.

The gender thematic meetings at PHA 5 attracted over 200 attendees from diverse backgrounds and countries, reflecting their interest in PHM's work on gender issues and their desire to enhance the gender component within PHM regional and country circles through various activities. Additionally, building solidarity emerged as a significant expectation from the members.



## Allyship

For many years, the circle saw active collaborations with the Sama Resource Group for Women and Health, a steering committee member organisation of PHM, in strengthening the gender justice thematic group. Sama mobilised and strengthened dialogues around the gender axis developed for People's Health Assemblies and played an active role at PHA Sarojini (HFAC lead, SC member) introduced FoS Feminista, a feminist organisation working in the Global South. She invited them to co-organise a [self-organized workshop at PHA 5](#) on 'Right to Safe Abortion in Universal Health Care: Confronting anti-rights movements and subjectivities for a just world'. Sama, Fos Feminista, and Alliance of Women Advocating for Change (AWAC) Uganda (another organisation working on gender, SRHR) also participated in organising a second workshop on 'Reproductive Health Justice in Oppressive Contexts.' These two workshops provided a feminist solidarity and discussion space in conjunction with the public health, health rights, and equity discussions ongoing at the assembly. They also worked toward building the awareness and sensitivities of younger health activists and feminists attending the Assembly in Argentina.

## Building solidarity: Responding to the challenges

- The thematic circle meetings during this time presented an opportunity to strategize and foster expressions of solidarity with one another regarding various crises occurring in different regions. Gender thematic member Farida Akhter from PHM Bangladesh was invited to discuss the crisis situation in Bangladesh and the students' movement and repression taking place there. Similarly, Zeina spoke about the escalating crisis in Lebanon, within the MENA region. These presentations and discussions facilitated an exchange of ground realities and reaffirmed PHM solidarity.
- The gender thematic circle developed a solidarity statement on International Workers' Day, highlighting the intersections of gender and labor precarity within the challenging political and economic landscape evolving globally. It situated women's work within the contexts of health policies and administration worldwide. The statement emphasized the experiences of those who are particularly marginalized, including racialized individuals, gender non-binary people, and those living with disabilities, who continue to be undervalued and rendered invisible.
- Throughout 2024 the circle was expanding the membership, bringing newer groups into the thematic group, and inviting them to be speakers at the webinars.
- Another public statement was developed and released to amplify marginalised reproductive rights & justice voices on the International Safe Abortion Day. The statement was instrumental in re-emphasizing our demands as PHM for universally safe and legal abortion rights and access while also recognising the linkages between the struggles for reproductive justice and the broader fights for health and social justice:  
<https://phmovement.org/index.php/struggles-safe-abortion-reproductive-justice-28-september-international-safe-abortion-day>
- The Meso-America region came up with a statement on abortion and shared with the group:  
<https://drive.google.com/file/d/1iVojdO9qk524i1akuR5kEUDa1Wrbh7dH/view?usp=sharing>
- Every year, the circle initiated a campaign for Sixteen days of activism against Gender-based violence. It called for volunteers from different PHM countries to share their activities:  
<https://phmovement.org/sixteen-days-activism-against-gender-based-violence-gbv-november-25-december-10-2024>.

### Solidarity with Palestine, Sudan and Lebanon

The circle organised a webinar on “Amplifying Voices & Strengthening Resistance: Gender Violence, Conflict and Occupation” as it sought to deepen and build powerful waves of solidarity transnationally to counter the growing anti-gender and anti-feminist discourse across the globe. The webinar featured a panel discussion with experts from Palestine, Lebanon, and Sudan, who shared their work and experiences. The webinar was crucial in raising awareness and complementing the solidarity efforts aimed at voicing resistance against the occupation and colonial violence in the MENA and other regions. Additionally, this helped the PHM in advancing its understanding of the broader systems of interconnected oppression, including the intersections of gender within conflicts and crisis situations. <https://phmovement.org/webinar-amplifying-voices-strengthening-resistance-gender-violence-conflict-and-occupation>

### 3. Ecosystems and Health Thematic Circle

The key activity of the circle this year was around the 2024 United Nations Biodiversity Conference of the Parties (COP16) 2024, held in Cali-Colombia in November'24. PHM was invited to participate in the event through the World Social Forum of Transformative Economies. PHM joined along with the Colombian PHM country circle and ENLAZADOS (the regional Alliance of MAELA, the Latin American Agroecological Movement), the Movement of Social and Solidarity Economies, and the MSPLA, the PHM Latin American Coordination. The Colombian PHM country Circle and ENLAZADOS proposed two main activities around this conference:



1) PHM at the COP16 in Colombia: Ancestral and popular knowledge, food sovereignty, the health of Mother Earth and the discussion around the health of ecosystems, are at the heart of the 16th Conference of the

Parties (COP16) of the Convention on Biological Diversity (CBD), held in Cali (Colombia) from October 21 to November 1, 2024. Delegates from member organizations of the People's Health Movement from Argentina, Mexico, Ecuador and Colombia are participating in the COP16 discussions, the first PHM event included the holding a Circle of the Word, Body, Territory and Health, together with the Circle Art, Culture and Economy, the PHM, ReAct and Enlazados, invite the world at the COP16 to weave networks and to continue caring for life in all its immensity.<https://phmovement.org/phm-cop16-colombia>. A face-to-face workshop on how extractivism destroys biodiversity and damages health and 2) The objective of the virtual global webinar before the physical workshop to prepare for the physical workshop as well as develop PHM's critical position and a collective analysis for COP16. The webinar can be viewed here: <https://phmovement.org/webinar-developing-collective-phm-position-un-biodiversity-cop16-24>

At PHA 5, there were plenary and sub-plenaries, and experiences were shared. Many organisations from Latin America participated in these sessions, expressing their concerns, challenges, and struggles and sharing solidarity actions regarding land rights, forest rights, mining, and other concerns related to the climate crisis.

#### 4. Equitable Health Systems Thematic Circle

The thematic circle developed two main activities in 2024: participating in PHA5 and in the preparation of PHM commentaries to the WHA77 through the WHO Tracker (see below), along with organising regular thematic group meetings.

During PHA5, thematic circle members participated in several plenaries and self-organized activities, discussing issues such as the transformation and decolonisation of Health Systems, the challenges for primary healthcare, privatisation and corporatization and privatization of healthcare, health workers' situation and struggle. These discussions received much attention, and the sessions were well attended. Many participated in the discussions around the transformation of health systems, critiquing the hegemonic medical model, biological determinism, and the colonization of knowledge: 'We must shift to building health systems from the South'. Another key issue was on the Universal Right to Health and Primary Health Care and the relationships between achieving the right to healthcare and primary health care, problems with the 'universal health coverage' discourse.

Two thematic meetings took place and defined priorities for the thematic circle in the following years: 1) Privatization of Healthcare, 2) Primary Health Care, Social Participation and Community Engagement, 3) Health Workers

The other main activity of the circle in 2024 was contributing to PHM commentaries regarding the WHA77 agenda. Members of the thematic circle made several comments on the WHO Tracker, focusing on themes such as Universal Health Coverage, Immunization, Neglected Diseases, Antimicrobial Resistance, Primary Healthcare, Social Determinants of Health, and Health Emergencies, among others.

Additionally, the thematic circle promoted a critical analysis of the Lancet Report of the Commission on Investing in Health, which proposed an updated strategy of promoting selective packages for specific diseases.

The thematic circle coordination became part of the Public Pharma Project (see below), participating actively in the conception and organisation of the Policy Brief and webinar "Public Pharma: What it is and Why It's Important". The thematic circle will help to make contacts and case studies of Public Pharma in the Asia Pacific.



The circle was also investing in expanding new membership and coordination. The coordination of the thematic circle was expanded. Besides Sundar from India, Jamie Dasmariñas and Leonardo Mattos, from Philippines and Brazil, are now co-coordinators. For 2025, the thematic circle wants to propose regular sessions for sharing experiences, studies and campaigns from PHM activists and country circles

#### 5. Trade and Health Thematic Circle

The main activity of the thematic circle was the establishment of the Political Economy for Health Blog: <https://pehblog.phmovement.org/intellectual-property-tool-of-colonialism/> The blog contributes to extending and deepening the discussion of political economy within PHM and the application of critical political economy to the struggle for health. The purpose is to create a platform where research and analysis regarding the political economy of contemporary globalised capitalism can be shared more widely, and the implications for population health and health care of such research and analysis can be explored.

The thematic circle joined the Public Pharma Project Advisory Group and participated in the conceptualisation of the workshop and Policy Brief “Public Pharma: what it is and why it’s important”.

#### 6. Food Sovereignty and Nutrition Thematic Circle

The thematic circle in 2024 had two main focuses: participation in PHA5 and the Nyeleni Global Forum on Food Sovereignty Process.

During PHA5, thematic circle members actively participated and organized plenaries, sub-plenaries, self-organized events and fruitful meetings on Food Sovereignty. Those activities counted with the participation of activists from different countries and social movements, especially from Latin America. The regional thematic circle was consolidated, and PHM joined the “Enlazados” alliance with the Latin American Agro-ecological Movement (Maela) and other social movements in the region.

The PHM, with the support of the thematic circle, joined the International Steering Committee of the Nyeleni Global Forum that will take place in 2025, participating in different commissions and working groups. PHM members and thematic circle members also participated in regional process and consultations in Latin America, Africa, Asia and Europe. PHM will indicate delegates from different regions to the Forum. The forum, 25 years after the creation of the concept of Food Sovereignty, will launch a process to deepen and widen the principles and concepts for food sovereignty and unite global movements to articulate an intersectional convergence towards joint proposals for system change. It will count on the participation of hundreds of thousands of people, peasants, small-scale fishers, Indigenous Peoples, consumers, NGOs and scholars – to discuss and propose solutions and priorities for the next years in the struggle for food sovereignty.

The thematic circle also continued to represent PHM in the civil society and indigenous peoples’ mechanism (CSIPM) of the United Nations Committee on World Food Security (CFS). There is a growing demand for CSF to become more actively involved in addressing the food crisis and the issue of food being weaponized.

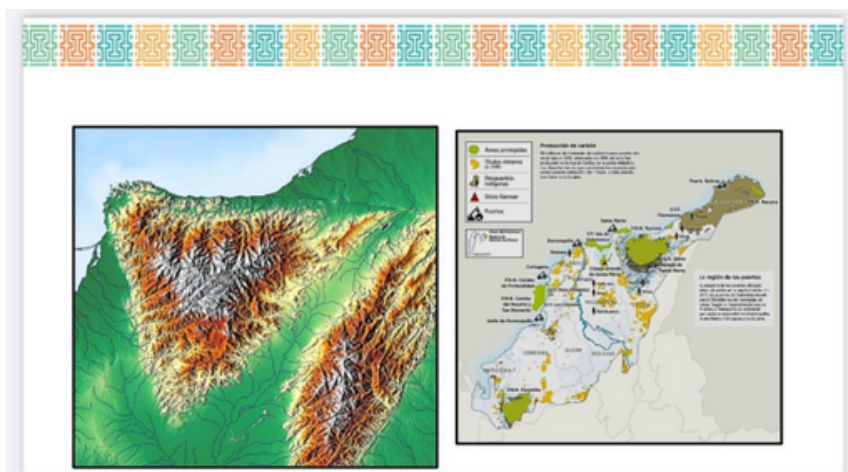
The meetings of the thematic group focussed on many relevant issues and were joined by many new members and contributions by them.

#### 7. Promoting ancestral and popular knowledge and practices



- PHM issued a statement in solidarity with the Palestinian health workers: <https://phmovement.org/palestinian-health-system-targetted-israel-crucial-part-resistance-against-genocide> PHM issued a letter supporting the boycott of the International Association for Relational
- Psychoanalysis and Psychotherapy - IARPP's annual conference scheduled for June in Tel Aviv, despite the international protests and criticism of the conference's location- <https://phmovement.org/the-peoples-health-movement-launches-an-appeal-to-boycott-the-international-conference-on-mental-health-in-israel>

In November 2024, PHM actively participated in the meeting of the International Alliance for the Defense of the Sacred (See the declaration here). This meeting took place in the Sierra Nevada de Santa Marta - Colombia. The Sierra Nevada of Santa Marta - SNSM (by its Spanish initials) and its surrounding ecosystems are under threat by the proposed construction of a dam named "Los Besotes" multipurpose project in the Guatapuri River, one of the 36 rivers originating from SNSM. From there arose the need to join international and local efforts to protect the SNSM through a [Campaign to defend and care for the river](#) through the ancestral knowledge and practices of the indigenous peoples of the Sierra Nevada de Santa Marta.



A small group of the Alliance for the Sacred visits a Kankurwa, Arhuaco indígenas people sacred place.

The HFAC evaluated the work implemented in 2024 and formulated some learned lessons to take into account whilst continuing the strong work in 2025:

- A review of the thematic circles is very important as some thematic circles are not always active. Identifying the gaps, relevance, and challenges and developing strategies to strengthen the circles Organize regular Inter thematic dialogues, follow-ups and regular communications Improving communications among the global programmes Coordination of the thematic circles by more young and active members More support for gender IPHUs, and Gender Based Violence (GBV)-work Expanding HFAC at the regional level Mobilising human and financial resources, as all the work is voluntary by the lead. Fundraising by the thematic circles is key. Need for capacity building and prioritising issues and campaigns beyond IPHUs Regular communications and updating of the website with the activities of HFAC Creating resources in regional languages Encouraging newer members and creating spaces for newer and emerging issues Larger challenges include the emerging threats from the external world; increasing authoritarianism, climate crisis, corporatisation of health and anti-gender campaigns that need more robust analysis, and solidarity building

## **II.B. Democratizing Global Health Governance (GHG)**

Despite a reduction in allocated funds, the GHG programme implemented a range of activities aligned with its mission to democratize global health governance. Key achievements of the year include the WHO Watch initiative which took place during the World Health Assembly (WHA) of the WHO, the WHO tracker and 3 regional International People's Health Universities (IPHUs) aimed at popularizing the GHG programme, conducted in collaboration with IPHU programs and regional partners.

Additionally, a dedicated GHG session was organized as part of the Fifth People's Health Assembly (PHA5) and the GHG Steering Council representative took part in the PHA5 programme development, showcasing the programme's thought leadership.

The GHG team also contributed to the Public Pharma project through coordination and advisory support. Throughout the year, the GHG team engaged in advocacy efforts and movement-building activities, reinforcing its commitment to democratize global health governance.

Ex-Watchers again contributed to the development of the WHO Tracker commentaries for the 2024 EB and WHA.

Since 2023, the WHO Watch has depended on ad hoc funding and smaller budgets to get their work done. This has resulted in the Watches consisting of smaller teams, a condensed workshop program, reliance on Northern watchers to self-finance, reliance on Watchers from allied organizations (e.g. MSF Access Campaign) to self-finance, reduced numbers of Watchers from the Global South, and cancellation of some Watches (e.g. EB154). But, in 2024, thanks to the support of PHM-ally Third World Network, a WHA Watch took place. In 2025 PHM is planning a new WHA-Watch, as new funds were found.



## 1. WHO Watch

In 2024, the WHO Watch took place during the 77th World Health Assembly of the WHO (WHA77), 27th of May to 1st of June 2025. The Watch started with a call for volunteer watchers to which 66 health activists responded from 15 countries across 8 regions. Finally, 10 people were selected to participate in the WHO watch process: Indrachapa Ruberu (Sri Lanka), Raquel Rachid (Brasil), Navamohana Krishna (India), Paula Mae Tanquieng (Philippines), Rajnia da Vito (Brasil), Aletha Wallace (Belgium), Allessandara Tisi (Switzerland), Mariana Lopes Simoes (Argentina/Germany), Juliette Claudine Mattijsen (Netherlands); Ben Verboom (UK/Canada). The team was assisted by Lauren Paremoer (South Africa), Dian Maria Blandina (Germany/Indonesia) and Anneleen De Keukelaere (South Africa /online).



# WHA77 WATCHERS



From 22 to 25 May 2024, the watchers gathered in Geneva in the lead up to the WHA77 for an intense preparatory workshop where each agenda item was further analyzed. This year's preparatory workshop was shortened to three days. During the workshop, the watchers presented their critical health perspective of their selected Agenda Items followed by comments from PHM resource people (online) for the watchers to obtain not only a solid understanding and critique of the topic discussed under each Agenda Item, but also to enable them to further develop commentaries to be read out during the Assembly. The WHO tracker was used extensively by the watchers in the preparation of their presentation. This workshop took place at the offices of TWN in Geneva. The agenda of the WHA Watch workshop can be found [here](#). The notes and presentations can be found [here](#).

On 25 May 2024, the WHO watchers attended the [G2H2 civil society workshop](#) "World in flames: civil society lost in the impotence of international law", which Dian Maria Blandina helped conceptualize and organize in her capacity as PHM representative on the G2H2 Steering Council; the first workshop session was moderated by Lauren Paremoer. WHO watcher Juliette Mattijsen spoke in the afternoon session on the war in Gaza "If Not

Now? Movement and Diaspora Alliance. Students' loneliness in the face of power". All WHO watchers participated in the workshop.

During the WHA77 (27 May to 1 June 2024), the WHO watchers attended all sessions and also took notes which were converted each day in a Daily Brief. The Daily Brief, provided in ENG, ESP and FR, is a summary of the proceedings of the day with a focus on resolutions passed, decisions made and contributions from member states relevant for advocacy or political understanding of the current global health landscape. Dian Maria Blandina led the coordination and finalization of the Daily Brief, working late nights throughout the WHA.

- Daily brief Monday 27 May 2024: [1. Monday 27 May \(EN\)](#)
- Daily brief Tuesday 28 May 2024: [2. Tuesday 28 May \(EN\)](#)
- Daily brief Wednesday 29 May 2024: [3. Wednesday 29 May \(ENG\)](#)
- Daily brief Thursday 30 May 2024: [4. Thursday 30 May \(ENG\)](#)
- Daily brief Friday 31 May 2024: [5. Friday 31 May \(ENG\)](#)

Furthermore, the WHO watchers together with global health activists developed PHM commentaries on specific topics which were read out on the floor during the Assembly by the watchers. All WHA77 Watch statements below were delivered in cooperation with Medicus Mundi International – Network Health for All.

- Statement on Agenda Item 11.1: Universal Health Coverage: [WHA77 Watch statement - 11.1 Universal Health Coverage](#) Statement on Agenda Item 13.3: Working Group on Amendments to the International Health Regulations (2005): [WHA77 Watch statement - 11.1 Universal Health Coverage](#) Statement on Agenda item 13.4: International Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response: [WHA77 Watch statement - 11.1 Universal Health Coverage](#) Statement on Agenda item 14.1: WHO's work on Health Emergencies, Health Conditions in the Occupied Palestinian Territories: [WHA77 Watch statement - ENG - 14.1 Health Emergencies, Health Conditions in the Occupied Palestinian Territories](#) Statement on Agenda item 15.1: Social Determinants of Health, Agenda item 15.2: Maternal, Infant and Child Health, Agenda item 15.3: Well-being and Health Promotion, Agenda item 15.5: Economics and Health For All: [WHA77 Watch statement - ENG - Group 3](#) Statement on Agenda item 15.4: Climate Change, Pollution and Health: [WHA77 Watch statement - ENG - 15.4 Climate change, pollution and health](#) Statement on Agenda item 28: Updates and Future reporting: Strengthening Integrated, People's-Centered Health Services: [WHA77 Watch statement - ENG - 28 strengthening integrated, people-centred health services](#) Statement on Agenda item 29: Matters for Information: progress reports (items A to O) - focus on gender: [WHA77 Watch statement - ENG - 29 Matters for information- progress reports \(Items A-O\) .docx](#)

In addition, the WHO watchers also developed a PHM Statement on Health Conditions in the Occupied Palestinian Territories ([PHM Statement on Health Conditions in the Occupied Palestinian Territories](#)) and a WHA77 PHM Policy Brief ([WHA77 Policy Brief .pdf](#)).

All of the above statements, Daily Briefs and the PHM Policy brief were shared with PHM global health activists via the PHM Steering Council, the Thematic Circle email lists, the G2H2 email list, the PHM exchange and the WHO watch lobby list (list with contact details of Geneva Mission representatives and others). Videos of the

statements read out during the WHA77 were published on the PHM YouTube channel and infographic posters were shared via twitter and Facebook to share the PHM critique with global health activists and media. The videos are also posted on [the PHM website](#).

The WHO watchers also contributed to two articles published on the People's Dispatch website:

- [WHA77 sees heated debate over Gaza health amid ongoing attacks : Peoples Dispatch](#)
- [Pandemic Treaty faces uncertain future as World Health Assembly begins : Peoples Dispatch](#)

While efforts were made during the WHA77 to inform PHM members about relevant topics, discussions and decisions made at the assembly, the WHO watchers also organised a webinar for PHM activists globally presenting the outcomes and decisions as well opportunities for advocacy; [Key Insights and Discussions from WHA77: Democratising Global Health Governance Perspective](#)

While the WHA77 resolutions are non-binding, they may include useful entry points for activists hoping to engage governments or regional organisations as they prepare for the EB next year, or implement national policies related to the resolutions. The PHM selected resolutions that might be of interest to health activists can be found [here](#).

## 2. WHO tracker

In 2024, the WHO tracker continued to provide a useful resource for health activists globally. In addition to the English version, a Spanish page was added. For now, this includes the WHO documents in ESP. The WHO tracker coordination organized the development of PHM commentaries on the EB154 and WHA77. This was done in close collaboration with the PHM thematic circles and ex WHO watchers. Furthermore, [a short explainer video for the WHO tracker](#) was developed following the IPHU's on GHG where health activists expressed the need for some support on how to navigate the WHO tracker.

## 3. The People's Health Assembly 5 (PHA5)

During the PHA5 event, the GHG Program hosted a dedicated session aimed at familiarizing PHM members with the objectives and scope of the program. The session also served as a platform to engage members in discussions about their preferred modes of involvement and to identify strategic priorities for the program's future direction. Furthermore, Lauren Paremoer played an integral role in shaping the program development for PHA5, contributing actively to its design and identifying speakers.

## 4. Collaboration with other PHM programs

### a. Public Pharma project

The GHG Coordinator plays an active and integral role within the Public Pharma Coordination Team, not only by participating in its bi-weekly meetings but also by contributing directly to the implementation of some key aspects of the project. One of the activities the GHG coordinator was actively involved in was the preparation, organizing and facilitation of the Public Pharma workshop (1-3 October 2024, see below). This workshop was designed to engage stakeholders in the development of a PHM position paper on Public Pharma. Additionally, the GHG program contributed to the PHM position paper in an advisory role as well. Lauren Paremoer is part of the Public Pharma Advisory Group, meeting monthly to provide strategic direction to the project.

### b. Regional IPHU on GHG

During the second half of 2024, three IPHU's on GHG were organized in three regions namely East and Southern Africa, East and Asia Pacific and Europe. This collaboration between the IPHU and GHG programs involved coordinators working closely together to ensure effective support for the regions in the planning and implementation of the courses. WHO watch alumni participated and presented on the WHO watch in all three regional IPHU's. Lauren Paremoer presented on "About WHO: History, Structures, Functions, Governance" (EAP), "Introduction to Global Health and Global Health Governance" (Europe), and on "WHO Watch" (ESA). The GHG coordinator, together with the IPHU coordinator prepared and facilitated the session on Theory of Change of PHM for the East and Asia Pacific IPHU on GHG. (see below)

#### c. Global Health Watch 7 (GHW7)-chapter on GHG

The GHG coordination team not only coordinated the development of Chapter D1: WHO and Global Governance for Health for the GHW7, it also wrote and edited the Chapter. WHO watcher Ben Verboom played a crucial role together with Dian Blandina and Lauren Paremoer while PHM comrades in Global Health gave input and suggested edits as well.

#### d. Health for All campaign

Various WHO Watchers were involved in the Stop the War Campaign, including the drafting of an open letter from the global public health community on the crisis in Gaza garnering signatures from nearly 1000 individuals.

A webinar on Gender politics and Global Health Governance was organized. In this webinar three speakers focus on mapping the ongoing pushback against women's rights at the WHO, the contradictory effects of recognising women's SRHR as part in the Cairo Declaration on Population and Development, and the imagination of how women's rights should be defended and advanced in a multilateral system of the future. The webinar was followed by communication to all participants sharing [the video link of the webinar](#) and [the presentation](#) for those who missed the webinar but also to share a strong call to action. The sign-on letter "[The pushback on Women's Rights Must be Stopped](#)", developed by women active in GHG advocacy. The letter is available in over 26 languages and has over 150 signatures already. The statement will be officially released with lots of media attention by the beginning of 2025.

### 5. Advocacy and movement building

PHM was represented by GHG-activists on the People's Working Group on Multistakeholderism (PWGM) and the Summit of the Future (SOFT), coordinating and developing PHM comments on Multistakeholderism at SOFT. A declaration on the failures of the UN system in relation to Palestine was issued (PHM endorsed this)

Following the Africa Workshop on the INB and Pandemic Treaty which took place in November 2023, the GHG team developed a letter to be shared with governments in Africa to urge them to stand firm in defending the proposals presented by the Africa Group and Equity Group. This letter was sent to the South Africa presidency and mission in Geneva who responded and asked for a meeting which took place with support of MSF South Africa and TWN. The call included supporting investment in functioning health systems, the need to ensure technology transfer, diversification of production and suspension of intellectual property rights during pandemics and public health emergencies, effective, transparent and accountable pathogen access and benefit-sharing mechanism and conditions on publicly funded research that promote equity.

The GHG team was involved in drafting and disseminating to the MSF board the open letter protesting the closure of their Access to Medicines Campaign. In June 2024, Médecins Sans Frontières (MSF) announced plans



to close its Access Campaign by the end of the year, aiming to shift focus toward the immediate needs of its field operations. This decision prompted significant backlash from over 100 civil society organizations and numerous health experts, who expressed concerns that dismantling the campaign would undermine global efforts to improve access to essential medicines and health technologies. Critics argue that the Access Campaign has been instrumental in advocating for policy reforms to enhance the affordability and availability of critical health products, and its closure could leave a void in the global health landscape. In response to these concerns civil society including PHM, has urged MSF to reconsider, emphasizing the campaign's vital role in addressing health inequities and supporting vulnerable populations worldwide.

The GHG program developed comments on the G20 HWG Ministerial Declaration critiquing the focus on AI and digital health, the normalization of global health initiatives, the silence on the commercial drivers of AMR, the location of the Pandemic Fund within the World Bank, the multistakeholder approach to governance of the Coalition for Local and Regional Production, Innovation and Equitable Access and lack of operationalisation of the HRH program.

### **II.C. Capacity Building and the International People's Health University (IPHU)**

#### **1. Colombia in-person IPHU course in Sierra Nevada de Santa Marta**

With support of Begeca-Misereor an in person IPHU was organized in Colombia. The IPHU course took place in Sierra Nevada de Santa Marta with participants from indigenous communities in the region and other Colombian PHM circle members. With the participation of about 60 representatives of the indigenous peoples Yukpa, Wayúu, Wiwa, Arhuaco, Kankuamo and Kogi, and other Colombian regions, the activists met for the IPHU "Health in and with the Indigenous Peoples of the Sierra Nevada de Santa Marta", held from October 7 to 11 in Pueblo Bello, Cesar, Colombia. The IPHU course was organized by the national circle of the PHM Colombia with the support of the Association of Indigenous Councils of Cesar and La Guajira, the Indigenous EPSI -Dusakawi- and the Social Work Faculty of the Universidad de la Salle. IPHU announcement can be found [here](#).

This IPHU aimed to emphasize a critical political economy, decolonial and gender equity approach for the health of the indigenous peoples of the Sierra Nevada de Santa Marta, in order to raise awareness of the barriers that have prevented the achievement of health to all and to share experiences of common struggle.

Details on curriculum, methodology and session plan can be found here: <https://docs.google.com/document/d/1lWPXj53PsyP598qz3qP0et34TGeNSp44/edit?usp=sharing&oid=114742663530310613789&rtpof=true&sd=true>



Students in the IPHU course in Colombia

As a result of this course, a [Call to Action for the health of the indigenous peoples of the Sierra](#) and its surroundings was built and approved, which was published as a primer that will serve as an instrument to guide the struggles for health during 2025.

## 2. Online IPHU course for activists from Latin America

This year, the Latin American coordination of the People's Health Movement in collaboration with the Instituto de Altos Estudios en Salud Arnoldo Gabaldón (IAES) in Maracay, Venezuela, launched a training program for health activists in Latin America. The course is ongoing and is scheduled from November 13, 2024 to April 30, 2025, to take place once every 2 weeks. Three out of nine sessions of this course were held in 2024.

We received a tremendous response to the course with more than 400 health activists from 19 countries in Latin America applying for the course. The regions decided to select most of the activists. About 250 selected applicants confirmed back and have been participating in the course.

Latin America online IPHU applicants information			
<b>Brasil region</b>	<b>94</b>	<b>Meso-america &amp; Carribbean region</b>	<b>72</b>
Brasil	94	Cuba	1
<b>Julio Monsalvo region</b>	<b>66</b>	Mexico	22
Argentina	23	Chiapa	2
Chile	38	Nicaragua	4
Uruguay	4	Dominican republic	3
Paraguay	1	Costa rica	3
<b>Andean region</b>	<b>175</b>	Honduras	4
Bolivia	38	Guatemala	19
Colombia	51	El Salvador	14
Ecuador	34		
Peru	20		
Venezuela	32	<b>TOTAL</b>	<b>407</b>

The course was organised and designed mainly by a committee formed for this purpose consisting of members from various regions of Latin America. The PHM Global secretariat supported the implementation.

The objective of the course was to train health activists in the principles and struggles of the People's Health Movement (PHM), exploring the intersections of health, gender, race, class, social, environmental and economic justice. The methodology involves synchronous and asynchronous activities. Online zoom sessions corresponding to the 9 themes are held every 2 weeks. Country whatsapp and support groups have been formed in which PHM members and activists support the participants with the sessions as needed. The 9 sessions are as below:

- Session 1: Introduction to the People's Health Movement (PHM):
- Session 2: Critical Analysis of International Health Governance:
- Session 3: Civilizational Crisis and Health (Ecosystem Health: Food, Energy, Climate):
- Session 4: Diverse Knowledge: Indigenous, Ancestral, Feminist, Afro-descendant, Decolonial, Anti-imperialist and Anti-capitalist:
- Session 5: Gender Justice
- Session 6: A World Free from Corporate Control
- Session 7: Sovereignty and Peace
- Session 8: Health Systems Transformation:
- Session 9: Action Plan and Closing

View details on the session and methodology here-

<https://docs.google.com/document/d/1ZY0yO5Z19E2xzc0Xv6RFUXWojEzKnePa/edit?usp=sharing&ouid=114742663530310613789&rtpof=true&sd=true>

### 3. Global Health Governance online IPHUs in 3 PHM regions

In the 2nd half of 2024, three International People's Health University (IPHU) courses on Global Health Governances (GHG) were held. The IPHUs were planned and implemented jointly by the IPHU and GHG programme team of PHM focused on the PHM regions. After respective regional consultations, three regions expressed interest in the IPHU. The IPHUs were held in the East and South Africa region (ESA), East and Asia Pacific (EAP) region, and Europe region. The regions led the entire process from selection to curriculum

modification. Wherever possible WHO watchers were involved in the whole process too. The IPHU and GHG programme team from the PHM provided the technical and other support as requested by the region.

The objectives of the workshop were to:

- explore the interplay between community activism around local health issues and the challenges of global engagement;
- introduce PHM activists from EAP region to PHM's WHO Watch program;
- review key issues addressed in the recent World Health Assembly. Explore the local and regional implications of those issues and identify local and regional priorities for engagement;
- explore the potential outcomes and challenges involved in policy engagement with government officials regarding their policy positions on current issues of international debate;
- develop our policy analysis, policy development and policy advocacy skills;
- identify local and regional priorities and plan for priority actions.

See detailed study plan below. This was modified by the regions to different extent to suit their requirements:

[https://docs.google.com/document/d/1y2vFTpUf19JMG-QRK\\_GkIxJFibkPEfK/edit?usp=sharing&oid=114742663530310613789&rtprof=true&sd=true](https://docs.google.com/document/d/1y2vFTpUf19JMG-QRK_GkIxJFibkPEfK/edit?usp=sharing&oid=114742663530310613789&rtprof=true&sd=true)

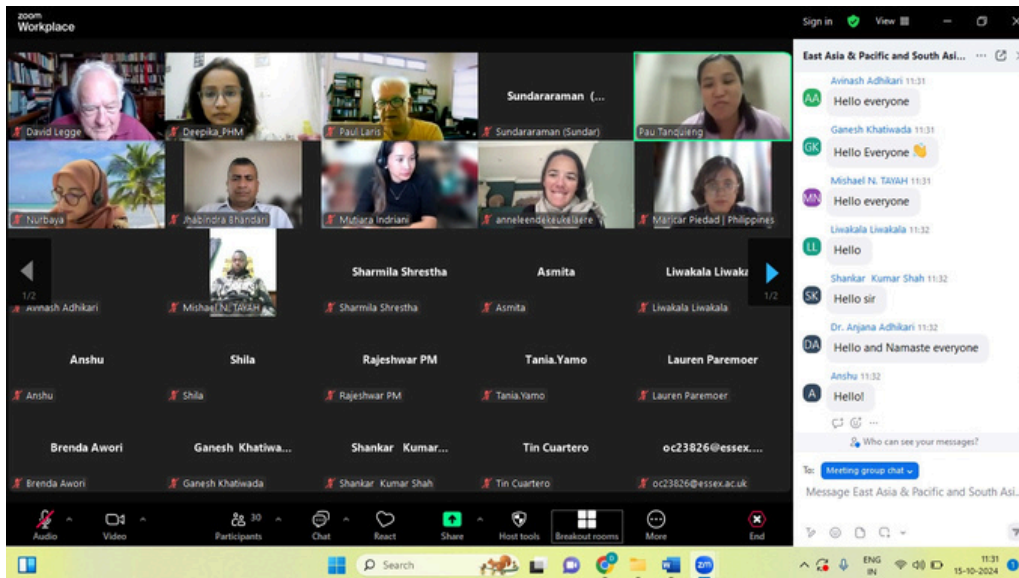
An overview of the number of participants who applied and finally completed the course can be viewed in the table below:

Region	Applied	Selected	Registered/ confirmed participation	Participants who completed the course given certificates
East and South Africa	84	37	30	14
East and Asia Pacific	62	48	35	9

In East and South Africa, we received applications from Burundi, Cameroon, DRC, Ghana, Haiti, Kenya, Lesotho, Malawi, Mali, Mozambique, Nigeria, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe.

In East and Asia Pacific, participants applied but not just from EAP but also from South Asia and the African continent. Almost half of those who applied were from Nepal. Although we mainly intended to take participants from the East Asia & Pacific and South Asia region, seeing the applications, the region decided to include participants from other regions too. Thus, the IPHU ended up becoming more of a global IPHU!. The participants that registered after selection in EAP region were- Nepal (19), Indonesia (2), Philippines (2), Papua New Guinea (2), Timor Leste (1), India (1), Australia (1), Thailand (1), Cameroon (1), Haiti, (1) Uganda (1), Zambia (2), and South Africa (1).





A draft course structure was shared with the regions. However, the regions modified the course guidelines to suit their region's needs and suggestions from its members. For example, the ESA region decided to arrange the sessions from the macro (Theory of Change) to micro (Watching the regional committees). ESA region invited Andreas Wulf from Medico International to talk about the then ongoing World Health Summit and the action in the region around it during the time. East and Asia Pacific circulated the 6 session programmes to session leads and some of them suggested modifications in their respective sessions.

This was the first time that PHM had undertaken regional online courses on Global Health Governance and we were learning while doing it. An evaluation was done with the participants during the Zoom sessions itself, by circulating evaluation forms and through reflections among members involved in the IPHU organising process. 19 ESA participants and 22 EAP participants filled the evaluation form. This included dropouts, they were encouraged to fill the evaluation form to understand the reasons for drop out better. Here some of the main conclusions:

- a. Dropouts: course dropout rates ranged from 25-45%, with similar trends in both regions. The overall % dropout was similar for both regions as the ESA region had a more relaxed criterion to award certificates. In 2021, an online IPHU course on Gender Justice saw 56 of 65 selected participants complete the program, with minimal dropouts. We think the higher % of dropouts in the GHG courses were due to the format of the course which was not lecture based rather focused on assignments and readings to be done by the participants in preparation for the online zoom session. EAP participants cited lack of time as the main reason for dropping out.
- b. Format of the course: weekly structure included readings, exercises, and discussion sessions, requiring 4-8 hours of preparation. Participants expected one-way lectures and underestimated the workload despite clear instructions. An orientation session at the start (as done in WSA) was suggested for better preparation. A participant noted the course inspired them to take advocacy action, like setting up a website for WHO Watch involvement.
- c. Course Content: readings and discussions were complex, exceeding participants' expectations. Some felt unprepared for high-level topics. Suggestions included limiting readings, providing summaries, and offering orientation for upcoming sessions. Participants proposed creating different course levels to cater to diverse backgrounds and expectations.
- d. Other feedback: scheduling on weekends and providing recordings were recommended to accommodate working professionals. Advertisements should clarify the course's focus o

advocacy rather than traditional health systems. WhatsApp groups were appreciated, and mental health check-ins at the start of sessions were suggested to assess morale.

Overall, these GHG courses were very encouraging for us in the IPHU team as well as the region. We saw great enthusiasm from our PHM members in the region to organise as well as circulate about the course. We hope to follow up with the participants through PHM regional circles. This was particularly encouraging as we were doing this for the first time. The IPHU team hopes to learn the lessons from this course and continue this course in future.

#### **II.D. Global Health Watch: Promoting a Robust Critical Political Economy based Analysis of Health**

Based on GHW7 roadmap developed in 2023, the GHW7 editorial committee<sup>1</sup> worked to further develop the GHW7 table of content. This process was strategically aligned with the process to develop the program of the fifth People's Health Assembly (PHA5), and took advantage of the meaningful political discussions on the different axes of the program that involved activists from all PHM regions and thematic groups.

PHA5 itself was a key strategic moment to discuss and strengthen the process to develop GHW7. Thanks to the financial support of Rosa Luxemburg Stiftung (RLS), this was achieved through two dedicated 2-hour workshops with the following objectives: 1) make GHW and the roadmap to produce GHW7 known to the activists attending PHA5; 2) promote cross-regional contributions to key GHW7 chapters; 3) strengthen activists' capacities to collaboratively write about their struggles and experiences.

The first workshop took place on April 8, with the following outline:

- introducing GHW;
- GHW7 roadmap;
- key opportunities for cross-regional collaboration in GHW7.

25 people participated from all world regions. Ron Labonté and Chiara Bodini briefed participants on GHW, illustrating the process to develop the publication and the draft table of contents for GHW7. Sagrario Lobato Huerta from PHM Mexico contributed with her experience on critical public health writing and publication. Discussion among participants highlighted key areas for inter regional collaboration in drafting GHW7 chapters. Several participants volunteered to contribute to selected thematic areas or chapters.

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<sup>1</sup>GHW7 Editorial Committee members: Ron Labonte (Canada; PHM, coeditor of GHW7), Chiara Bodini (Italy; PHM, coeditor of GHW7), Rene Loewenson (Zimbabwe; TARSC, Equinet), Dave McCoy (Malaysia; UN university international institute for global health), Dian Blandina (Indonesia; PHM global health governance group), Devaki Nambiar (India; George institute for global health and PHM India), Matheus Falcao (Brazil; Brazilian Centre for Health Studies - Cebes and PHM Brazil), Lauren Paremoer (South Africa; PHM global health governance group), Penelope Milsom (UK; Medact), Ravi Ram (PHM Kenya), Hani Serag (PHM, Co-chair of Global Steering Council).



Health for All Now!  
**People's Health Movement**



## GLOBAL HEALTH WATCH at PHA5

Join us for two strategizing workshops at the 5th People's Health Assembly (PHA5)!



**WHEN:** April 8th and April 10th, 2024  
15.45-17.15

**WHERE:** 13 de Julio Hotel, Mar del Plata

### PROGRAM:

- 1st session (8 April 2024, 15.45-17.15)
  - Introducing Global Health Watch (GHW) (Ron Labonté)
  - GHW7 roadmap (Chiara Bodini)
  - Key opportunities for cross-regional collaboration in GHW7 (Sagrario Lobato)
- 2nd session (10 April 2024, 15.45-17.15):
  - GHW7 chapter development and mutual contributions with country experiences (Ron Labonté Chiara Bodini)

### METHODOLOGY:

Both workshops will use a participatory methodology and engage participants in active discussion around GHW7 planning, production and dissemination as a tool for movement building in countries and regions, as well as globally.

Supported by:



Flyer of GHW workshops at PHA5

The second workshop took place on April 10, and was attended by 15 participants, partly different from the previous one and more representative of the Latin American region. The discussion focused on which country activities/experiences can feed into the GHW publication, and how the GHW experience can be used in countries to foster watching and monitoring initiatives.

After the PHA5, and incorporating suggestions from those discussions, the GHW7 table of content was finalised as follows:

- Introduction
- Section A (The global political and economic architecture)
  - Capitalism, Health, and Global Health Governance under Collapsing Neoliberalism
  - Advancing an Eco-Feminist Political Economy for Health
  - Popular and ancestral wisdoms for Buen Vivir
- Section B (Health systems and policies)
  - Resisting healthcare privatization and promoting progressive public health systems reforms
  - AI, digital health, and health technologies
  - A gender transformative approach to sexual and reproductive health
  - Abolition medicine as a tool for health justice
  - Decolonizing health
- Section C (Social determinants of health)
  - War, conflict, and displacement
  - People on the move
  - Work and health
  - Tax justice (national/global)
  - Commercial/corporate determination of health
- Section D (Watching of global governance institutions)
  - WHO and global governance for health
  - Unpacking our pandemic failures for future pandemic prevention, preparedness, and response
  - Financing for pandemic recovery/prevention and climate change mitigation
  - Multilateralism and civil society participation
- Section E (Struggles, resistance and alternatives)
  - National human rights struggles for health
  - Holding extractives to justice
  - Fear and hope in 'speaking truth to power'
  - PHA5: Gatherings for activist energizing and re-optimization

Members of the GHW7 Editorial Committee took responsibility for different chapters, to facilitate the creation of groups of contributors with different activist and geographical backgrounds. Lead authors were identified from each group.

In parallel, Ron Labonté and Chiara Bodini as co-editors finalized discussions with the selected GHW7 publisher ([Daraja Press](https://darajapress.com/)<sup>2</sup>) and a contract was signed in September 2024. The agreement includes publication of individual chapters as stand-alone publications (in English and Spanish) between January and May 2025, followed by publication of the entire book both in English and in Spanish. Thanks to the support of Medico International, a professional English-Spanish interpreter has been appointed to support the translation. Chapters as well as the whole book will be freely downloadable from both the Daraja and the PHM websites. The following will be listed as GHW7 co-producing organizations: Medact, Third World Network, Health Poverty Action, Medico International, ALAMES, Viva Salud, Sama, and Equinet.

Beyond GHW7 work, the GHW program also took care of the publication of popular booklets for the dissemination of GHW6 content, also related to the 5 axes of PHA5. In collaboration with the Indian graphic

<sup>2</sup> <https://darajapress.com/>





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collective People Tree Studio, 4 out of 5 planned booklets were published during PHA5, while the 5th one (on Buen Vivir) is scheduled for publication in the first half of 2025. The 4 booklets (1. Towards transformation of health systems; 2. Gender justice in health; 3. Ecosystem health: food, energy, climate; 4. Resisting forced migration and war) are available on the PHM [website](https://phmovement.org) in English, Spanish, and French.

**PHA5 COMICS**

SCAN & DOWNLOAD

**ECOSYSTEM HEALTH**

**GENDER JUSTICE**

**WAR AND OCCUPATION**

**HEALTH SYSTEMS**

[HTTPS://PHMOVEMENT.ORG/PHA5-COMICS](https://phmovement.org/pha5-comics)

Flyer of PHA5 comics

## II.E. Public Pharma

The new Public Pharma project, supported by the Isvara Foundation, kicked off in 2024. The 3-year project aims to change the narrative and the policy regarding pharmaceuticals, promoting the concept of Public Pharma.

The project was set up to focus on the European and Brazilian region, with support from PHM Global watching over the global strategies.

#### 1. Setting up a governance structure

One of the key goals in 2024 was setting up a governance structure able to integrate and connect the project with other PHM Programmes, Regions, Thematic Circles and Global Secretariat activities. In this sense, the Public Pharma project governance structure was organized in three levels:

- executive coordination
- advisory group
- and regional coordinations with different responsibilities.

The executive coordination group is composed of PHM hired staff, both from the PHM Global Secretariat as from both regions (Brazil - Europe), representing key PHM programmes and the main regions involved. It is responsible for leading, planning, executing and reporting the daily activities of the project implementation in close dialogue with PHM global and regional instances – programmes, thematic circles, regional circles, steering council, global secretariat, coordinating commission, finance commission, etc. The executive coordination elaborates yearly global work plans, proposes budget allocation, sets priorities, schedules and follows up internal and external meetings, implements the actions collectively decided (campaigns, events, materials, etc) and elaborates internal and external reports. All the main decisions and actions are validated and approved by the Advisory Group (with PHM expert activists from Malaysia, South Africa, India, among others), which provides political and intellectual guidance in all steps of the project implementation. The executive coordination and the project as a whole is accountable and will respond to the AG, the PHM Global Coordinator, the PHM Coordination Commission and the PHM Steering Council.

Each region (Europe and Brazil) is coordinated by a part-time local coordinator, together with a local volunteer team composed of PHM country circle members, local/regional allies and political or institutional partners. They are responsible for leading and implementing the regional work plan. The members are:

- Brazil: Sara Helena Gaspar (Project Coordinator), Matheus Falcão (PHM Brazil), Leonardo Mattos (PHM Brazil), Luciana Lopes (PHM Brazil), Alane Ribeiro (PHM Brazil), Susana van der Ploeg (Intellectual Property Working Group - GTPI) and UAEM (Universities Allied for Essential Medicines) representative
- Europe: Alan Silva (Project Coordinator) + PHM Europe + Public Pharma for Europe Coalition. A major result of this year's work has been the creation and launch of the European coalition for Public Pharma: Public Pharma for Europe (PPfE). In addition to several individuals, the following organizations are currently part of the coalition: Abundance (United Kingdom), Access to Medicines Ireland (AMI) (Ireland), BUKO Pharma-Kampagne (Germany), De Gezondheidszaak (Netherlands), Global Initiative for Economic, Social and Cultural Rights (GI-ESCR) (International), Health Action International (HAI) (Netherlands), Medico International (Germany), Medicine for the People (MPLP/GVHV) (Belgium), Organization for Workers' Initiative and Democratisation (BRID) (Croatia), Oxfam (International) People's Health Movement (PHM) Europe, People's Medicines Alliance (PMA) (International), Pharmaceutical Accountability Foundation (Netherlands), Pharma für Alle (Switzerland), Salud por Derecho (Spain), and Viva Salud (Belgium).

Sooner than planned other regions are also getting involved. In South Africa several health activists are now part of the project, they all participated in the Public Pharma workshop (Oct 1 – 3, 2024, see below) and created a local Public Pharma coordination group.

The Advisory Group (AG) is the body responsible for following up the project implementation, connecting the project with different PHM instances and partners, proposing ideas, actions and activities, approving and validating the executive coordination initiatives, providing strategic political and technical directions, supporting networking, evaluating the executive coordination work, getting involved directly with different project phases and products.

## 2. Europe

PHM dedicated significant efforts toward the establishment and expansion of Public Pharma in Europe. Through a series of strategic activities and collaborations, the European region mobilized various sectors of society to advance our mission. Below is a summary of the key initiatives and activities implemented in 2024.

### a. Conference: “Public Pharma for Europe: Strengthening Public Health and Advancing Equity”

On March 15-16, 2024, PHM co-organized a pivotal conference in Brussels, Belgium, titled "Public Pharma for Europe: Strengthening Public Health and Advancing Equity." This event brought together approximately 140 registered participants, with around 80 attending in person, representing 27 different countries. The conference was co-organized with Civil Society Organizations (CSOs) such as Médecine Pour Le Peuple (MPLP) (Belgium), Medico International (Germany), Health Action International (HAI) (Netherlands), Oxfam (International), and Viva Salud (Belgium). A significant outcome of this conference was the creation of the [Public Pharma for Europe \(PPfE\) coalition](#), an alliance committed to the establishment, defense, and expansion of Public Pharma across Europe.



Conference Public Pharma for Europe, March 15-16, 2024

This newly founded coalition comprises a diverse array of networks, social movements, CSOs, patients, scientists, activists, and academics, all united by a common goal. Among the CSOs involved are Abundance (United Kingdom), Access to Medicines Ireland (AMI) (Ireland), BUKO Pharma-Kampagne (Germany), De



Gezondheidszaak (Netherlands), Global Initiative for Economic, Social and Cultural Rights (GI-ESCR) (International), Health Action International (HAI) (Netherlands), Medico International (Germany), Medics for the People (MPLP/GVHV) (Belgium), Organization for Workers' Initiative and Democratisation (BRID) (Croatia), Oxfam (International) People's Health Movement (PHM) Europe, People's Medicines Alliance (PMA) (International), Pharmaceutical Accountability Foundation (Netherlands), Pharma für Alle (Switzerland), Salud por Derecho (Spain), and Viva Salud (Belgium). PHM's key responsibilities included the development of the visual identity, website, and social media accounts for the coalition, which were delivered in October 2024.

Together with the creation of the new coalition a PPfE-website was developed and launched in 2024:  
<https://publicpharmaforeurope.org/>

b. Participation in Strategic Events

Workshop: "Developing New Models for Pharmaceutical Innovation: Towards a Mixed Economy": On July 15th, 2024, PHM actively participated in a workshop held in Amsterdam, Netherlands, entitled "Developing New Models for Pharmaceutical Innovation: Towards a Mixed Economy." During the workshop, PHM made several key interventions, invited participants to join the PPfE coalition, and distributed informational flyers on Public Pharma.



"Increased public leadership and responsibility, including the establishment, continuation, and expansion of Public Pharma can serve as an antidote to Big Pharma's abuses and better safeguard people's health."  
-Public Pharma for Europe Coalition

**Public Pharma for Europe** A coalition advocating for increased public leadership to establish, continue, and expand Public Pharma.

**Goals that will promote the right to health globally**

- Timely and equitable access to medicines, vaccines, and other health technologies
- R&D priorities aligned with public health needs and providing evidence of therapeutic benefits
- Expanded systems of public participation in decision-making
- Improved conditions for health workers

**Strategic action to overcome Big Pharma's lobby**

- Raise awareness across every sector of society
- Mobilise collective political power to drive change
- Put forth concrete proposals to establish, continue, and expand Public Pharma in Europe

The Public Pharma for Europe Coalition came together in mid-2024 with the aim of achieving public infrastructure for medicines, medical products and tools across Europe. It is a diverse and open group, welcoming anyone who believes we can reimagine and transform the pharmaceutical sector. The coalition is based in Europe and also seeks to create wider global solidarity networks working towards Public Pharma worldwide.

**Connect & learn more!**



Billions of people around the world lack access to medicines, vaccines, and other health technologies. Despite major public-private partnerships and almost active contributions, pharmaceutical development, manufacturing, and distribution are largely controlled by the private sector, particularly large multinational corporations known as Big Pharma.

**What is our objective?**

This public-driven model is characterised by several declarations that significantly hinder the global realisation of the right to health, including a lack of innovation, a disconnect between R&D efforts and public health needs, a lack of evidence on therapeutic benefit at marketing authorization, private appropriation of public resources, shortage of essential health technologies, antibiotic resistance, evidence-based clinical trials, distortions in drug prescriptions, power asymmetries between states and transnational corporations, and increasing tensions and inequalities between the Global North and the Global South.

The COVID-19 pandemic has exacerbated these issues, but it is important to recognize that there are longstanding problems that have threatened public health for decades. Therefore, we argue that increased public leadership and responsibility, including the establishment, continuation, and expansion of Public Pharma can serve as an antidote to Big Pharma's abuses and better safeguard people's health.

**What do we mean by Public Pharma?**

Public Pharma refers to the infrastructure, policies, and governance mechanisms dedicated to achieving the aforementioned objectives. It encompasses institutional arrangements where governments, private citizens who believe we can reimagine and transform the pharmaceutical sector. We establish governance driven by public interest. It does not include initiatives that use public resources, whether financial or organisational, non-profit organisations, to create private enterprises.

We believe that Public Pharma should be restricted to the early stages of pharmaceutical production, development, or worldwide. We do not accept funding from specific groups of diseases. States should

The Public Pharma for Europe (PPfE) coalition advocates for and supports public leadership and responsibility in establishing, continuing, and expanding public policies, and governance mechanisms in Europe.

International solidarity is a crucial part of the initiative. Public Pharma provides a concrete means of facilitating historical negotiations by promoting technology transfer, enabling fair commodity practices, and countering the power of transnational corporations operating in the Global South.

**How will we achieve our goal?**

The best arguments alone are not enough to convince decision-makers and overcome Big Pharma's lobby. We believe that the establishment, continuation, and expansion of Public Pharma will only be possible through a combination of different approaches: awareness-raising, putting forth concrete proposals, and mobilising political power to drive change.

**About our coalition**

The Public Pharma for Europe Coalition is a diverse and open group, welcoming anyone who believes we can reimagine and transform the pharmaceutical sector. We are exclusively composed of a wide range of networks, social movements, civil society organisations, non-profit organisations, scientists, activists, and academics. We are based in Europe and also seek to operate within global solidarity networks working towards Public Pharma worldwide. We do not accept funding from private for-profit entities.

Public Pharma for Europe flyers

Same flyers were shared during the [World Health Summit 2024](#) on October 13-15, 2024.

The European project coordination also participated as speaker at the "Who's Got the Power? Who Should Have the Power? Power and Governance in Global Health Politics"-event on October 14th, 2024, co-organized by members of the PPfE coalition (Medico International and BUKO Pharma-Kampagne) in Berlin, Germany. The event critically assessed governance challenges in global health, marking 15 years of inoperability of the World



Health Summit. PHM delivered an introductory presentation on Public Pharma, as well as seized the opportunity to disseminate the new version of the PPfE coalition flyer, the recently launched website and social media accounts. Bit later the project participated in the workshop “Reclaim the United Nations!” on October 17-19, 2024. From November 29th to December 1st, 2024, PHM actively participated at the Gesundheitspolitisches Forum 2024 in Dresden, Germany. With over 190 medical doctors in attendance, this event provided a valuable opportunity to engage healthcare professionals in the struggle for Public Pharma. Flyers for the PPfE coalition were also distributed.

#### c. Joint Op-Eds on Public Pharma

These op-eds are a vital tool in challenging the dominant neoliberal narrative in pharmaceutical policy, which prioritizes profits over public health. By fostering critical discussions and offering concrete alternatives, the op-eds aim to highlight the systemic failures of the current model and promote the transformative potential of Public Pharma. Through these contributions, PHM seeks to shape public discourse and influence policymakers:

- 05/2024 - Verein demokratischer Pharmazeutinnen und Pharmazeuten (VdPP) - [Konferenz Public Pharma for Europe](#) (German) 21/06/2024 - Outra Saúde - [Patentes: Jonas Salk, contra a normalização do absurdo](#) (Portuguese)
- 21/06/2024 - Peoples Dispatch - [29 absurd](#) (English) 25/06/2024 - Medico International - [Gegen die Normalisierung des Absurden](#) (German) 10/09/2024 - Peoples Dispatch - [Public Pharma vs. abusive prices: the case of the latest HIV-prevention drug](#) (English) 12/09/2024 - Outra Saúde - [Lenacapavir: quanto custa defender a saúde pública?](#) (Portuguese) 12/2024 - Dr. med. Mabuse - [Public Pharma for Europe Wie kann Arzneimittelforschung und -entwicklung gerechter und nachhaltiger werden?](#) (German)

#### d. Selected Media Mentions 2024

The growing visibility of Public Pharma, the project made the choice to invest in a visual brand (website, [instagram](#), LinkedIn, ...), has been reflected in diverse media outlets across Europe and beyond. These media mentions are instrumental in contesting the prevailing neoliberal paradigm that governs the pharmaceutical sector, amplifying the call for public-driven solutions, and changing the narrative. Throughout 2024 the project/public pharma was mentioned in more than 30 articles, in English, Portuguese, French, Dutch, Italian, Rumanian, and it was even part of a Politico Newsletter.

#### DRIVING THE DAY

**NGOs BAND TOGETHER TO DEFEND PUBLIC PHARMA:** While everyone in Brussels wants to talk about competitiveness, a new group of health NGOs is trying to change the tune. The [Public Pharma for Europe coalition](#), including groups like Health Action International, says Europe needs an urgent expansion of publicly-owned pharmaceutical infrastructure.

**What is it?** The new alliance launches today comprising 12 European health NGOs, which says the profit-driven pharmaceutical model has failed to deliver innovation or medicines at affordable prices.

"The solution of investing money in private enterprises, de-risking private enterprises has already shown no success ... we need a model driven by public health needs and not by profits, so we can have more rational decisions," Alan Silva, a researcher at the People's Health Movement and member of the new coalition, told Rory.

**Where's the current model going wrong?** Let us count the ways, the group says. Their [press release](#) highlights lack of innovation, the private appropriation of public resources, drug shortages, exorbitant prices and biased clinical trials. "Of course Big Pharma's model is a success for their shareholders; it's a failure for the public," Silva said.

Article in Politico Newsletter (17/10/2024)

#### e. Capacity building events

PHM has organized several key events and initiatives, including a webinar called ["Public Pharma for Europe: The Case of CAR-T Cell Therapy"](#). On September 19th, 2024, PHM co-organized a webinar focused on CAR-T Cell Therapy within the context of Public Pharma for Europe. This event was organized in collaboration with 11 civil society organizations, including Health Action International, Médecine Pour Le Peuple, Viva Salud, and others. Despite the technical nature of the debate, the event garnered over 90 registrants, with approximately 50 participants joining live.

A main take-away and conclusion from the 2024 work is that clarity and tangibility have emerged as essential pillars for advancing the Public Pharma agenda. Clearly defining what Public Pharma entails (see below, the PHM Public Pharma position paper developed late 2024), mapping existing and historical initiatives—both within Europe and globally—and positioning these initiatives as potential solutions to real-world problems, such as abusive pricing and shortages of essential health technologies, are critical strategies. These efforts underscore that Public Pharma is not a utopian fantasy but a viable, practical solution. Highlighting such examples grounds the concept in tangible realities and demonstrates its transformative potential, inspiring broader engagement and action.

The overarching strategic objective for 2025 is to build real political power to establish, protect, and expand Public Pharma in Europe. While 2024 laid the groundwork—creating a coalition, defining and disseminating a clear concept of Public Pharma, and launching a website and social media platforms—2025 must be the year to make this struggle more concrete. First, successful past and current Public Pharma initiatives, particularly within Europe, must be identified and widely disseminated. These examples will serve as proof of concept and inspire further engagement. Second, the coalition must grow significantly, with a focus on engaging political parties, labor unions, student groups, and patient organizations. These groups represent vital allies in pushing the Public Pharma agenda forward. Expanding this network will help ensure that Public Pharma becomes a widely recognized and actionable priority across Europe. For example, in 2024 the Swiss social democratic party included the issue/struggle for public pharma into their political program. Another example, this time outside

of Europe, in Sri Lanka, Prof. [Manuj Weerasinghe](#), South Asian Coordinator of PHM and member of People's Health Movement Sri Lanka was appointed as the new Chairman of the State Pharmaceuticals Corporation (SPC), on 28.11.2024. This does and will have a concrete impact in favor of Public Pharma in the near future.

### 3. Brazil

In Brazil, PHM has focused on two parallel paths in 2024: understanding the “state of the art” regarding public pharma in Brazil, and preparing the ground for targeted and impactful advocacy action.

An executive committee comprising the national coordinator, the global coordinator, a PHM Brazil representative and GTPI's coordinator was set up and meets weekly to share updates, strategize and implement the activities proposed for the project. The status of mRNA vaccine development in Fiocruz is the main target of the executive group effort of information gathering, which uncovered the interesting situation of indigenous innovation of a Fiocruz-owned mRNA platform, what would mean that Fiocruz does not need WHO's technology transfer to acquire mRNA technological capacity. This case can be used by the project to propose south-south collaboration, shared technology ownership and needs-driven innovation policies in collaboration with and beyond WHO's agenda.

#### a. Mapping the Brazilian landscape on Public Pharma

The executive committee has mapped the main public pharma institutions of interest in Brazil for vaccine production (Fiocruz and Butantã), their relationship with Brazil's health system vaccination strategy and some of the barriers to their broader participation in Latin America's vaccines' market. The executive committee has mapped organizations that are part of the ecosystem of public production and pandemic preparedness in Brazil such as CEPI, ALFOB, Abrasco, and also mapped and contacted strategic allies that can provide guidance, information and resources for future campaigns.

#### b. Study group: understanding the state of the art + mRNA tech

The study group was organized to take advantage of the executive committee's weekly meetings to compile, review and share the body of knowledge regarding public pharma in Brazil and in Latin America. There is a diverse ecosystem of initiatives, market strategies and health system configurations that affect the implementation of public pharma policies. There are also many regional integration initiatives, some longlasting and others ephemeral, that have produced a body of knowledge regarding government capacity and cooperation that is strategic for the study group to keep exploring. Another focus of the study group has been appropriating the knowledge on mRNA to inform the project advocacy and empower access to medicines activists interested in this subject. The mRNA technology promises a revolution not only in vaccine development, but also in prevention and therapeutic strategies for neglected tropical diseases, non-communicable diseases, etc. Throughout 2024, the study group aims to deepen its understanding of this technology and where it is heading to, to then share the knowledge with the broader access to medicines community by producing advocacy and informative materials.

The study group organized and compiled the knowledge it acquired throughout 2024, which was used to create preparatory documents for a strategic webinar organized by the Brazilian team. The 2-day event discussed the history of public pharma initiatives and south-south cooperation in Latin America on its first day, and on the second dived into the challenges and opportunities for expanding public pharma production cooperation and

innovation capacities in Brazil, especially around vaccine production. The data and the discussion resulting from the webinar was compiled in a summary that will inform the future work of the project,

c. Participation in Strategic Events

The Public Pharma team joined MedTrop, a scientific symposium on neglected tropical diseases, and the 10th Annual meeting of the Social Forum for Ending Neglected and Infectious Tropical Diseases, which traditionally happens during MedTrop. The main objectives for joining these events were to assess the interest of civil society's stakeholders in public pharma, especially novel technologies like mRNA, and to introduce the project to a broader network of activists.



MedTrop 2024

Public pharma as a solution to treatment stockouts was already being discussed by activists in the Forum, and the activists had a warm reception to innovation and health sovereignty proposals brought up by the Public Pharma team. The Brazilian team was included in the process of developing a statement to be read during a demonstration at MedTrop's opening ceremony, and the Brazilian coordinator managed the discussion at the access to medicines and public pharma working group, which led to public pharma being mentioned explicitly in the statement as a necessary path that the Forum demands from policy makers.

The Brazilian government scheduled the launch of its interministerial strategy for the elimination of tuberculosis and other socially determined diseases (CIEDDS in Portuguese) the day before MedTrop was scheduled to start. The Brazilian Public Pharma coordinator joined the official event, along with allies and advocates from the Social Forum for Ending Neglected and Infectious Tropical Diseases, to assess the proposed strategy and intervene in key opportunities to raise awareness on gaps in the government proposal regarding public pharma. The event gathered high level officials, civil society representatives, local producers and policy makers, and it was a good opportunity to position PHM as a strong defender of public pharma in the Brazilian context.

d. Capacity building



The two day workshop “The role of the public sector in the innovation, development and production of health technologies in Brazil: past, present and future” (December 2024) was organized by the Public Pharma team in Brazil along with GTPI’s (Intellectual Property Working Group) secretariat and aimed to understand the historical and current context of public production, especially of vaccines, in Brazil; to map the main challenges and opportunities for action to build capacity for innovation, production, development and regional cooperation, in order to guide civil society action. The workshop gathered experts, activists and researchers from civil society (MSF, PHM, GTPI), academia (Rio de Janeiro Federal University, Rio de Janeiro State University) and public pharma institutions (Fiocruz, Bio Manguinhos, National Association of Public Producers Association). To guide the discussion, the Public Pharma project developed a document, shared beforehand with the speakers, summarising the knowledge acquired during the study group and prompt questions. The workshop successfully fulfilled its objectives and connected PHM’s Public Pharma project to a broader network of stakeholders that can support next activities. As a deliverable, a summary of the discussions and the main takeaways were compiled and shared with all the participants.

In 2025 the Public Pharma project will focus on expanding its network of influence in Latin America, in parallel to the applied strategy in Europe, develop policy recommendations for key areas identified in 2024 and bring the public pharma discussion to the general public.

#### 4. Global

##### PHA5 exchange and plans

The first global activity of the project was the organization of a workshop during the 5th People’s Health Assembly (PHA5), that took place in Mar del Plata, Argentina in April 2024. The international event named “Alternative approaches to Pharmaceutical Research, Productions, Access – strengthening public research and development in the health sector” provided an opportunity of sharing experiences from different countries and civil society organizations. Participants from more than 10 countries attended, including Brasil, Argentina, Colombia, Peru, India, Malaysia, Philippines, South Africa, Belgium, Germany, Italy and UK. The focus was on the struggle for the equitable access to health technologies, for the development of local public production to meet people’s needs and ensure health sovereignty. The group identified that Public Pharma can be an alternative against the corporate power and the Big Pharma’s oligopoly, and specially for the Global South. To achieve that, cooperation and coordination beyond multilateral institutions is needed and the civil society has a key role pressuring governments and society towards new narratives and policy strategies. Present and past experiences with public production have to be revisited and evaluated in order to extract lessons for the future. The notes from the meeting, including key takeaways can be read in the following [document](#).

##### The concept note

After the workshop during the PHA5, PHM started establishing work plans at the global and regional level and implementing internal governance structure for the project. This discussion led to the elaboration of the [Public Pharma Project Concept Note](#), which includes a background, project timeline, governance, accountability and the detailed 2024 Work Plan, in which you can follow up closely the progress on the implementation.

##### Understanding public pharma – workshop and background paper

From the 1st to the 3rd of October the project organized the international workshop “Public Pharma: what it is and why it’s important”. This workshop was absolutely key for the project. As mentioned above, Public Pharma

as such is a counter-hegemonic concept that challenges the current narrative and system regarding pharmaceuticals. But, there is quite some divergence, even within social movements and academia, on what Public Pharma actually entails. This workshop was meant to discuss the most fundamental questions regarding Public Pharma, with the idea to gather all the feedback and input from health activists and experts, so we can finetune the official PHM position on how we, as a movement, understand Public Pharma. A background paper was developed before the workshop. The background paper framed Public Pharma within the decolonial struggle in the Global South, as they are very much interlinked. The background paper was discussed during the workshop, gathering feedback from different regions and thematic circles. This background paper, with the integrated feedback, was presented to the AG in December 2024.

Out of this workshop and these discussions the PHM position paper 'PUBLIC PHARMA: WHAT IT IS AND WHY IT'S IMPORTANT?', was born. This is an organic document so it can be changed along the way, when encountering new information, learning new lessons. But, for now, it is the guiding document of the work that lies ahead. The paper (see doc attached) will be popularized for use in national campaigns beyond Europe and Brazil, as we have already identified some other countries asking to be involved in the project (Sri Lanka, South Africa, Colombia to start with). Download the position paper here: <https://phmovement.org/sites/default/files/2025-01/Public%20Pharma%20-%20Policy%20Brief%20%28EN%29%2012.2024.pdf>

#### Integrating Public Pharma in other PHM work

On the global level we are also coordinating with other PHM programs to integrate the work on Public Pharma. An International People's Health University, the capacity building program of PHM Global, will focus on Public Pharma. This will take place in Europe in January 2025. The Global Health Watch program, the knowledge creation program of the movement, will dedicate an article to Public Pharma in the new Global Health Watch 7 – book. The book will be launched in May/June 2025. The Global Health Governance program, a PHM Global program focussed on advocacy towards the WHO, will push the conversation on Public Pharma on the WHO/WHA-agenda, to bring this to the global narrative knowing this is not the priority of the project (cfr. previous discussions with the Isvara Foundation about the cooptation of the WHO).

#### Expansion towards Asia and Africa in 2025

In 2025 the project aims to expand towards Africa and Asia. During the 2025 planning meeting it will be decided how and to what extent activities and coordinations can and will be set up. The AG agreed that, given the involvement of African and Asian countries in the project the last couple of months of 2024, there are many opportunities to start work in both continents (South Africa, Malaysia and Sri Lanka to start with).

### III. Regional and Country Level Activities

#### 1. PHM Campaigns in South East Asia and the Pacific (EAP)

The main priority for the EAP region in 2024 was organising for the PHA5 and following through on the Call To Action (CTA), including conducting a regional online IPHU and organising an IPHU and Regional Assembly for 2025. Following PHM campaigns and actions are worthwhile to mention.

##### a. PHM Australia

Australian PHM supporters have continued to participate in activities in support of Palestine and decrying the genocide in Gaza. Peaceful demonstrations for Palestine calling for an end to the genocide have been condemned as anti-semitic, as Australian media outlets are very much influenced by the Israeli lobby. However, the position of the Australian government has shifted over the last year, thanks to the continuous mobilization of social movements like PHM, to the extent of voting with most of the rest of the world to call for an immediate cease-fire and support for UNRWA. Also, Fran Baum of PHM Australia and others from the University of Adelaide and the University of South Australia have formed Academics for Palestine, fighting for local universities to support Palestine. This in the context of increasing corporatisation and militarisation in Australian universities.



PHM Australia also shed light on the Australian health system crisis, published an article in the progressive periodical *Arena* on Health care as the new Housing, (<https://arena.org.au/edition/arena-quarterly-no-19/>), describing a system in crisis characterised by private subsidy, inequality, overcharging and a lack of prevention. Growing inequality and the cost of living are underpinning a rising dissatisfaction with the government and the current Labor administration has been severely compromised in its attempts to placate an increasingly populist right wing opposition preparing for an election early in 2025.

David Legge, Fran Baum, Connie Musolino and Paul Laris have continued in a research project charting the history of community health services in Australia from the inception in the 1970s, following a gradual process of decline to the present. Fran Baum continues to contribute to the PHM Advisory Committee. David Legge has also been active with WHO Watch (WHO Tracker) and trade issues. PHM Australia has been successful in obtaining a grant of 50,000 dollars towards an IPHU and regional assembly to be held in Batchelore, NT, in October 2025.

As part of the preparations for PHA5 David has written the seminal PHA5 Background Paper: Confronting the Role of Capitalism and Imperialism in The Struggle for Health – of People and Planet. (<https://phmovement.org/discussion-paper-for-pha5>), and Fran Baum led the team in charge of writing and discussing the PHA5 Call to Action.

b. PHM Philippines

Like their colleagues in Australia, PHM Philippines has been mobilizing and denouncing the massacre in Palestine, co-organizing various demonstrations in Manila.



*March in Manila*

PHM and PHM affiliates have been very active planning for the forthcoming national election in May 2025. PHM is vying for slots in the House of Representatives through the Health Workers party list. The Health Workers Party is aiming for at least 6% so 3 nominees can sit in the House of Representatives. They also have a senatorial candidate, Ms Alyn Andamo, a nurse and a PHM member. Although they know this is a tough arena and have little illusions that Alyn will win, the election process itself is an opportunity to raise legitimate issues both in health and non health for the awareness of the people.

c. PHM Japan

Overall, Japan's once successful public social protection systems have been failing to keep up with unprecedented ageing and a population reduction trend as well as biased, discriminatory policy toward non-Japanese citizens living in Japan. In this context and with rising inflation, many people, especially who are youth or middle-aged, have been criticizing the expensive monthly premiums of public health insurance and pensions, as well as the insufficient re-distribution of the wealth by Japanese tax and social security systems that tend to benefit older generation rather than young and middle-aged generations. While Japan has a systematic long-term care insurance system which provides coverage for: institutional-based care, home health care services, and community-based services, there are major issues with the cost of services, access for some



groups and the growing demand for health care from an aging population. PHM Japan Circle has been especially concerned with the health issues for migrant workers and has held seminars on the issue as part of the East Asia Global Health Network.

PHM members SHARE and Minatomachi Clinic have been providing support for migrants who need language translation services, as well as training programs for health professionals and community volunteers, and study sessions for general citizens. Through a nation-wide network on migrants in Japan, they join in periodical review of situation and advocacy dialogues. PHM Japan Circle members visited Korea in February 2024 in coordination with PHM Korea, visited PHM and PHM related NGOs/groups for sharing and mutual learnings on common issues.

A PHM member, Africa Japan Forum (AJF), is taking a leading role in networking among health NGOs in Japan, and in joint advocacy for UHC and other global health issues through various events with citizens and dialogue meetings with concerned government agencies. AJF also got actively involved in international conferences and networks promoting genuine UHC. This advocacy work includes the process of monitoring Pandemic Treaty negotiation. AJF made calls and organized two series of webinars on migrant health rights (cases of Taiwan and Japan). Along with this East Asian health network, a PHM orientation webinar was held with support of PHM EAP Coordinator for new colleagues interested in PHM.

Last but not least, as conflicts increase around the world, the Japanese government tries further to move toward militarization in foreign policy and budgeting. The PHM Japan Circle and individual member NGOs joined in campaigns of Japanese NGO networks as signatories of non-war statements and advocacy dialogues with the Japanese government not to use official development aid as a tool of militarizing foreign policy.

#### d. Regional activities

During the second half of 2024, the EAP region, together with the IPHU and GHG programme organised an online IPHU on GHG. The region led the entire process from selection to curriculum modification. Where possible WHO watchers were involved in the whole process. David Legge and Paul Laris from PHM Australian played a key role in this.

In East and Asia Pacific, participants applied but not just from EAP but also from South Asia and African continent. Almost half of those who applied were from Nepal. Although we mainly intended to take participants from the East Asia & Pacific and South Asia region, seeing the applications, the region decided to include participants from other regions too. Thus, the IPHU ended up becoming more of a global IPHU. The participants that registered after selection in EAP region were: Nepal (19), Indonesia (2), Philippines (2), Papua New Guinea (2), Timor Leste (1), India (1), Australia (1), Thailand (1), Cameroon (1), Haiti (1), Uganda (1), Zambia (2), and South Africa (1).

## 2. PHM Campaigns in Brazil

PHM Brazil's main activity in 2024 was taking part in PHA5. A delegation of around 36 people travelled to Argentina, representing more than ten states of the Brazilian federation and all regions of the country. Among those present, 15 activists were from the Brazilian Circle, the rest were representatives of social movements and civil society organizations from various areas: health movements, peasants, indigenous people, anti-asylum seekers, quilombolas, health workers' unions, AIDS patients, migrants, etc. The Brazilian delegation actively participated and took part in various plenary sessions and self-organized activities. Two face-to-face meetings of the PHM Brazil Circle were held during the PHA5.

PHM Brazil organized an online training course. It was organized by PHM Brazil in partnership with the School of Public Health of Rio Grande do Sul. Participatory methodologies were used, students were given prior reading materials. The course consisted of 5 meetings with the following themes for each meeting: 1. introduction to PHM: history, principles, strategies and actions; 2. neoliberalism, financialization, global health, universal health systems and PHC; 3. equity, racism and the health struggles for social justice: dialogues between the global and the local; 4. development models, climate crisis and health; 5. food and nutritional sovereignty; 6. popular health surveillance; 7. popular knowledge, ancestral knowledge and health practices and Popular Health Education. 33 activists attended the complete course, while another 30 people attended at least one meeting.



**ATL | ACAMPAMENTO**

# TERRA LIVRE

**2024**

abril indígena  
ATL 2024

**APOIE AS DELEGAÇÕES GUAJAJARA  
NA MAIOR MOBILIZAÇÃO INDÍGENA DO PAÍS**

**PIX:**  
**51.656.053/0001-04**  
**Ruam Italo Guajajara**

**REALIZAÇÃO**

**APOIO**

Since the beginning of the year, PHM Brazil has been part of the Public Pharma project (see above), on the public production of medicines and pharmaceutical technologies. Brazil is one of the main nuclei of the project that intends to analyze the Brazilian experience, especially in the mRNA vaccine domain. Members of the Brazil

circle are part of the project's Brazilian and global team, and helped organize a series of events in 2024. In May, during the PHA5, the in-person activity "Alternative approaches to Pharmaceutical Research, Productions, Access" took place. In October, the international online workshop "Publica Pharma: what it is and Why It's important" was organized. Later that year, in November, the national online workshop "The role of the public sector in innovation, development and production of health technologies in Brazil: past, present and future" was organized, bringing together experts, activists and civil society organizations in Brazil.

PHM Brazil supported the plan for a nationwide mobilization in favor of public policies on mental health care, with a focus on Primary Health Care and common mental illnesses and disorders. PHM Brazil met with various allies to organize the mobilization, including the National Movement of the Anti-Asylum Struggle. A concept note was developed and shared with various social movements and organizations. The plan is to organize the mobilization in 2025.

### **3. PHM Campaigns in Julio Monsalvo southern region**

The sub-region was privileged to host the 5th People's Health Assembly (PHA5) during the period of this report. From the preparatory stage to the PHA5 and beyond, there was an increase in networks that became aware of the existence and importance of the PHM at the local and global level. New activists and organizations were participating in pre-assembly meetings, joining various tasks and were part of the Assembly in Mar del Plata. 2024 was undoubtedly a year of growth for PHM in the region.

The political contexts in each member country of the regional circle have undergone serious changes, often for the worse. In Argentina a new far-right government implemented neoliberal policies, often with little respect for the rule of law. PHM Argentina, its members, networks and allies were very much involved in the struggle against the government's libertarian attacks on health, education, social security, human rights, etc. In every province and workplace, health workers raised their voices against layoffs, the defunding of essential public health programs (such as cancer and HIV treatment), the deregulation of drug and social security prices, and the liberalization of the healthcare system. These measures have had a direct impact on the already weakened and underfunded public health sector.

In Chile, despite having a leftist government, no significant progress was made. The new constitution was not approved, and the changes made turned out to be partial. In Paraguay, the political right won the elections, consolidating a parliament that, from the beginning, launched attacks against gender rights. Evangelical and drug trafficking sectors have major political influence, creating an extremely complex panorama. In Uruguay, 2024 ended with encouraging news for the sub-region. After an intense electoral year the left-wing Frente Amplio won the elections, defeating the neoliberal president and marking a significant change in the country's political panorama.

PHM Argentina responded to the dire political context participating in various manifestations and actions. The circle was present at the April 23 national university march across the country in defense of public education. It co-organized the conservatory "Hambre, si hay" (presentation of the results of the nutritional survey in poor neighborhoods), participated in the Alamos Argentina Assembly, and in the 11th Congress of General Medicine and Health Teams of the Province of Buenos Aires. The circle also participated in the webinar "Gender policies and global health governance", etc.

CONVERSATORIO URGENTE

# HAMBRE, SI HAY



-  **Jueves 27 de junio, 18 hs.**
-  **Museo del Hambre. San Juan 2491. CABA.**
-  En vivo canal de YouTube Universidad Popular Barrios de Pie



**MSP** Julio Mansalvo  
Movimiento por la Salud de los Pueblos  
Latinoamérica - Sub Región Sur

In 2024 PHM Argentina joined social movements on the streets on various occasions, including the March in solidarity with those arrested during the social uprising, and the manifestation of the health sector denouncing the extreme deterioration of the public health sector “La Salud Por el Piso”. PHM Argentina stood in solidarity with Palestine and organized various activities locally throughout the country. It also gave its support to the PHM Global campaign for the AWDA field hospital in Gaza. The circle also co-developed and published a national analysis of the food situation in poor neighborhoods, carried out by more than 500 promoters of the collective health area of Barrios de Pie.





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In Paraguay the Movement for the Right to Health María Rivarola, focal point of PHM in Paraguay, carried out the following actions. In May 2024, in commemoration of the World Day of Action for Women's Health, it carried out the action "Tañyka Jejokua" in front of the Ministry of Health, denouncing the high rates of maternal death that still persist in the country. In June the national PHM assembly of the movement was held, electing Esther Leiva as coordinator and Victoria Peralta as vice-coordinator. In July, in the framework of the Organization of American States (OAS) General Assembly, PHM, a member of the Women Free of Violence coalition, was part of the various actions to denounce various gender-related violence. Later that year, in November 2024, PHM participated in the 2nd Popular Health Meeting "Health in the Hands of the People", which was held in Santa Rosa del Aguaray, in November 2024. In the same month, in the framework of the International Day for the Elimination of Violence against Women, in coordination with other women's organizations that are part of the Women Free of Violence articulation, it carried out the action "Broken Dolls", denouncing the alarming figures of sexual abuse and violence against girls and adolescents.



Broken dolls action

PHM Chile participated in the XXV International Summer School of the School of Public Health "Salvador Allende" of the University of Chile, in January 2024. The course "Health for community leaders" was held, where social leaders acquire knowledge and skills to critically analyze the health policies that affect their communities. 20 health activists of PHM Chile are also participating in the Latin American IPHU (see above).

It goes without saying that the key event of the region in 2024 was the organization of the PHA5 (see below, V. People's Health Assembly 5). During the PHA5, PHM Argentina also organized the [1st International Conference on Collective Health and Primary Health Care](#) (PHC). The event was led by the School of Medicine of the National University of Mar del Plata. The purpose of this Conference was based on the firm conviction of the need to generate close links between universities that are part of the People's Health Movement at a global level. A wide range of papers, 63 in total, were presented during the four days of the conference.

#### **4. PHM Campaigns in Andean region**

The political context in the Andean countries was, to say the least, unstable. Political tensions in Bolivia, with the country heading towards general elections in 2025, led to a coup d'etat in June 2024. Economically the country is facing a huge monetary crisis with the risk of a devaluation of the local currency, leading to inflation and shortages, especially of imported goods. Colombia faces a political and economic panorama marked by tensions between progressive forces and traditional sectors that defend the neoliberal model. Although the current progressive government has attempted to implement social reforms in health, education and in the workplace, right wing opposition forces with clear private economic interests have put the brakes on many of these changes, prioritizing capital accumulation over social rights. Colombia is still trapped in an extractivist economic model, with mining and energy megaprojects that benefit transnational corporations while displacing communities and destroying ecosystems. The lack of resources and the growing privatization of

health services have created barriers to access quality health care. In Ecuador, the right to health was influenced by political instability and polarization that affected the prioritization of health in the public agenda. The economic crisis impacted access to health services and medicines gravely. Ecuador also faced some extreme weather events with the state not being able to respond to this. In Peru government and state corruption has haunted the country in 2024. Violence, including extortion and assassinations of community leaders, merchants, in the transport sector and small business, is on the rise, with the government not able to tackle the problem.

In Bolivia, there is a whatsapp group with 85 participants from different parts of Bolivia who have participated in face-to-face and virtual meetings. There is a Facebook group with 1.738 registered members to share information and activities carried out by PHM Bolivia. In person meetings were held monthly and in August 2024 we celebrated 11 years of activity of PHM Bolivia.

PHM Colombia consists of an average of 50 members, many of whom are part of health processes that are linked to PHM. In Colombia, although no national campaigns have been developed, PHM is working on three topics: Public pharma and health sovereignty, health and environment, and the right to health in general. PHM Colombia implemented/participated in:

- Advocacy activities for health sovereignty and public production of medicines. An IPHU course, "Health in and with the indigenous peoples of the Sierra Nevada de Santa Marta" in Pueblo Bello, Cesar (see above) Meeting "Mother Earth One Health", in Medellin, Colombia on July 24-27, 2024. With health activists, educators, environmentalists and artists from the Andean region, both academic and creative activities were carried out, under the idea of sharing the knowledge of "Care for all forms of life". World Social Forum on Transformative Economies FSMET / COP16 on Biodiversity, in Cali, Colombia, October 19-21, 2024. Dialogue of the knowledge of the weaving Enlazados, with participants from PHM Latin America, MAELA and the Movimiento de Cultura Viva Comunitaria Activities in Comité San Juan de Todos, a popular initiative collective that emerged 25 years ago in resistance to prevent the destruction and recover the operation under public management of the San Juan de Dios Hospital, Bogotá.

In PHM Ecuador the number of health activists changed in 2024. The provinces of Cañar, Pichincha, Cotopaxi, Los Rios, Manabi and Guayas have been centers of activism, with outstanding initiatives and campaigns. Efforts have been made to activate provinces with lower participation through workshops and meetings. PHM Ecuador addressed issues such as access to medicines, sexual and reproductive health, and social determinants of health.

In 2024 PHM Peru has worked on broad agendas: medicine shortages, National Mental Health Policy, Anemia and Malnutrition, TB & HIV-AIDS, Rare Diseases, Social Determinants of Health, Construction of Integrated Health Networks, National Health Priorities, Healthy Nutrition, Maternal and Perinatal Death, National Immunization Program, Metaxenic Diseases, among others.

## **5. PHM Campaigns in Mesoamerica**

Under the presidency of president Nayib Bukele major cuts in state agencies took place. This included budget cuts in the health and education portfolios, the stop to positions for health and education personnel, and the closure of institutions that accompanied marginalized groups. From October to December 2024 alone there



have been 1,800 layoffs in different sectors, but mainly in the health sector. There is a major concentration of power in the executive branch, with unconditional support of the armed forces. Mining projects are launched with support of the government, generating conflicts with local communities. And in this very dire context, the Salvadoran social movements, including PHM El Salvador and its member Foro Nacional de Salud, are trying to articulate in order to respond to these abuses of power.

General elections will take place in Honduras in 2025. This has complicated the national political scenario in 2024. Communities have taken over the highways due to lack of public services such as water and health services. At the end of 2024, the government responded to this with repression and the declaration of the state of emergency, shortailing constitutional rights. Violence is again on the rise, with 250 femicides reported in 2024. The Honduran health system is in a state of permanent crisis with continuous shortages of medication.

Mexico's election results led to a woman to be president for the first time in history with 35,9 million votes. Violence, including gender based violence against women, remains a major problem in the country, with 173,486 homicides in 2023. The interference of organized crime in the political, economic and social domains is still very problematic. The passage of migrants towards the US is a crucial issue for Mexico, they are putting migration as a matter of National Security. It is estimated that this will get much worse with the arrival of US president Donald Trump.

Nicaragua continued down the same path in 2024. Social organizations are declared illegal and/or closed, this affected around 80% of the organizations. The newly created 'co-president', which required the modification of the constitution, has almost absolute control of all state powers. Food and energy prices are rising, open pit mining is on the rise, and there is almost no possibility to build a proper social movement in the country. Fear reigns in Nicaragua.

Despite the hope for change in Guatemala, with the arrival of Arévalo one year ago, very little has been done. The government has been paralyzed and the president has his hands and feet tight down. The Ministry of Health has had three ministers already, some of them with close ties to the movement.


Despite the difficult contexts, PHM Mesoamerica struggled to make positive changes. PHM El Salvador, through the Foro Nacional de Salud, organized three working groups to focus on the PHA5 Call to Action, to see how the CTA can be implemented in the country and region. PHM Nicaragua, given the very problematic context, focussed on the community level and participation in regional meetings and IPHUs. During the ASECSA seminar, ASECSA being the focal point of PHM Guatemala, the decolonization of health was addressed. Decolonization entails revaluing the knowledge of indigenous communities. PHM Guatemala participated in the 3 online workshops that were developed on ancestral medicine, with participation from Chinese, Africans and Abya Yala (Latin American) countries.





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**SEMINARIOS WEB**  
**DIÁLOGO SUR-SUR SOBRE SOSTENIBILIDAD:  
MEDICINA TRADICIONAL EN EL SUR GLOBAL**





Webinar 1: 15 de Noviembre de 2024 (Viernes)  
MX: 7-9 am; CO: 8-10 am; BO: 9-11 am; BR: 10-12 noon; SA: 3-5 pm; IND: 6:30-8:30 pm; CHN: 9-11 pm

**PONENTES:**

**MODERADOR:**

  
**Dra. Sit Tsui**  
SOUTHWEST UNIVERSITY, CHINA


  
**Dra. Vivian Camacho**  
MOVIMIENTO POR LA SALUD DE  
LOS PUEBLOS, LATINOAMÉRICA


  
**Dr. Román Vega**  
COORDINADOR GLOBAL  
MOVIMIENTO POR LA  
SALUD DE LOS PUEBLOS


Webinar 2: 16 de Noviembre de 2024 (Sábado)  
MX: 7-9 am; CO: 8-10 am; BO: 9-11 am; BR: 10-12 noon; SA: 3-5 pm; IND: 6:30-8:30 pm; CHN: 9-11 pm


**PONENTES:**

**MODERADORA:**

  
**Dr. Unnikrishnan**  
U. OF TRANS-DISCIPLINARY  
HEALTH SCIENCES AND  
TECHNOLOGY, INDIA

  
**Hombakazi Mercy  
Nqandeka**  
STELLENBOSCH U.,  
SOUTH AFRICA




  
**Prof. Eméríta  
Gubela Mji**  
STELLENBOSCH U.,  
SUR AFRICA

  
**Dra. Rosemary  
Chimbala-Kalenga**  
NELSON MANDELA  
METROPOLITAN U.,  
SUR AFRICA

  
**Dra. Li Jialin**  
U. OF WISCONSIN  
LA CROSSE, USA

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CODIMCA of PHM Honduras focussed its work on ecosystems, more specifically water care. They will continue down this path in 2025, working closely with ecological schools.

The circle was present at the PHA5 with a strong delegation of 45 health activists. At the PHA5 the circle organized the presentation on medicinal plants.

## 6. PHM Campaigns in Europe

In 2024, several political, economic, social, and environmental challenges have shaped the right to health across Europe, posing significant threats to accessibility, equity, and quality of care. PHM Europe has actively responded through advocacy, mobilization, and solidarity initiatives. The continued privatization of healthcare (1) across Europe has deepened inequalities in access, exacerbating workforce shortages and deteriorating working conditions for health professionals. Public health systems have been increasingly underfunded, pushing patients toward private providers, where care is expensive and unevenly distributed. Access to

essential medicines remains a growing concern, as pharmaceutical monopolies and patents continue to drive up costs. PHM Europe has confronted these challenges by participating in the Public Pharma for Europe initiative, launching a working group on the migrant health workforce, supporting local campaigns against privatization, and producing analyses in different countries. Regarding Public Pharma, PHM Europe has been at the forefront of advocating for a publicly driven pharmaceutical system that prioritizes health needs over corporate profit. Through policy discussions, public events, and knowledge-sharing efforts, PHM Europe has emphasized the urgent need for democratic control over medicine production and distribution, challenging the monopoly of pharmaceutical giants.

Also, European governments have played a direct role in enabling global conflicts through arms sales and political support, most notably backing Israel's genocide in Gaza. The health impacts of this complicity extend beyond conflict zones. PHM Europe has actively engaged in solidarity actions, amplifying the voices of health workers who have condemned European governments' role in the Gaza genocide. Health activists across the region have mobilized to call for an end to arms trade agreements and demanded that public resources be redirected toward healthcare, not militarization.

The intensification of climate-related disasters, such as the extreme floods in Valencia, has put strain on already struggling healthcare systems. Some populations, including the elderly, migrant workers, and low-income communities, have been disproportionately affected. PHM Europe has responded by advocating for policies that integrate health and climate justice, pushing for stronger public health responses to extreme weather, and supporting grassroots initiatives focused on climate and health.

The soaring cost of living has significantly impacted social determinants of health in Europe, deepening poverty and reducing access to essential services. Rising energy prices, food insecurity, and housing precarity have led to worsening health outcomes, particularly for marginalized groups. PHM Europe has worked to highlight these systemic inequities, engaging in advocacy for policies that address the social determinants of health and organizing local campaigns to strengthen community health solidarity networks.

In 2024, PHM Europe and its country circles engaged in several significant activities addressing key health justice issues:

#### 1. Public Pharma for Europe Coalition

The [Public Pharma for Europe Conference](#) held on March 15-16, 2024, in Brussels, convened over 140 activists, scientists, and health workers to deliberate on establishing a public pharmaceutical infrastructure in Europe. This two-day hybrid event aimed to design a pharmaceutical system that is democratic, inclusive, and prioritizes public health needs over profit motives. Discussions emphasized the importance of open science to ensure transparency and affordability, advocating for public-interest research and development models and the availability of accessible information and data. Economists proposed that with an investment of approximately 5 billion euros, Europe could access a substantial repository of medicines within a decade, highlighting the feasibility of such an initiative. The conference concluded with a call for collective engagement and unity in building the necessary public pharmaceutical infrastructure to better prepare for future health crises, emphasizing that public health is too important to be left in the hands of the private sector.

#### 2. Participation in manifestations around the International Day Against Commercialization of Health (January - April, 2024)

In the lead-up to World Health Day on April 7, 2024, the European Network Against the Privatization and Commercialization of Health and Social Protection organized a decentralized campaign across various European countries to highlight local health concerns. As part of this initiative, PHM Europe adapted and translated policy briefs on topics such as access to medicines and the social determinants of health, ensuring that these critical issues were accessible to diverse populations. While many PHM Europe activists were attending the People's Health Assembly 5 (PHA5) during this period, the movement maintained its presence in the campaign through a central rally in Brussels. A member of Viva Salud represented PHM Europe at this event, underscoring the organization's commitment to advocating against the commercialization of health services.



March in Brussels on World Health Day

### 3. [Care for Care Workers Conference](#) (June 29, 2024, Brussels)

The event was organized by over a dozen organizations, including Viva Salud, the People's Health Movement (PHM) Europe, and the Association of Democratic Doctors (vdää), reflecting a collective commitment to developing a health workforce strategy rooted in respect and solidarity. Discussions centered on the global shortage of health workers, with projections indicating a deficit of 10 million health and care workers by 2030. Speakers emphasized that this crisis is not merely about numbers but also about the erosion of workers' rights and the impact of neoliberal policies that prioritize profit over public health. The conference highlighted how austerity measures have led to reduced accessibility and quality of care, with governments often opting for quick fixes such as international recruitment rather than addressing underlying issues like low wages, unstable contracts, and poor working conditions. The practice of actively recruiting health workers from the Global South was critically examined, noting that it often exacerbates healthcare challenges in those regions. For instance, while ten high-income countries host 23% of the global stock of doctors, nurses, and midwives, the entire African region holds only 4%. This disparity underscores the need for a more equitable approach to health workforce development.

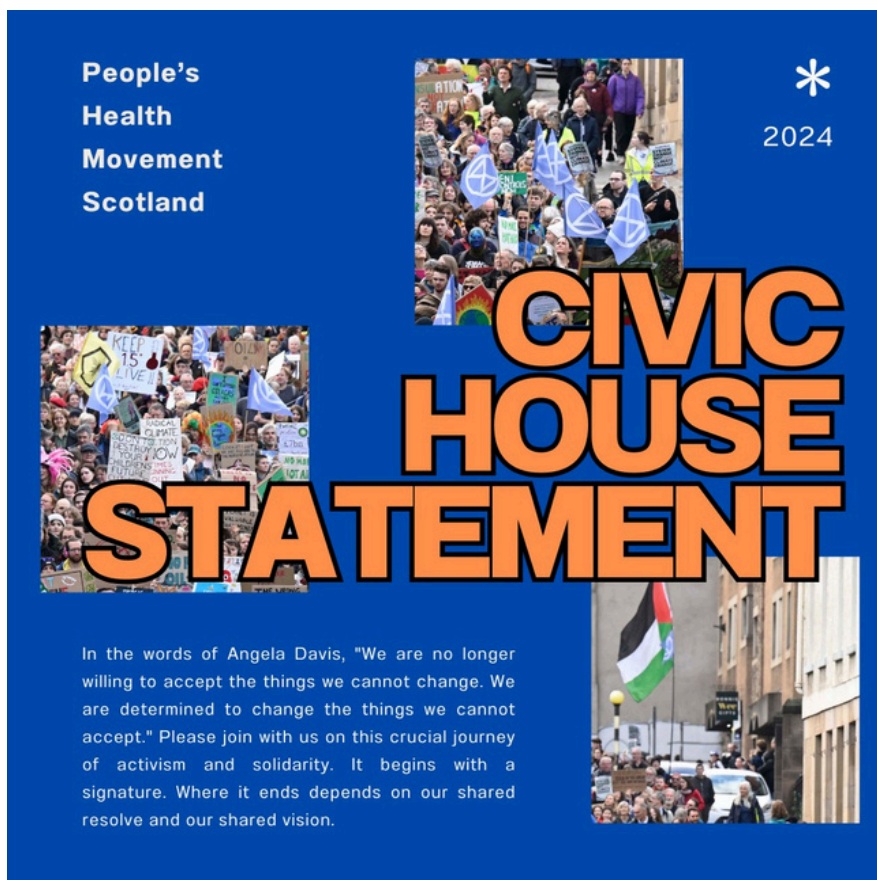
### 4. PHM Europe against the genocide in Palestine



In various European countries PHM Europe participated in various manifestations against the genocide in Palestine. PHM Europe participated in the PHM War-Conflict-Occupation thematic group, including the campaign for the AWDA field hospital in Gaza. Engagement in this area remains strong, with potential avenues for further action, such as the planned expanding cooperation with the Boycott, Divestment, and Sanctions (BDS) movement and developing Health Workers for Palestine circles to mobilize medical professionals in advocacy and direct support efforts.

Across Europe PHM national circles focussed on a variety of campaigns and actions. PHM Greece organized educational events and published briefs addressing the challenges of healthcare privatization, its impact on accessibility and quality of care, and advocated for the protection of public health services.

[PHM Scotland's Networking](#) and Analysis of Social Determinants of Health has been key in 2024. The Civic House Statement, launched by People's Health Movement Scotland (PHMS), is a collective commitment to tackling Scotland's persistent health inequalities and advocating for systemic change. Developed following the Scottish People's Health Assembly in 2023, it brings together civil society organizations, activists, and academics to prioritize public health over profit-driven policies. The statement builds on PHMS' 2021 Alternative Manifesto, outlining key areas for action, including strengthening public healthcare, tackling poverty, addressing climate and workplace health risks, and ensuring democratic accountability. Signing the Civic House Statement means committing to joint advocacy, raising awareness of health inequalities, and strengthening grassroots mobilization. It serves as both a roadmap for collective action and a platform for solidarity across movements, ensuring that independent campaigns reinforce one another.



People's  
Health  
Movement  
Scotland

\*  
2024

# CIVIC HOUSE STATEMENT

In the words of Angela Davis, "We are no longer willing to accept the things we cannot change. We are determined to change the things we cannot accept." Please join with us on this crucial journey of activism and solidarity. It begins with a signature. Where it ends depends on our shared resolve and our shared vision.



In 2024, PHM France intensified its campaigns and actions against Macron's austerity-driven policies, particularly targeting budget cuts to public healthcare. Building on the momentum of the [Tour de France pour la Santé](#), PHM activists mobilized across the country to raise awareness about the deterioration of public health services and to advocate for a system that prioritizes universal access to care over fiscal constraints. These actions highlighted how ongoing privatization efforts, staff shortages, and funding reductions are weakening France's healthcare infrastructure, disproportionately affecting vulnerable populations. Following Macron's snap election announcement in June, PHM France also joined forces with progressive groups and trade unions to [counter the growing influence of the far-right](#), warning of the detrimental effects of their health policies. The movement actively participated in nationwide mobilizations, urging citizens to resist policies that threaten social protections, immigrant healthcare rights, and workers' access to fair health services.

In 2024, PHM Netherlands actively organized public events, including book launches, discussions, and meetings, to strengthen its local network and expand engagement. A key focus was building health worker solidarity with Palestine, where PHM Netherlands played a central role in mobilizing support and fostering cross-border collaboration. Through these efforts, they successfully engaged PHM activists from neighboring countries, reinforcing regional connections and amplifying the movement's collective voice on health justice and international solidarity.

## 7. PHM Campaigns in East and Southern Africa

People's Health Movement East and Southern Region (PHM ESA) is composed of at least 11 countries namely: South Africa, Kenya, Uganda, Malawi, Zambia, Zimbabwe, Tanzania, Burundi, Ethiopia, Mozambique, Eswatini. Millions of the populations within these countries are confronted with environmental conditions such as climate change, ethnic conflicts, disease outbreaks, epidemics, and neoliberal policies. The disproportionate distribution of social amenities between the rich and the poor, men and women, and rural and urban dwellers have widened. The gap has led to growing health inequities and inequities including gender-based violence, out-of-pocket health expenses, erosion of food sovereignty and higher levels of poverty. Governments within these countries are failing to address the social, political, environmental and commercial determinants of health.

In 2024, the PHM ESA Region organised an online IPHU on global health Governance for 6 weeks. The region also joined the larger PHM at the PHA5 in Argentina, with 28 health activists from East and South Africa! The region also engaged in an election process to elect new representatives for the region.



#### PHM ESA at the PHA5

PHM Uganda main priorities were advocacy and activism, ignited by the landmark AHETCA Conference in February. This event brought together academia and community health activists, creating synergies and bridging gaps. A call to action from the conference emphasized research as a tool for evidence-based health rights advocacy. PHM Uganda chapter in partnership and with support from PHM Canada, defended human rights activists and LGBTQI members who were victims of increased homophobia triggered by the Anti-Homosexuality Cruel Act of 2023 that brought about incarceration, discrimination, degradation and inhuman treatment to the LGBTI community. The resources mobilized towards this cause was for accommodation in modern shelters, food, treatment, legal fees to those incarcerated and support for asylum seekers for some defenders. Another notable campaign in Uganda focused on engaging traditional healers with biomedical mental healthcare practitioners for affordable mental health case management. This campaign encouraged patients to speak out and facilitated the sharing of best practices between traditional and biomedical practitioners. Importantly, risk treatment mechanisms by traditional healers were properly controlled. PHM Uganda also participated in the PHA5 in Argentina, sharing successful campaigns and networking with potential funders. Additionally, PHM Uganda was invited to the secretariat, with Redemptor Nakuya one of the activists from Uganda given the post and serving as the East and Southern Regional Alternative Coordinator. PHM Uganda with WEMOS support sponsored a session at PHA5 on “Struggle for Sexual And Reproductive Health In Oppressive Contexts”, This session was well advertised and well attended at the conference.

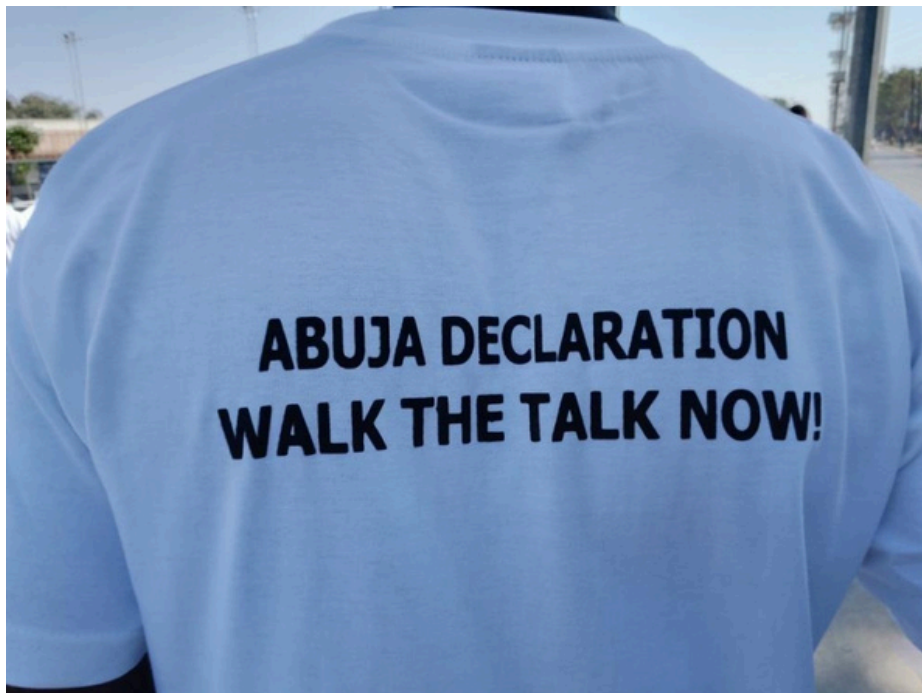
Zambia's participation in international trade agreements has severely impacted the country's ability to regulate healthcare and ensure access to essential medicines. The insufficient funding for healthcare has hindered the government's ability to provide quality healthcare services, leading to shortages of essential medicines and equipment. PHM Zambia joined forces with PSI to remind the government to fulfil on the Abuja declaration promises of allocating at least 15% of the National budget to Health.



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PHM Zambia team also presented a position paper to the African Union through the ECOSOCC secretary General based in Zambia.



2024 was a strong year for health activists and health activism in Burundi. The main priorities of PHM Burundi in 2024 were to keep on countrywide advocacy on the work of PHM Global. The actual successes included meetings with local communities to actualize inclusion in decision-making on health interventions. PHM Burundi participated regularly in the thematic circle of health systems to uplift the “Health for All” campaign at the country, regional and global level. In collaboration with the Third World Network, PHM Burundi participated in the Parties to the Convention on Biological Diversity (CBD) adopted an initial set of modalities to operationalize the multilateral mechanism (MLM) and its global fund during the Sixteenth Conference of the Parties to protect the rights of indigenous peoples and local communities over genetic resources and traditional knowledge; and the Civil Society Organisations (CSO) statement endorsement delivered on the last of the INB12R. PHM Burundi attended PHA5 and shared a global campaign video to the PHA5 organising committee, which was meant to seek international support to ensure more PHM activists were able to participate in the PHA5.

In 2023 Malawi experienced one of the worst cyclones that affected thousands of people and overwhelmed the already overstretched Malawi’s health system. In 2024 Malawi also experienced droughts as well as floods in other parts. This devastated the country and has led to poor harvest and subsequently hunger leading to high malnutrition in children. PHM Malawi has been advancing and advocating for the improved professional, economic and legal conditions of Community Health Workers. In 2024, through its advocacy, Malawi became the first country in the ESA region to provide professional college education for Community health Workers and in December 2024 the first CHW graduated and were awarded certificates. This means that CHWs trained in Malawi are officially recognized by the Medical Council of Malawi and can work anywhere in the world. Also, PHM Malawi launched an advocacy campaign on the provision of water, hygiene and sanitation services to the victims of Cyclone Freddy especially in evacuation camps. Furthermore, PHM Malawi provided sanitation materials such as water buckets, laundry soap, etc. PHM Malawi also collaborated with other stakeholders to ensure construction of toilets as well as availability of rubbish bins in evacuation camps. PHM Malawi with other partners ensured the provision of Insect Treated Mosquito Nets.

PHM South Africa (PHM SA) focussed on 5 campaigns/actions:

1. PHM SA’s main focus in 2024 was to support the establishment of health forums in 7 districts (4 provinces). These health forums consist of CHW’s, clinic committee members, community leaders, traditional healers and health activists and aim to enhance community participation in health decision making, improving local health services and addressing the SDH. The HFs have had their own local and provincial campaigns around CHWs, women’s health, men’s health, GBV, safety and security at health facilities and in their communities. Mental health issues, and regarding staff and equipment/medication shortages at all levels of the health care system, particularly at the primary level. PHM organised 2 mentor visits to each HF and ended the year bringing HF leadership into one room under the banner of a South African People’s Health University where HF could exchange and learn from each other. See: [PHM AGM 24](#)





2. Campaigning for permanent employment of Community Health Workers (CHWs) with decent pay and working conditions. PHM SA supported CHW marches to provincial health departments and together with partner civil society/NGO partners, mobilised CHWs for a legal case led by Lawyers for Human Rights. See: <https://www.youtube.com/watch?v=k5LmzSTIuRo>
3. Food security and sovereignty. PHM SA joined partners in campaigns and on World Food Day picketed and handed over a memorandum to the provincial government at parliament with our Health Forums (HFs) and other partner members of civil society. A People's NHI that will service the needs of communities and ensure publicly funded Universal Health Care to all. PHM SA submitted our input to the national portfolio committee on health as well as run educational and mobilising workshops in communities. A campaign that is in its infancy is to have a national policy on Health Committees. Currently the National Health Act does not give any clarity on roles and governance of health committees. This
- 5.

campaign aims to, through nationwide consultation with health committee members, present to DoH Policy Guidelines to increase meaningful participation of health committees in the clinics.

6. PHM SA supported several protest in solidarity with Gaza condemning the genocide
7. PHM SA attended and participated in the PHA5

Videos produced on activities of PHM SA in 2024: <https://youtu.be/H7pGLwxdAVs>. PHM SA also produced various podcasts in 2024: <https://www.phm-sa.org/covid-19/podcasts/>



### 500 Community Health Workers call for unity to demand permanent employment



People's Health Movement Sout...  
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PHM Kenya has been active in engaging activities either collectively with other CSOs or directly as a movement and has been able to conduct various activities to try and maintain the right to health-conversation in all the spaces available with support from various partners.

1. Promoting the role of citizen-led UHC accountability in Kenya. Through the support from Medico international PHM-Kenya engaged in a multisector community-led approach towards promoting the role of citizen-led UHC accountability.
2. PHM Kenya convened a meeting with members in Machakos to unpack and review the effectiveness and robustness of the new SHIF ACT, the policies and laws that underpin including the court ruling. Later the circle developed a position paper for public participation that later was presented to the Parliamentary Committee on Health: [PHM Kenya position on SHIF.pdf](#)
3. PHM Kenya invested in community awareness and advocacy on the right to food, including climate change and health in the informal settlement in Nairobi.



4. The commemoration of the UHC day on December 9, 2024 at St. John's Catholic Church in Korogocho, Nairobi with the theme 'Health is on the government'. Different PHM county chapters attended the event.



UHC day in Nairobi, Kenya

As discussed during the UHC-day in Nairobi, PHM Kenya urges the government to refine SHIF to ensure equitable access to quality healthcare for all, especially marginalized and low-income groups. Recommendations include adjusting benefit structures and expanding maternal healthcare coverage.

## 8. PHM Campaigns in West and Central Africa

PHM West and Central Africa (PHM WCA) was confronted with a very difficult context in large parts of the region. The region's main problems were insecurity, with conflicts, war and terrorist acts having a major impact on everyday life. There is a general sentiment and clear signs that democracy is going bankrupt, with a continuous dismantling of the rule of law. In certain parts of the region there is food insecurity, going hand in hand with natural disasters and environmental degradation. On the health front PHM WCA is confronted with the privatization of public services and limited access to medication. Civil society is fragmented and struggling to play its role, to denounce the health systems collapse and demand health for all. PHM WCA is very much aware that mobilization is the only way to get back on track, here below are some examples of actions and campaigns implemented in 2024.

PHM Mali invested greatly in public communications campaigns to raise awareness on COVID and vaccines, and regarding zoonotic diseases in the six communes of the District of Bamako, the municipalities of Kati, Koulikoro and Ségou. PHM RDC invested in a campaign regarding sexual violence and gender based violence in refugee camps. The campaign focussed on awareness-raising, victim orientation, and social reintegration of survivors. In the RDC PHM also implemented sensibilization activities on the MPOX epidemic in schools, churches and health facilities.

PHM Cameroon implemented advocacy initiatives against homophobia and violence against HIV-patients in Zoetele. On the International World Mental Health Day PHM Cameroon pushed the discussion on mental health in the media, including television. The circle also facilitated an ongoing scientific public health research project on primary health care and community involvement in Cameroon. Through various actions the circle also invested in screening campaigns, especially targeting youngsters. This was linked with care and support initiatives for children and young adolescents living with HIV aged 0 to 14 in the rural area of Zoétele. PHM Cameroon was also involved in solar energy projects to improve the maternal and child healthcare at the Ngougoumou health center maternity ward. The circle carried out community actions on education and mental health with young people in several schools and youth groups in four regions (Centre, South, North-West and South-West), reaching over 700 young people. The circle took part in a number of capacity-building workshops with the World Public Health Nutrition Association (Association mondiale de nutrition pour la santé publique (WPHNA)) on the right to food. Last but not least, PHM Cameroon also participated in the African Union ECOSOC regional discussions on civil society engagement to strengthen the AU ECOSOC. PHM Togo participated in the general meeting of health professionals (SYNPHOT) held on May 14, 2024, at the Sylvanus Olimpio University Hospital in Lomé.



Debate on mental health on local television, with PHM Cameroon

## 9. PHM Campaigns in South Asia

Political unrest in Bangladesh, unrecovered crisis in Sri Lanka, ongoing inequity and disparity in health in Nepal and Pakistan; those were the major contexts and challenges in the South Asia region in 2024. The PHM regional circle organized a series of meetings to find the ways to address the issues at the regional level. Country circles were engaged in various and diverse actions to fight the challenges of specific problems within the country.

Due to difficulties in obtaining a visa to Argentina, only three members from Nepal actively participated in the PHA5. They shared their views in panels, thematic meetings and regional meetings. In addition, experiences were shared with activists from different countries in informal meetings and gatherings. Participation in PHA5



was extremely insightful and useful for the region and country. PHM Nepal is planning a NPHU (National People's Health University) for 2025.

Throughout the year, various health awareness initiatives were carried out by PHM Pakistan, to enhance community understanding and well-being. The observance of World Population Day on July 11th served as a significant opportunity to address Pakistan's complex challenges and opportunities related to population dynamics. Through educational campaigns, policy advocacy, and community engagement initiatives, the celebration of World Population Day in Pakistan, with the active participation of PHM members, underscores a collective commitment to fostering informed decision-making, promoting reproductive rights, gender equality, and sustainable development, and advancing holistic approaches to population management



World Breastfeeding Week, observed globally from August 1st to August 7th, is a vital initiative to promote community health and infant well-being. PHM members organized educational campaigns, workshops, and support groups, focusing on empowering mothers with the knowledge and resources needed to initiate and sustain breastfeeding practices.

Furthermore, on December 3rd, the commemoration of World Disability Day in Pakistan, PHM members were involved in educational initiatives to underscore a collective commitment to fostering a more inclusive society where every individual, regardless of their abilities, can thrive and contribute meaningfully to the nation's progress.



In 2024 healthcare providers received training in areas like eye screening, family planning, telehealth, and emergency care to improve skills and community health outcomes. The People's Health Movement has been instrumental in these efforts, designing and facilitating initiatives that address the needs of underserved communities. PHM also fostered collaboration with local stakeholders, promoting culturally sensitive approaches, and advocating for sustainable public health practices. Additionally, PHM continues to push for systemic changes and long-term investments to strengthen public health in Pakistan.

In 2024, PHM Sri Lanka published three quarterly journals, while the fourth is currently under preparation. PHM Sri Lanka also contributed to the civil society report submitted to the CEDAW the Committee for the Elimination of all forms of Discrimination against Women. Additionally, the organization participated in the Parliament Sectoral Oversight Committee for Health, reinforcing its commitment to influencing national health policies.

A webinar on breast cancer awareness was held in August 2024 as part of World Breast Cancer Week by PHM Sri Lanka. On August 6th, during World Breastfeeding Week, a webinar emphasized the importance of the well-being of both mother and child, particularly in the challenging current socio-economic context.

PHM Sri Lanka facilitated multiple discussions and consultations addressing critical health and social issues:

- In March 2024, a virtual meeting was held to celebrate International Women's Day. In June, amidst the political and humanitarian crisis in Sri Lanka, a consultancy discussion brought together experts and activists to address gaps in the response to the economic crisis. Key topics included malnutrition, medicine shortages, and the plight of vulnerable groups. In July, a discussion with Dr. Vinya Ariyaratne focused on the Sri Lanka Medical Association's involvement with the Patients' Rights Charter.

- In November, a discussion on Period poverty, policy brief on tax free periods was held on November 2024
- On December 3rd, in recognition of World AIDS Day, a discussion was held to address HIV/AIDS-related challenges.

Due to difficulties in obtaining a visa to Argentina, only three members from Nepal actively participated in the PHA5. They shared their views in panels, thematic meetings and regional meetings. In addition, experiences were shared with activists from different countries in informal meetings and gatherings. Participation in PHA5 was extremely insightful and useful for the region and country.

## 10. PHM Campaigns in India

Jan Swasthya Abhiyan (JSA) has repeatedly underscored the critical state of India's health system. The Union government's handling of the COVID pandemic was marked by serious mismanagement on various fronts, exacerbating an already critical situation. Yet despite outstanding need for stronger public health systems underlined by the pandemic, the Union government continues to restrict funds for public health systems, along with neglecting the National Health Mission, while eroding federalism and imposing hyper-centralised decision making. Refusal to regulate profiteering by commercialised private healthcare sector, accelerated privatization of health services, and failures of the much-hyped PMJAY health insurance scheme have further exacerbated the situation, leaving vast majority of the population, especially marginalized communities at risk and leaving all Indians highly vulnerable in the face of current and future health challenges.

Key gaps in India's health system as highlighted by JSA include: insufficient budgetary allocation for health (around 1.3% of the GDP), high out-of-pocket (OOP) expenditure, understaffing and health worker precarity, centralized control and erosion of state and local autonomy, politicized re-branding of health and wellness centres, lack of affordable and quality medicines, over-reliance on ineffective health insurance-based models, lack of regulation of the private healthcare sector, commercialization of medical education, healthcare deprivation for women and various marginalised sections, inadequate protections for workers' health, and a neglect of key social determinants of health. JSA emphasizes that these systemic issues are interconnected, resulting in a healthcare system that disadvantages the most vulnerable, while promoting profiteering by commercial and corporate healthcare. JSA advocates for a transformative approach that prioritizes public health investments, enforces stringent regulation of private healthcare and pharmaceutical industry, safeguards patients' rights, and addresses the social determinants of health through multi-sectoral action.

To respond to these challenges, JSA has implemented various actions and processes across states as well as at national level. Given the enormous amount of work implemented on state and national level, the listing below is a very brief overview of actions and initiatives.

Jan Swasthya Abhiyan (JSA) state units have actively engaged in addressing a wide spectrum of health sector issues across all regions of India. Key concerns tackled include underfunding of public healthcare, workforce shortages, deteriorating public hospital conditions and excess patient deaths, challenging privatization of healthcare, patient rights violations in private hospitals, urban health challenges, environmental health issues, and access to medicines. Campaigns for the Right to Health and Healthcare have gained momentum, while advocating for legal commitments and improved public health services and governance. Concerns related to women's health rights, environmental health, drug addictions and health demands of vulnerable populations have also been areas of focus. Detailed reports related to activities by JSA state units in 2024 in Maharashtra,

Rajasthan, Tamil Nadu, Kerala, Andhra Pradesh, Bihar, Uttar Pradesh (UP), Delhi, West Bengal, Himachal Pradesh, Uttarakhand, and North-eastern region are available here (add link). JSA state units have employed a wide range of strategies to build health movements from local to district and state levels, by organising popular mobilization, policy advocacy, legal interventions and awareness campaigns, including:

- Health rights assemblies: JSA Tamil Nadu and JSA Maharashtra organized district-level health assemblies, focussed on publicising health rights issues. Right to health advocacy: JSA Rajasthan and JSA Andhra Pradesh have respectively pushed for implementing and enacting Right to Health Acts, while JSA Kerala influenced budgetary decisions and regulatory frameworks. Legal interventions: JSA Rajasthan has filed a Public Interest Litigation (PIL) to enforce health legislation, while JSA Maharashtra intervened in a High court Public Interest Litigation to ensure public health system strengthening. Public campaigns: JSA in states like Maharashtra and Tamil Nadu led large-scale postcard and signature drives to demand increased health funding and workforce improvements. Public hearings and community-based monitoring initiatives have been effectively used to amplify demands at grassroots level. Advocacy on health issues concerning specific groups: JSA units in Bihar, Uttarakhand, and Himachal Pradesh focused on raising issues such as gender-based health disparities, mental health, and drug abuse. Health surveys: Tamil Nadu's Health system observatory assessed service gaps in hospitals, while JSA Andhra Pradesh and JSA Delhi have conducted grassroots health surveys. Health budget analyses and demands: Several JSA state units like Maharashtra, Rajasthan, Andhra Pradesh, Bihar and Uttar Pradesh have critiqued state health budgets, organised pre-budget consultations, and demanded major increases in allocations for public health. Protests and demonstrations: JSA West Bengal, and the JSA associated Medical representatives association in Uttar Pradesh led protests against privatization, poor working conditions for health workers, and price hikes in medicines. Election manifestos and electoral engagement: JSA in several states including Tamil Nadu, Maharashtra, Kerala, Bihar and Delhi disseminated People's Health Manifestos, engaging political leaders to prioritize health in their agendas.

During these activities, JSA's collaborations with trade unions, social movements, legal experts, community-based organisations and frontline health workers have helped to place public health on the socio-political agenda. Alongside these campaigns, JSA state units have also focused on strengthening their organizational networks through state-level meetings, training workshops, and capacity-building programs. JSA West Bengal conducted a series of district workshops, while JSA Himachal Pradesh organized a regional consultation to expand JSA networking. JSA activists in several states including Bihar and the Northeast have worked on expanding district-level units and improving coordination among grassroots organizations.

### **JSA Thematic group on Access to Medicines**

The Medicines for All Group (MAG) was reactivated in 2024 to strengthen advocacy for equitable access to essential medicines. The group expanded its membership to include experts in public health, pharmaceutical policy, and advocacy, enhancing its capacity to address urgent challenges. Key initiatives include:



- JSA Declaration on access to medicines: A comprehensive statement outlining key demands for affordability, availability, and quality of essential medicines.
- Campaign for Drug Price Control: A public campaign pushing for stronger price regulation and transparency in pharmaceutical markets.
- Access to free essential drugs: A campaign advocating for free drug access in both public and private healthcare, with state-level initiatives to ensure effective implementation of government schemes.

Through these efforts, MAG is mobilizing public awareness and policy engagement to improve medicine accessibility and affordability across India.

### **JSA Thematic group on Health Data and Digitalization**

JSA newly launched a Health Data and Digitalization sub-group in 2024, attracting 40 members and holding its first meeting in March. The group identified critical focus areas, including health system data quality, consequences of delayed census, regulation of e-health platforms, Ayushman Digital Mission, artificial intelligence in healthcare, and health data privacy. Key activities include:

- Webinars and workshops: Regular sessions to improve digital health literacy and public engagement.
- Policy advocacy: Position papers, pamphlets, and communication materials promoting transparency, accountability, and rights-based digitalization.
- Panel discussion: A well-attended online event was organised in November 2024 on India's health data architecture, featuring experts discussing data integrity, privacy, and independent research suppression.

This sub-group is actively working to formulate JSA's position on health data governance, while building a broader campaign for people-centred and accountable digital health policies.

**JSA Thematic group on Private healthcare regulation and Patients' rights** JSA's thematic group on private healthcare regulation and patients' rights is addressing the lack of oversight in private healthcare, which results in unethical practices like price exploitation and rights violations. Key initiatives include:

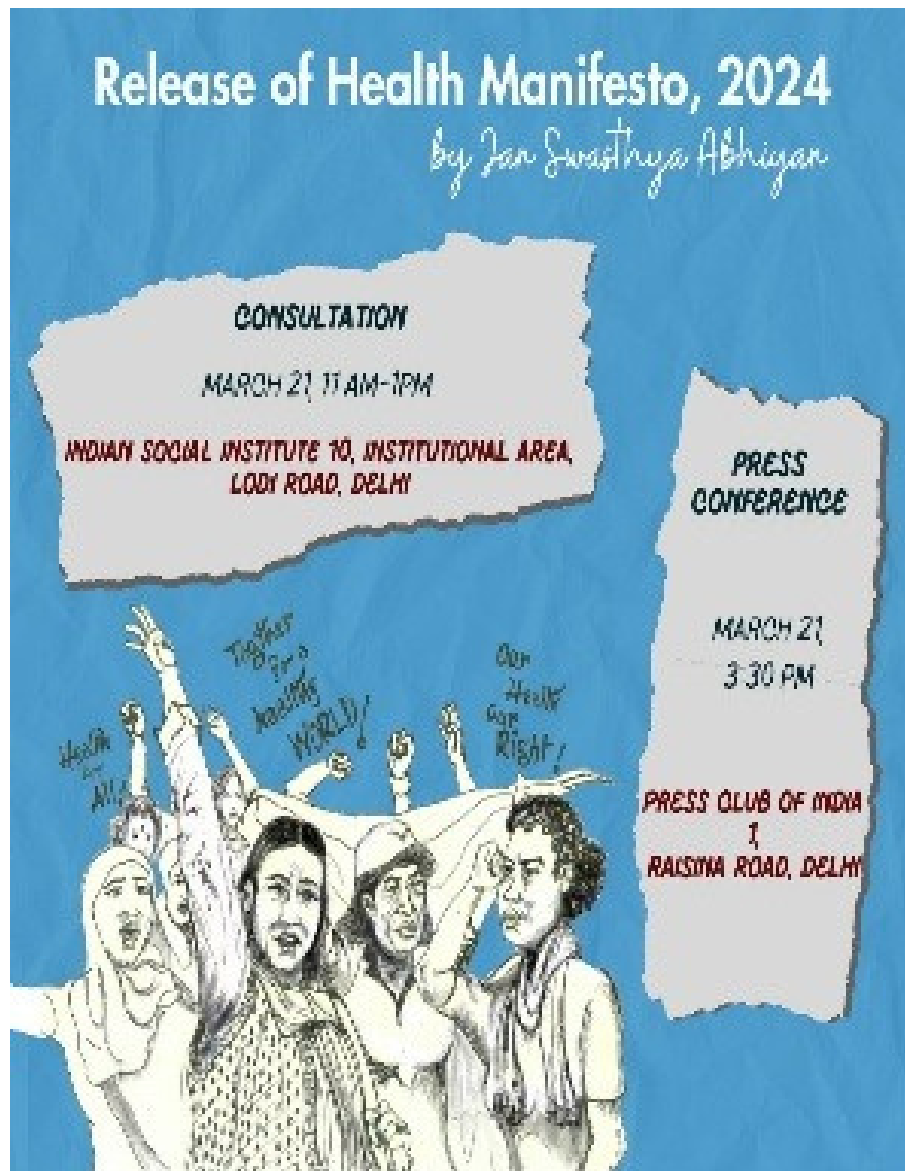
- Public Interest Litigation (PIL): JSA has filed a PIL in the Supreme Court of India which demands national enforcement of the Clinical Establishments Act (CEA) and Patients' Rights Charter, including transparent hospital pricing and grievance redressal mechanisms. The Supreme Court is currently hearing this case alongside a similar petition. Networking with healthcare professionals and consumer groups: JSA has interacted with networks of healthcare professionals to mobilize around a hundred doctors to issue an expert testimonial supporting healthcare rate standardization. An online session was held in June 2024 with 30 consumer groups, followed by a major consumer organization planning a supportive Supreme Court petition.

Through legal advocacy and coalition-building, JSA is pushing for regulatory reforms to protect patient rights and ensure accountability of private healthcare.

**Additional advocacy and campaign processes implemented by JSA in 2024 include:**



- **Response to Union Budget 2024:** JSA issued a statement analyzing the Union health budget and collaborated with Jan Sarokar to develop a report for the Janata Parliament (People's Parliament), organized by a broad network of civil society groups.
- **People's Health Manifesto 2024:** An 18-point People's Health Manifesto was developed through extensive consultation and collaboration with various constituents of JSA. This was released in March 2024 ahead of the General elections, this 18-point manifesto, titled "Our Health, Our Right!", outlines a range of key policy recommendations for Right to health and Universal healthcare. This was launched in March at the Press Club of India, Delhi, with participation from Hindi and English media. The manifesto and factsheet are available at <http://phmindia.org>
- **Health factsheets and posters:** JSA released a fact sheet and 12 social media posters in English, later translated into four Indian languages and widely circulated on social media and WhatsApp.
- **Northern region consultation:** Held in December 2024 in Delhi, this consultation brought together 35 health activists and professionals from Haryana, Rajasthan, UP, and Delhi to discuss private healthcare regulation and patient rights implementation.



JSA did not organise IPHU courses in 2024. However, some courses / workshops on health rights were conducted in collaboration with JSA allies:

- The Health Equity Course in Jaipur, Rajasthan, in collaboration with Prayas, in November 2024: an intensive 10 days residential course in Hindi for young health activists from grassroots organisation. 14 participants from 7 states of India participated in the course which focused on critical aspects of health equity, social determinants of health, and strategies for community mobilisation and health advocacy. All India People's Science Network workshops on health rights (AIPSN), a constituent of JSA
- collaboratively organised a series of three regional workshops between September 2023 to February 2024. These workshops on health rights were organised in Dimapur (for North East Region); Nagwain (Northern Region) and Odissa (east and Central Region). More than two hundred activists and students were trained by more than thirty leading health experts from across the country.

### **JSA participation in the PHA5**

Thirteen JSA activists attended PHA5: Abhay Shukla, Adsa Fatima, Ameer Khan, Chhaya Pachauli, Deepika Joshi, Dhananjay Kakade, Haridasan, Kameshwar Rao, Sarojini, Satnam, Shakeel, Sunita, and Sundararaman. Eight were supported by PHM, two were self-funded, two were Steering Council members, and one was a Global Secretariat member.

On April 8, in a sub-plenary session, Abhay Shukla spoke about healthcare commercialization in India, COVID-related overcharging of patients, and resistance by people's movements. In another session Chhaya Pachauli highlighted issues related to health sector privatization, the formidable influence of corporate and private sector lobby on governments, and experience of the Right to Health Act of Rajasthan which faced fierce opposition from private healthcare providers. On April 9, the theme was Gender justice and health, where Sarojini Nadimpally emphasized women's health as a fundamental human rights issue beyond medical services.

On April 10, during the sub-plenary on Universal Right to Health and Primary Healthcare, Sundararaman critiqued internationally driven universal health coverage models and stressed linkages between the Right to healthcare and Primary Health Care and problems with the Universal health coverage discourse driven by dominant international organizations and commercial interests. In the afternoon of 11th April there was a presentation of the PHM Call to Action where Ameer Khan presented the views of the Indian participants who had discussed the Call in the previous regional meeting. Most of the JSA delegates spoke in one or more of the workshops, and JSA delegates were involved in several of the organizational discussions in regional and thematic circle meetings.

Overall PHM India participants made significant contributions to the Fifth Global People's Health Assembly, engaging in critical discussions in a variety of sessions. Representing diverse perspectives, they addressed key issues such as the commercialization of healthcare in India, highlighting public distress during the COVID-19 pandemic, trends of healthcare privatization and corporate influence, sharing insights from Rajasthan's Right to Health Act struggles, broader dimensions of women's health as a human right, and critiquing the current discourse on universal health coverage while linking this to the challenges of achieving primary healthcare.

### **11. PHM Campaigns in Middle East and North Africa (MENA)**

2024 has been very difficult for the region. The Israeli war machine murdered tens of thousands in Palestine, and attacked the South of Lebanon with a ground troop offensive. PHM, on every level, has responded fiercely to the genocide in Palestine and war against Lebanon, as one can read in this report. Due to this situation, PHM MENA was not able to produce an annual report by mid February 2025. More information on the regional actions by PHM MENA will be included on a later stage.

## 12. PHM Campaigns in North America (NA)

The context in North America has been deteriorating on many fronts. There has been more repression of dissent, the rise of authoritarianism on the continent, a backlash against progressive measures, increasing impact of climate disasters and a continued expansion of commercialisation of public goods (healthcare, housing, education etc.). Late 2024 Donald Trump was elected as 47th president of the USA. This will most probably generate political violence, an increased militarism domestically and globally, and economic insecurity. The campaigns and actions listed here below demonstrate some of the regional PHM's efforts to confront these challenges, some of which are also reflected in the Mar del Plata Call to Action.

In 2024 PHM NA has been focussing on supporting the Palestinian call for ending the war in Gaza. This effort was not coordinated as a region, but individuals have worked on this in various ways (see below). PHM Canada supported local BDS campaigns, petitions and fundraising actions. They relaunched the militarisation and health working group, with cross-border engagement. In the US several PHM-USA members supported the Palestinian cause through actions and organizations they are affiliated with, like the Jewish Voice for Peace Health Advisory Council, including compiling the weekly health update, and the American Public Health Association (APHA). Members of PHM USA supported [action](#) to pressure APHA to take a strong position against the genocide in Palestine. PHM activists worked to pass a policy statement calling for a cease fire, which ultimately did not succeed. Actions included a sign-on letter, circulating the policy statement for support, and disrupting the Governing Council meeting where the policy should have been considered.

### Opposing Genocide at the American Public Health Association Convention 2024



eisaacs6

November 3, 2024

Activism, Blog Posts,  
Capitalism and  
Imperialism, International,  
Palestine/Israel, Recent  
Blog Posts



Protestors yell "shame," breaking APHA Code of Conduct rules



PHM NA continued work on [The Mapping Project](#) to identify global actors, especially private equity investors, that push privatisation, financialization, and commercialization of health (corporations, financial funds, consultants):

- The workshop and training series, [Who Owns Your Health?](#), will be launched on January 18, 2025.
- The group organizes monthly research meetings to grow the project and develop the research. Canada has been holding additional meetings to accommodate schedules.
- The group continues to conduct an environmental scan of activists, academics, and other advocates active on the issue. They hope to plan a gathering to discuss potential campaign and policy demands later in 2025.
- The PHA5 Call to Action refers to the creation of a new thematic group on Corporatisation, Privatisation and Health. If this takes place, PHM-NA could track and amplify the work of this group (if not actively engage). PHM NA has experience with the production of popular material on the corporate determination of health.

PHM Canada gave direct support to PHM colleagues in Uganda assisting those in hiding/exile from the AntiHomosexuality Act (funding raised for housing etc.).

PHM North America had an active delegation at PHA5. It was an opportunity to build relationships along thematic lines with people from other country circles and regions. Hybrid North America meetings facilitated important conversations with activists from Martinique and Mexico, identifying opportunities for collaboration and growing the region. The circle was also able to facilitate and join meetings of the ecosystem circle. Additionally, activists from Canada not previously affiliated with the country circle or region were able to link up with PHM Canada when they returned home.



PHM NA at the PHA5

To prepare for a regional PHM NA meeting, the Regional Representative distributed a survey to the region to understand how North America members are mobilizing around the PHA5 Call to Action, how current activities intersect with the call to action, and any opportunities there may be for further implementation of the Call to Action.

#### **IV. PHM Movement Building**

##### **1. Movement Building in South East Asia and the Pacific (EAP)**

It is hard to speak of the region as a whole. PHM is scattered and diffused across the region that includes Vietnam, Thailand, Malaysia, Singapore, Indonesia, Cambodia, South Korea, Japan, Timor Leste, New Caledonia, Vanuatu, Papua New Guinea (PNG), Philippines, Fiji, Tuvalu, Nauru, Tonga, China, Myanmar, North Korea, Australia, and New Zealand. Key organisational challenges include the diversity of languages, approximately 15, and the lack of any significant PHM presence in several key countries, especially China. There has been little progress in addressing these challenges, although new links have been made with PNG and Timor Leste. The more active countries have been the Philippines, Malaysia, Japan and Australia. In China, last year we made links through the groups working on Traditional Medicine in the country and this has been quite a progress. However this work has been mainly led by the PHM secretariat and individuals working on traditional medicine thematic in PHM rather than the regional circle.

The current modus operandi for coordination is not always effective. The region is very fragmented and there is little sense of a regional network of health activists. This remains a challenge that we are currently investing in. This will include continued involvement with the struggle for Palestine and against rising militarisation in the region. The alliances will be vital to building the movement in the region. Hot issues have the potential to mobilise popular support and the increasing frequency and severity of climate disasters suggests that alliances with organisations and movements focusing on climate justice may be useful.

The key potential allies of PHM in the region are:

- Health Action International Asia Pacific
- Political Economy of Health Special Interest Group Public Health Association of Australia
- East Asia Global Health Network
- Australian Friends of Palestine
- Australian Anti-AUKUS Coalition
- Independent and Peaceful Australia Network (IPAN)
- BDS
- Extinction Rebellion

The main priority for the region was organising for the PHA5 and then following through on the Call To Action, including conducting a regional online IPHU and organising an IPHU and Regional Assembly for 2025. While there may not be a strong sense of the region as a strategic action sphere, supporters of PHM gain strength through the network by knowing they are not alone in the struggle for health.

##### **2. Movement Building in Brazil**

PHM Brazil currently has 15 active, coordinating members who have attended meetings and organized activities in 2024, having a total of 55 people between active members and those who follow occasional activities.

There was significant mobilisation for the PHA5. During this process we deepened our relation with various social movements in Brazil, such as the Landless Movement (MST), the Coordination of Indigenous Organisations of the Brazilian Amazon (COIAB), the National Network of Afro-Brazilian Religions and Health (RENAFRO). The participation of PHM Brazil in the assembly was very good, with a +30 person delegation being present in Mar del Plata, Argentina.

We had planned strategies to involve and integrate the new activists who had joined the movement when returning from the PHA5. However, due to a climate/environmental crisis in the state of Rio Grande do Sul, we had to put on hold the planned meetings for a few months.

PHM Brazil has joined coordination made up of Jéssica Farias, Denis Saffer, Silvia Giugliani and Leonardo Mattos. The circle tries to meet on a monthly basis. The circle has three working groups: training, communication and mobilisation.



Movimento pela Saúde dos Povos **Brasil**

**Reunião Ampliada**

30 de JULHO  
(terça-feira)  
19hrs às 20:30

Via Google Meet

Faça Parte do MSP BR  
Te esperamos nesse esperar!

[mspbrasil.phm@protonmail.com](mailto:mspbrasil.phm@protonmail.com)  
[@movimentosaudedospovos\\_br](https://www.instagram.com/movimentosaudedospovos_br)  
<https://www.facebook.com/mspbr/>

Movimento pela Saúde dos Povos **Brasil**

Health for All Now!  
**People's Health Movement**



### 3. Movement Building in Julio Monsalvo southern region

The PHA5 was the single most important event to strengthen and build PHM in the region. At the beginning of 2024, the regional coordination, faced with the abrupt change in the political situation in Argentina (victory of a right wing political party in the national elections), deliberated on the pros and cons of continuing with the proposal to carry out the PHA5 in Argentina. On the one hand, the economic viability had to be evaluated, considering the devaluation of the currency and consequent inflation, and on the other hand, the growing hostile context against popular expressions to be taken into account.

A key objective of all the PHAs has always been to consolidate the militancy, particularly in the region where it is held. Despite the adverse situation in Argentina, it was possible to mobilize a large number of local health activists who committed themselves to the event, participating in various groups, meetings and tasks. PHM managed to involve new activists, assigning them different tasks and responsibilities. This resulted in a broad regional delegation at the PHA5: 15 delegates from Paraguay, 21 from Chile, 10 from Uruguay and 275 from Argentina. The 2-day "sub-regional Assembly" with about 120 health activists from the Julio Monsalvo region was critical to mobilise before PHA5. It explained how PHM was formed in the sub-region and how it worked.



The Southern Sub-Region Julio Monsalvo (Argentina, Paraguay, Uruguay and Chile) in 2024 was under joint coordination by Carmen Báez (Argentina) and Mariluz Martin (Paraguay). In Argentina the PHM Circle is composed of various networks: Movimiento Nacional de Salud Popular LAICRIMPO, Red Jarilla, the Asociación de Medicina General y Equipos de Salud de la Provincia de Buenos Aires (AMGBA), Federación Argentina de Medicina General y equipos de Salud (FAMG), Propuesta TATU, Asociación de Salud Mental (ADESAM), Members of the Red de Cátedras Libres de Soberanía Alimentaria (CALISAS), Movimiento por la Esperanza y la Alegría, ALAMES Argentina, Museo del Hambre, Comisión de Salud Bucal y Odontología Crítica, Frente de Docentes contra agrotóxicos, RAOM Red de Agricultura Orgánica de Misiones, MAELA (Movimiento



Agroecológico de América Latina) Argentina, Asamblea de Trenque Lauquen. During the PHA5 process new organizations joined the movement: Salud Colectiva de Somos Barrios de Pie, Red de Profesionales por el derecho a decidir, Mamá Cultiva, FESPROSA (health workers union), Movimiento Evita/CETEP/Marcos Paz, Red Argentina de Casas de Partos and the cooperative Red Parientes Moreno.

In Paraguay PHM takes the name Movement for the Right to Health "María Rivarola". It consists of diverse peasant and (peri-)urban organizations: Coordinadora de Trabajadores Campesinos y Urbanos (CTCU), Fundación Vencer, CAMSAT. Centro de Ayuda Mutua Salud para Todos, Aso Brazos Unidos, Central Nacional de Organizaciones Campesinas, Indígenas y Populares (CNOCIP), Cultiva Paraguay, FMP. Federación de Mujeres del Paraguay), Sindicato de Trabajadoras del Servicio Doméstico del Paraguay (SINTRADESPY), Comité Santa Clara-Luz Bella, Comité Santa Clara Liberación, Comité Joaju, Organización de Lucha por la tierra (OLT), Tatarendy, Tesaireka.

In Uruguay there is no formal national PHM circle. After the PHA5, a group formed mainly by members of LAICRIMPO, ALAMES and the Uruguayan Society of Family and Community Medicine (SUMEFAC) was formed. The launch of the circle will most probably happen in 2025. In Chile there is no active circle either, although after the PHA5 there was an increased interest in the PHM. A launch was planned but did not take place this year. The Chilean PHA5 delegation consisted of: EPES (Educación Popular en Salud), Universidades x el Territorio, ANCOSALUD (Asociación Nacional de Consejos de Salud), FENATS Nacional (Federación Nacional de Trabajadores de SALUD), ALAMES Chile and Fundación Me Nuevo.

It is important to emphasize that 5 regional Thematic Circles were founded, with active participation of all four countries. Here below a non-exhaustive summary of implemented activities:

1. Nutrition and Food Sovereignty Circle: the circle participated in the Third Continental Assembly of the Alliance for Food Sovereignty of the Peoples of Latin America and the Caribbean, in Santiago, Chile. From then on, the circle began to form part of this Alliance and to work towards the Third Global Forum Nyéléni 2025, Global Forum on Food Sovereignty. The circle also coordinated the Food Sovereignty session at the Latin American IPHU, and participated in the COP 16 in Colombia, consolidating the partnership between PHM and MAELA.
2. Ancestral and Popular Knowledge Circle: this new circle was created in the process of the PHA5, and aims to strengthen the PHM work on ancestral and popular knowledge in health.
3. Health Systems Circle: the circle was created in 2024, it plans concrete actions at the Latin American level, for an Inter and multicultural health system that promotes good living. The circle met monthly and held 2 webinars with important high level of discussions
4. Circle of Popular Education and Social Participation in Health: during the assembly it was decided to create the thematic circle Popular Education/Popular Participation in Health. The circle has 23 members from four countries (Argentina, Uruguay, Chile and Paraguay). The circle held a conversatory: Homage to Paulo Freire and presentation of four experiences in Popular Health Education, 43 participants participated from 10 countries (Mexico, Nicaragua, Costa Rica, El Salvador, Colombia, Brazil, Uruguay, Paraguay, Chile and Argentina).
5. Gender and Health Circle: during the PHA5 the need arose to create the Gender Thematic Circle of the southern sub-region. Since then, a group of activists met for several months to reach a consensus on methodology, priorities, actions, etc. A road map was developed and a [Foundational Manifesto](#) was written.



Health for All Now!  
People's Health Movement



#### 4. Movement Building in Andean region

The PHM Andean region consists of 5 countries: Venezuela, Colombia, Ecuador, Peru and Bolivia.

PHM Ecuador operates as a network of organizations and activists, with a structure of coordination and participatory decision-making. The main allies are civil society organizations, universities and health networks. The circle seeks to expand alliances with social movements and community organizations.

In the case of Peru, PHM participation started fully from the year 2023 onwards. Foro Salud is the focal point of PHM Peru. Foro Salud has around 3.500 members (750 actively) and about 50 community based organizations. Among major allies are: Mesa de Concertación de Lucha Contra la Pobreza - MCLCP, the Coordinadora Nacional de Derechos Humanos - CNDDHH, the National Association of Centers - ANC, with its working groups on Climate Change, Public Budget and Fiscal Justice, Agenda 2030 - ODS. Foro Salud is registered with the Ministry of Health, and participants of the National Health Council and its 22 Working Commissions.

PHM Bolivia did not grow in 2024, due to a severe economic crisis. There is a whatsapp group with 85 participants from different parts of Bolivia who have participated in face-to-face and virtual meetings. There is a Facebook group with 1.738 registered members to share information and activities carried out by PHM Bolivia. In person meetings were held monthly and in August 2024 we celebrated 11 years of activity of PHM Bolivia.

PHM Colombia consists of an average of 50 members, many of whom are part of health processes that are linked to PHM. The national circle in Colombia has been consolidated in 2024. Are part of the PHM Colombia circle: ALAMES chapter Colombia, Ifarma foundation, Salud al derecho, San Juan de todos collective, Chakaruna river, Observatorio de salud, Red solidaria Colmena, Sintrasalud, and individual members who have decided to join the circle. PHM Colombia aims to organize the work with teams on certain key issues such as gender, health systems, medicines and health technologies, health and environment.

The Andean regional coordination was renewed at the end of 2024. Luis Lazo Valdivia (PHM Peru) is the new regional coordinator, with Noly Fernández (PHM Venezuela) as the alternate. Regional meetings are held periodically, approximately every two months.

### **5. Movement Building in Mesoamerica**

The most active national circles in PHM Mesoamerica are PHM El Salvador, through the coordination of local organization Foro Nacional de Salud; PHM Guatemala, through the coordination of ASECSA; PHM Honduras and PHM Nicaragua. The region developed a governance structure to strengthen the regional work:

In 2024, PHM Mesoamerica created 4 committees to coordinate PHM work on the regional level:

- **Advocacy and Organizational Committee:** the committee helped to visualize the work of PHM Guatemala on ancestral health and midwives.
- **Gender Committee:** the committee developed various statements, including on gender based violence in the region, on Rural Women's Day, and regarding the decriminalization of abortion. The gender committee is also represented in the PHM Thematic Circle on Gender Justice and Health.
- **Communication Committee:** the committee shares communications materials from all PHM Mesoamerica member countries, the communication committee also developed the PHA5 video in collaboration with the PHM Global Communication Officer:  
<https://www.youtube.com/watch?v=7LgtAqjpfjY>
- **Training Commission:** the committee facilitated and streamlined the participation of PHM health activists from Centroamerica in the 2024 online IPHU.

### **6. Movement Building in Europe**

In 2024, PHM Europe sustained and slightly expanded its network, with increased engagement in some countries. While no major increase in formal structures occurred, the movement strengthened through greater participation in regional and global activities, such as PHA5, WHO Watch, and public health advocacy initiatives. The mobilization of around 50 activists to PHA5 was a major success, bringing new energy and connections that are expected to strengthen regional coordination moving forward. Additionally, the engagement of trade unions, health worker organizations, and academic allies, particularly through events like the Public Pharma for Europe Conference and the Care for Care Workers Conference, has expanded PHM's influence within health justice and labor movements.

As of 2024, PHM Europe has active representation in 15 countries. That's approximately the same as in 2023. The core represented countries include Portugal, Spain (including Catalonia), France, the UK (with Scotland as a closely linked but distinct circle), Belgium, the Netherlands, Germany, Italy, Croatia, North Macedonia, Greece, Turkey, and Georgia. Additionally, PHM Scandinavia continues to engage activists from Sweden, Norway, and Denmark, though communication with them fluctuates. Beyond these structured contacts, individual or intermittent contacts exist in Ireland, Serbia, Bulgaria, Romania, Austria, and Switzerland. The average number of active health activists per country/circle remains 5-6, meaning PHM Europe currently engages around 65 engaged activists in its combined local and regional efforts.



PHM Europe activists at Manifiesta, Ostend, Belgium (September 2024)

In 2024, the most active PHM Europe groups were in the Netherlands, Greece, Scotland, France, Germany, Belgium, Italy, and Croatia. Groups in Croatia, Belgium, France, and Greece have focused on healthcare privatization, while activists in Belgium and Germany have been engaged in public pharma initiatives. Scotland has prioritized advocacy on social determinants of health, and the Netherlands has been active in climate justice and solidarity with Gaza. Across the region, all groups have been involved in some way in the Palestine solidarity movement, reinforcing PHM Europe's commitment to health justice and anti-militarization efforts. In 2024, there have been ongoing attempts to engage activists from less active countries, with some success in maintaining participation among those who have recently joined. While challenges remain in sustaining involvement, this year has seen improved retention of previously engaged activists, strengthening regional coordination and expanding PHM's reach.





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PHM Europe at the PHA5 (April, 2024)

The organizational structures of PHM circles in Europe vary from country to country. In some cases, such as the UK, France, and Germany, PHM circles operate formally, with Germany having a registered organization, while in the UK and France, the circles function informally without legal registration. Other countries, like Belgium, Italy, Croatia, and to some extent, Spain, have existing organizations that serve as focal points for PHM-related activities. In these cases, specific initiatives are explicitly identified as PHM actions to distinguish them from the broader work of those organizations.

In several countries, PHM operates as an informal network of individuals affiliated with different associations, collaborating on shared health justice priorities. Decision-making processes at the country level are determined by each circle based on their structure and needs. However, all active groups engage in regional exchanges and contribute to PHM Europe's collective efforts. Efforts continue to expand the network by reaching out to new activists and organizations, creating opportunities for collaboration, and ensuring that PHM principles influence broader health and civil society movements. While PHM Europe is not always the sole or dominant actor in a given country, its presence helps shape discussions on healthcare justice and public health policies across different activist spaces.

Regarding coordination and governance structure, PHM Europe will try to establish a regional coordination group that would share responsibilities more widely among active members. This would ensure that regional tasks, such as organizing meetings, mobilizing for campaigns, and supporting country circles, are more evenly distributed. The coordinator and alternate would continue to serve as the primary contacts for PHM Global but

within a broader, more decentralized structure that strengthens collective decision-making and participation across the region.

PHM Europe's key ally in the region remains the European Network against Commercialization and Privatization of Health and Social Protection, with whom PHM Europe closely collaborated on April 7th actions and other joint initiatives. This partnership has been instrumental in strengthening advocacy efforts against healthcare privatization and the erosion of public health systems across Europe. Beyond this, PHM Europe maintains strong ties with various organizations that actively contribute to its work while also engaging their own networks in regional initiatives. These include Medicus Mundi Mediterranea, Medact, Health Poverty Action (HPA), Viva Salud, Centro di Salute Internazionale (CSI), Medico International, Mezis, Medicus Mundi International (MMI), the Organization for Workers' Initiative and Democratization (OWID), the International Association for Health Policy Europe (IAHPE), and ESE in North Macedonia. Additionally, PHM Europe continues to build relationships with trade unions and worker-led organizations, further strengthening its grassroots connections. In France, PHM collaborates with SUD Santé Sociaux and Solidaires; in the UK, PHM UK and Scotland have worked alongside Nurses United UK and other professional health workers' groups. In Turkey, the Turkish Medical Association plays a key role in PHM-led initiatives, while in Georgia, PHM activists are also engaged in union activities through Solidarity Network. At the European level, PHM remains in contact with the European Public Services Union (EPSU), the regional arm of Public Services International (PSI), reinforcing our alignment with broader labor and health justice movements. A notable development this year was the involvement of Belgian trade unions in the Care for Care Workers Conference, demonstrating increasing labor movement engagement in addressing the global health workforce crisis. Additionally, the Public Pharma for Europe Conference attracted a host of academics and researchers specializing in public health, pharmaceuticals, and policy reform. Their contributions enriched discussions on how to establish a publicly driven pharmaceutical system that prioritizes health needs over corporate profits. PHM's work also intersects with Universities Allied for Essential Medicines (UAEM), with country circles actively collaborating with UAEM chapters in various countries. Strengthening these partnerships and expanding outreach to new networks remains a priority, ensuring that PHM Europe continues to grow as a broad, intersectional movement advocating for health justice across the region.

## **7. Movement Building in East and Southern Africa**

People's Health Movement East and Southern Region (PHM ESA) is constituted of at least 11 countries namely: South Africa, Kenya, Uganda, Malawi, Zambia, Zimbabwe, Tanzania, Burundi, Ethiopia, Mozambique, Eswatini. PHM ESA is slowly building the movement in Mozambique, Burundi and Eswatini, with attendance at PHA5. The region also organized regional IPHUs, attended by one representative from each Zimbabwe, Lesotho, Burundi and Eswatini, with the idea to involve health activists from less active countries.

PHM Zambia developed a movement building plan for 2025, to strengthen the national circle. In 2024 the circle organized a webinar to promote PHM and its work in the country.



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# PHM-ZAMBIA

*Brings you a webinar on*  
"Understanding and Joining the People's Health Movement in Zambia"



**Moderator**  
Ms. NATASHA BWALYA  
PHM-ZAMBIA MEMBER  
Biomedical science student



**Speaker**  
Dr. SARAH N. NGOMA  
PHM-ZAMBIA Executive Board Member  
Midwives Association of Zambia (MAZ) president



**Speaker**  
Ev. MOSES MPUNDU  
PHM-ZAMBIA Board Chairperson  
Evelyn Hone college Counselor

**WHO SHOULD ATTEND:**

- Health activists
- Community leaders
- Social entrepreneurs
- Students and professionals in the health sector.
- Anyone passionate about health equity and social justice

**23rd Aug, 2024** 📅  
**6pm-8:pm (CAT)** 🕒

**Contact Us:**

- +260974466687
- phmzambia@gmail.com

PHM South Africa (PHM SA) has had an extremely busy and positive year for building health activists and health activism in the country. Over the last year we have expanded membership of PHM SA in five provinces, mainly through the building of Health Forums at grassroots level in four provinces, with mainly a rural focus. In the same 4 provinces, we have also had intense workshops with Community Health Workers (CHWs), which has also expanded our membership. We now have representation from 5 provinces on our Steering Committee, although still strongest in the Western Cape where the Head Office is located in Cape Town. Key growth in the membership of PHM SA has been through the building of the health forums, mobilising CHWs, partnering with other civil society members regarding food security and A People's NHI has expanded our membership. Being able to send members from our Forums to the Regional IPHU and to PHA5 in Argentina, has encouraged them to join the regional discussions on WhatsApp and mobilise for PHM in their provinces. PHM SA has also extended its membership by running webinars on CHW issues, and encouraging members to join regional and global webinars.

To build the movement in the region, various countries analyzed that a robust media and communications strategy needs to be developed to popularize the work of PHM ESA as well as highlight key health issues in the region and what needs to be done to improve people's health.

## 8. Movement Building in West and Central Africa

The region consists of 19 countries. Mali, DR Congo, Cameroon, Togo, Ghana, Benin, Gabon are the most active countries in the WCA region. The mobilization for the PHA in Argentina has enabled the region to attract new activists in Burkina Faso and Cameroon, despite the major difficulties faced by the region in getting the necessary visa to travel to Argentina. The regional coordination is working with the health activist from Burkina Faso who took part in the PHA to build a country circle there.

In the region there is a diversity of forms of organization. In some countries, like Ghana, Benin, Gabon, there is a single organization. In the DR Congo, Mali and Cameroon, there are networks of several organizations.

Due to financial constraints the circle was unable to organize a face-to-face regional meeting planned for 2024, but the online regional meeting in October did help to remobilize the group. PHM WCA is planning to organize a regional in-person meeting and an IPHU. The goal of the IPHU is to involve Francophones in the WHO Watch, so the region can strengthen its participation in the GHG work of PHM.

### **9. Movement Building in South Asia**

Four countries – Bangladesh, Nepal, Pakistan and Sri Lanka – are part of the South Asia Regional circle. These countries have been part of PHM for many years. Two countries in the region, Maldives and Bhutan, do not yet have PHM country circles. The regional circle is trying to help them to form the country circle and be the active participants of the regional circle.

PHM country circles are not formally registered in the respective countries. They function as a network of different organizations and institutions. There are not yet formal decision making guidelines. Decisions are made in discussions and mutual agreements. PHM Nepal is planning to improve its structure making it similar to the PHM Global structure, forming the Country Steering Committee, Country Thematic Circles and so on. It organised a dissemination and sharing of misión and strategies of PHA5 Call to action in December 2024 among the health activists, academicians, media professions, health students.

Financial support mechanisms are different in different countries of the región. There is no regular funding source for PHM activities in the región. Some of the regional activities are supported by donors through the PHM Global Secretariat. Most of the activities at the national level within the country are collectively sponsored by different organizations of the network.

### **10. Movement Building in India**

Jan Swasthya Abhiyan forms the Indian regional circle of the global People's Health Movement (PHM). At present it is one of the major national platforms that coordinates activities and actions on health and health care across the country. The JSA, today, is constituted of 21 national networks and organisations, and around 20 state level JSA units. Around a dozen states contributed to the writing of the Indian section of the PHM annual report; Maharashtra, Rajasthan, Tamil Nadu, Kerala, Andhra Pradesh, Bihar, Uttar Pradesh (UP), Delhi, West Bengal, Himachal Pradesh, Uttarakhand, and the North-eastern region including Assam. Besides these, there are JSA units or regular contacts in Haryana, Karnataka, Chhattisgarh, Madhya Pradesh, Puducherry, Gujarat, Odisha, Punjab and Telangana. The organisational structure of JSA consists of:

1. a National Coordination Committee;
2. a National Co Convenors;
3. State Chapters/State Committees;
4. a National Secretariat



## 5. Thematic Groups

JSA National Coordination Committee (NCC): JSA NCC consists of representatives from National Organisations, networks, representatives from state JSA chapters, members of the National Secretariat, National Co-convenors. Each state would elect a maximum of two members (one additional member as a substitute) for representation in JSA NCC. NCC shall also include individuals, groups from among the fellow travelers to participate in specific NCC meetings. All the founding members of JSA NCC, ex-national Co-convenors would be permanently invited members of the NCC as advisors. We have been holding in person/hybrid meetings almost every year (barring the covid year of 2020-21). We also have more than one online meeting a year.



Members of JSA NCC during the hybrid meeting held on 24-25 August, 2024 at Nagpur

There are more than thousand activists across various states and on the national level who are associated with JSA. The 24-25 August, 2024, NCC meeting held in Nagpur had more than fifty activists from 17 states and 18 national networks joining both in person and online. It is important to recognise that many states conduct regular campaigns on issues of state and national level importance. On the occasion of completing 25 years of JSA, states have already started preparing for various activities at the state level, in addition to national level activities.

There have been attempts from the national secretariat and co-convenors to activate states which have not been active in recent years, or JSA has not been able to set up units. For instance, 04 October, a meeting was held in Guwahati to set up state units in various North East states. A coordination group was created of 14 members from six states to set up state units and organise regional meetings in the North East.

During the run up to the Nagpur NCC meeting (24-25 August) there were attempts to reach out to various national networks who were not so active in JSA and many of them have positively responded and joined the NCC and subsequent meetings. The national co-convenors and secretariat members interact with states and network members on a regular basis through in person visits, or electronically or telephonically to take feedback and support. Through the process of active consultation Lok Manch, a network which has presence in around a dozen states, has been included in the JSA NCC and representatives from Lok Manch participated in Nagpur meeting. Similarly the Right to Food Campaign, another key national network, working on issues of food and nutrition joined NCC formally. Similarly NIHFW, FMRAI and NAPM which had a long association with JSA, but had not been actively participating in recent time has also become more active through repeated dialogues. PHM India also has included new leadership coming out of the large networks joining JSA leadership as National Co-convenors.

In context of Jan Arogya Abhiyan (JSA Maharashtra) during the year, various district networks were consolidated in the process of organising the district and state level health assemblies, and a new district unit of JAA was formed in Nanded district. Around 25 new organizations were contacted during the year, and dialogue took place with these newer groups especially while formulating the different health charters for marginalized communities. JSA units in Rajasthan and Andhra Pradesh involved many more organisations as part of their respective campaigns related to Right to health acts. JSA Bihar has received 11 new requests for membership, of which membership to 7 new members has been approved until now, many members of Health Watch Forum have also joined JSA Bihar in this period. JSA Delhi has added new members including community-based and other grassroots organisations through the process of conducting FGDs and other activities.

JSA Tamil Nadu (MNI) was initially covering ten districts, the network has now expanded to 15 and then 20 districts, with at least one district-level meeting held in each to introduce MNI's role, engaging local leaders, healthcare professionals, and activists. Currently, 15 districts have structured networks, each consisting of 15–25 member organizations. A lead or coordinating organization in each district oversees movement activities, supported by a designated point person responsible for communication and implementation. Additionally, efforts were made to re-engage networks, organizations, and members who had been part of the movement over the past two decades but had become inactive.

The key allies of JSA/PHM India include community-based organisations, other grassroots organisations, trade unions, health workers, national networks, women's organisations, journalists, students. Some of the larger organisations and networks which are part of JSA are:

- All India People's Science Network (AIPSN)
- All India Drug Action Network (AIDAN)
- All India Democratic Women's Association (AIDWA)
- Bharat Gyan Vigyan Samiti (BGVS)
- Breastfeeding Promotion Network in India (BPNI)
- Catholic Health Association of India (CHAI)
- Centre for Community Health and Social Medicine, JNU
- Christian Medical Association of India (CMAI)
- Forum for Creche and Child Care Services (FORCES)
- Fed. of Medical Representative Assns. of India (FMRAI)
- Health Watch Forum
- Joint Women's Programme (JWP)
- Medico Friends Circle (MFC)
- National Alliance of People's Movements (NAPM)
- National Federation of Indian Women (NFIW)
- Prayas, Rajasthan
- Positive Peoples Women's Network
- Public Health Resource Network
- SAMA – Resource Group For Women and Health
- SATHI – CEHAT
- SOCHARA

In addition to this, the JSA State chapters have their respective state level members and allies. Also, the state chapters collaborate with a number of trade unions and many are part of the JSA units. There is a constant



effort to engage with and include like-minded progressive organisation, networks and individuals both at the national and State levels

### **11. Movement Building in Middle East and North Africa (MENA)**

More information on the PHM movement building the MENA region will be included on a later stage.

### **12. Movement Building in North America**

PHM NA consists of two countries in the region: Canada and the USA. PHM Canada is a diverse group of people, 12 active decision makers, with 60 on the general PHM Canada member list. In Canada there has been growth since 2019, which leveled out in 2023. There was more growth in 2024, and streamlining of the membership of the core PHM Canada group has also expanded.

The PHM USA general mailing list has 214 subscribers. The PHM-USA coordination list, which serves more of an active & decision-making role, has 49 subscribers. There was some growth in the USA country circle in 2024, thanks to the PHA5. Several people showed interest in the work at the country and regional level and came to quarterly calls. Relationships with partners and allies were also strengthened.

In both Canada and the US, activists have chosen to remain a network of individuals. Activists' links with other organizations (eg, NGOs, nonprofits, universities) strengthen the country circles and the region, allowing for a broad network. PHM activists are known in the arenas in which they operate as being good at fostering international connections and at facilitating connections with activists in other regions.

PHM North America has a shared-leadership structure between PHM Canada and PHM USA. The country circles split the three year term with one representative from each country serving a 1.5 year term. As a region we have been consistent about nominating new representatives to the Steering Council at the end of each term. Anne-Emanuelle Birn is completing her first three-year term while Jennifer Ware is at the mid-point of her 3-year term. PHM Canada operates by consensus so there is no clear coordination role, with shared roles of organizing and facilitating meetings and activities. PHM US operates by consensus, however members volunteer to convene meetings.

During the PHA5 in Argentina, individuals from PHM Mexico connected with the North America delegation about being part of PHM-NA. All countries were enthusiastic about the potential, sharing ideas about intersections of current work. This idea will take concrete form in 2025. Also, there was considerable support given from PHM NA early in the year to launch a Caribbean region through Martinique activists. During PHA5 it was unclear whether they would join North America, however, the group decided that they wanted to work with and start a Caribbean region.

The main allies and partners in the region are Doctors for Global Health, Hesperian, Little Sis, Physicians for a National Healthcare Program (national and NY Metro), and the Simmons University Department of Public Health.

### **13. Movement building in Mexico**

It is important to emphasize that PHM Mexico is establishing itself as a fully active PHM national circle in 2024. In December 2023, PHM Mexico formed a network made up of MAELA, ALAMES, Fuerza Migrante and other

organisations, as well as individuals from all over Mexico. Throughout 2024, the newborn circle were joined by colleagues from Central American countries who, although not living in Mexico, find a shared identity in this country. So far, PHM Mexico has 50 members.

PHM Mexico participated in the PHA5. A delegation of eight members represented the Mexican Circle and delivered a message of solidarity with the Palestinian people, the circle also gave presentations and ran workshops (on air pollution and its impact on health, living conditions and health in migrant communities, etc.). PHM Mexico is part of Enlazados and the International of Hope, strengthening the links with other groups struggling for health and human rights. PHM Mexico members also took part in various decolonial workshops held in Guatemala throughout 2024. To strengthen the new circle Mexican PHM health activists also participated in the Latin American IPHU (see above). PHM Mexico also participated in the development of the National Development Plan. The circle presented concrete proposals for the inclusion of health as a priority axis in the National Development Plan. Last but not least, PHM Mexico also submitted a GHW7 chapter in English and Spanish on "The Right to Health during the Fourth Transformation of Mexico", for publication in the next edition of Global Health Watch. The circle still has to define whether they will join either the North American or Mesoamerican PHM regional circle, to strengthen our international participation and coordination.

#### V. The People's Health Assembly 5 (PHA5) ([Click here for a detailed PHA5 report](#))

After months of mobilization in PHM country circles, regions, and thematic groups, various PHM members and friends such as health and human rights activists, health workers, students, health rights organizations, PHM's affiliated networks, partners and organizations, health policy makers, academics, and individuals came to participate in the 5th People's Health Assembly (PHA5) of the People's Health Movement (PHM) and the 1st International Conference on Collective Health and Primary Health Care. PHA5 was held in Mar del Plata, Argentina, from 7-11 April 2024. The assembly culminated in the Mar Del Plata Call to Action 2024:

<https://phmovement.org/pha5-mar-del-plata-2024-call-to-action>



The PHA5 took place in a time when the world is facing multiple crises, with health rights being violated and war crimes and genocide being committed on a daily basis in Gaza, with wars raging in Sudan, Ukraine,



Lebanon, Congo, Yemen, and other parts of the world. PHM analyzed and denounced these assaults on health rights and humanity during the PHA5 and committed to action playing its role as a health social movement.

PHM also raised its voice against the overwhelming control of transnational corporations (TNCs) over the global economy, health, agri-food and welfare systems, and against the imbalance of power, domination and coercion imposed over the countries of the Global South by a few capitalist and imperialist countries of the Global North. Taking a firm stance against the corporatization, marketization, and colonization of public goods, PHM spotlighted the dire consequences of corporate and imperialist dominance, emphasizing the pressing need for systemic change. In its assembly PHM emphasized the important role of women in the struggle for health, peace and gender justice. At the same time, the PHM denounced the ecological crisis, climate change, the degradation of biodiversity and food insecurity that affect all human beings and living things in our planet and the need to transform the predatory economic order that is behind these changes and to strengthen food sovereignty and nature conservation. The PHM adopted “Buen Vivir” as its vision and struggle for Health for All.

At the height of the definition of the slogan, the proposal from the Latin American region was that the concept of “Buen Vivir” (Good Living) should be included. After a long debate, the presentation of a document supporting the proposal, and a video that was made available to the whole movement, a consensus was reached on the slogan. It was decided that it was important to leave the words “Buen Vivir” untranslated, giving relevance to the worldview that these words encapsulate and also generating the need to continue exploring this proposal as a political concept in all corners of the PHM. PHA5 stands as a testament to the power of collective action in the relentless pursuit of a healthier, more equitable world for all.

The organization of the People's Health Assembly was, by all accounts, a massive undertaking. For months PHM members mobilised in their countries and regions through regional assemblies to seek those issues relevant and important to be included in the program, to raise funds for their participation and to build momentum towards the assembly. In addition, in a very short time, just a few weeks, health activists from all over the world volunteered their time logistically organising the assembly, refining the structure of the PHA5 program, helping with translation, guiding people from the airport to the buses, co-writing the PHA5 call to action, being part of a panel discussion, preparing credentials etc.

The planning process was coordinated by the International Organizing Committee, and it included all the organizational structures and the following items: a) Programme; b) Registration; c) Principles to guide selection for sponsorship to attend PHA5; d) Practical information; e) Pre-assembly activities (regional mobilization committees); f) Expected participants; g) Communication activities (website, multilingualism, news, etc); h) Fundraising strategy; i) All logistical aspects; j) Proportion of the PHA spending to be funded by PHM global; k) Campaign to raise funds; l) Call of interest for self-organized workshops; and m) Structure of activities at PHA5: i) Opening ceremony; ii) Plenary sessions; iii) Sub-plenary sessions; iv) Self-organized events; v) Cultural events; vi) Display space; vii) IPHU Course; and viii) Reporting.

Two launching events were held in Argentina in November 2023 with the participation of Hani Serag and Román Vega, both IOC members, one during the 33rd Meeting of the National Popular Health Movement LAICRIMPO in Trenque Lauquen; and the other of a global nature, during the XXXVIII Congress of the Argentine Federation of General Medicine (FAMG) in Neuquén. During this visit, members of the IOC traveled to Mar del Plata, visited the Mar del Plata National University, the venue hotel and the Municipality. They also had a cordial meeting with the Minister of Health of the Province of Buenos Aires for support.

Each PHA5 sub-committee consisted of members of the Global Secretariat, members of the Local Team, members who represented the IOC and PHM activists. The Global Secretariat representatives facilitated operational matters such as coordination of meetings, interpretation at meetings, agenda, etc. The IOC representatives were responsible for updating the committee on the status of the process and requesting decisions when necessary. Here below a summary of the work and learned lessons of all 5 sub-committees.

### 1. The Program Sub-Committee

The Program Committee was formed to reflect a regional balance, with a commitment to work across languages, particularly English and Spanish. Based on the PHA5 concept notes and the 5 proposed themes (Ancestral and popular knowledges and practices; Gender justice in health; Towards a transformation of Health Systems; Resisting forced migration and war; Ecosystem health: energy, food, climate), a broad consultation was run through PHM structures; regional and country circles, and thematic groups, as well as PHM affiliated and allied networks. During the first consultation a broad set of issues that were perceived as priorities to be addressed during the Assembly, were identified. The framing of such issues into a shared political vision was a needed step, complicated but enriched by the diversity of political cultures – also reflected in and through languages – within the movement.

A second round of movement-wide consultation, based on the first program 'map', was done to collect additional details on the identified priority issues and consolidate a first list of proposed speakers. A lot of work went into combining budget constraints, speakers' availability, balancing criteria (age, gender, region, etc.), and aims of the program. A key role was played in many moments by the IOC, that provided useful feedback to the different program drafts. A better balance of speakers – including testimonies, voices from marginalized/oppressed groups, regional representation – was achieved thanks to this feedback. This extensive participatory work made the program better aligned with the movement priorities, and also more owned by the movement itself.

The program committee did face various challenges, with several lessons learned to be taken into account:

- Working across different languages and political cultures with limited means for extensive and professional interpretation support;
- Challenges in the collective process: though inclusive and democratic, it often led to delays, and difficulty in decision making;
- Very diverse experience within the movement in using online collaboration tools, quite relevant for supporting a participatory building of the program;
- The program is limited in days and hours, so the committee spent quite some time in discussing and balancing out issues like Buen Vivir, traditional knowledge, Gaza and Palestine, and so on: these 'negotiations' were time-consuming but nonetheless very important;
- Having a long list of potential speakers was useful, but also a challenge in trying to ensure regional, gender, age, and academic/activist/testimonial representation: given the geographic location of PHA, the preponderance of Latin American speakers is understandable, notably in the ancestral knowledge theme for which few speakers from outside of Latin America had been identified; some speakers also faced visa problems, cfr. Below (Mobilization);
- Challenges in relation with other committees: the work of the logistics committee, for example on the lunch times, had an impact on the program structure; when difficult decisions were to be taken, the IOC had to meet up which stalled the progress of the program committee.



The morning sessions of each day consisted of one plenary session and four parallel sub plenaries on each theme. In the afternoon, the first round of 8 to 10 parallel workshops (2.00 to 3.30 pm) covered different themes and were self-organized or sponsored. This included two or three sessions of the International Conference on Collective Health and Primary Health Care organized by the Universidad Nacional de Mar del Plata where papers were shortlisted through an earlier process and were presented by different attending participants. In the second and third round of sessions every day (3.45 pm to 5.15 pm, and 5.30 pm to 7.30pm) the focus was more on PHM organizational issues: PHM global programmes, thematic circles and meetings of regional groups.

You can see the PHA5 program structure following this link [here](#).



### PHA5 - PROGRAM STRUCTURE

#### DAY 1: SUNDAY 7 APRIL 2024

08:00-09:00	09:00-11:00	11:00-11:15	11:15-12:45	12:45-13:30	13:30-14:00	14:00-14:15	14:15-17:45	17:45-18:00	18:00-19:30	19:30-20:00	20:00-21:30	21:30-23:00
DAY 1 ANCESTRAL OPENING CEREMONY AND PRESENTATION OF TRAVELLING BASKET OF SEEDS (ROOM ATLANTIC)	OPENING OF THE ASSEMBLY SOLIDARITY ACT WITH PALESTINE (ROOM ATLANTIC)	BREAK	STAND WITH PALESTINE (ROOM TOPACK)  GENDER-BASED VIOLENCE AS A HEALTH JUSTICE AND HUMAN RIGHTS ISSUE (ROOM ATLANTIC)  WAR AND MIGRATION, DISPOSSESSION AND RESISTANCE OF ANCESTRAL KNOWLEDGES AND PRACTICES (ROOM MUELLE AZUL)  HEALTH SYSTEMS, TERRITORIES AND ECOSYSTEM HEALTH (ROOM AGUAMARINA)	LUNCH	INTERNATIONAL CONFERENCE ON COLLECTIVE HEALTH AND PRIMARY HEALTH CARE PAPER PRESENTATIONS - 1 (ROOM HOTEL BOLOGNA)  INTERNATIONAL CONFERENCE ON COLLECTIVE HEALTH AND PRIMARY HEALTH CARE PAPER PRESENTATIONS - 2 (ROOM HOTEL PATIO DEL MAR)  INTERNATIONAL CONFERENCE ON COLLECTIVE HEALTH AND PRIMARY HEALTH CARE PAPER PRESENTATIONS - 3 (ROOM HOTEL AGUAMARINA)  HEALTH AND IMPERIALISM (ROOM ATLANTIC)  GENERATING POLITICAL DEMANDS FOR ACCOUNTABILITY FOR GENDER JUSTICE IN GLOBAL HEALTH (ROOM TOPACK)  MEETING FOR THE DEFENSE AND REFORM OF HEALTH SYSTEMS IN THE AMERICAS: CONTRIBUTIONS FROM SOCIAL ORGANIZATIONS AND MOVEMENTS (ROOM MUELLE AZUL)  BODY TERRITORY WORKSHOP (ROOM AGUAMARINA 2)  CLIMATE CHANGE AND ITS EFFECT ON SOCIO-ENVIRONMENTAL HEALTH- WHAT ABOUT PESTICIDES? (ROOM AGUAMARINA 1)  YOUTH VOICES IN HEALTH: EMPOWERING YOUNG WORKERS, RESEARCHERS AND ACTIVISTS (ROOM CORAL)	BREAK	RESISTING FORCED MIGRATION AND WAR RESISTING GLOBALLY OPPRESSIVE SYSTEMS COLONIALISM, IMPERIALISM, WAR AND MUTARRISATION (ROOM ATLANTIC)	BREAK	REGIONAL MEETINGS	DOCUMENTARY SCREENINGS (ROOM CORAL)	DINNER	CULTURAL EVENT

#### DAY 2: MONDAY 8 APRIL 2024

07:30-08:00	08:00-09:00	09:00-10:30	10:30-10:45	10:45-12:15	12:15-12:30	12:30-13:00	13:00-13:30	13:30-15:45	15:45-17:15	17:15-17:30	17:30-18:00	18:00-19:30	19:30-20:00	20:00-21:30	21:30-23:00
MOVIE 8 ON KINING COLONIAL CHRONIC ILL FOR HEALTH (ROOM ESTIMAR VALL)	FINANCIALIZATION, PRIVATIZATION AND CORPORATE CAPTURE OF HEALTH SYSTEMS (ROOM ATLANTIC)  ADDRESSING POWER ASYMMETRIES WITHIN OUR MOVEMENTS TOWARDS GENDER INTERSECTIONAL JUSTICE (ROOM MUELLE AZUL)  DECOLONIZING HEALTH SYSTEMS, POLICES AND PRACTICES (ROOM TOPACK)  AGROECOCLOGY AND FOOD SOVEREIGNTY FROM THE ANCESTRAL AND POPULAR KNOWLEDGES THAT CARE FOR THE HEALTH OF MOTHER EARTH (ROOM AGUAMARINA)	BREAK	PROTECTING ANCESTRAL AND POPULAR KNOWLEDGES AND PRACTICES TRIBUTE TO OUR LATE COMRADES TOWARDS SOCCINATING POLICES FROM THE FEELING OF BELONGING TO MOTHER EARTH (ROOM ATLANTIC)	LUNCH	INTERNATIONAL CONFERENCE ON COLLECTIVE HEALTH AND PRIMARY HEALTH CARE DEBATS 1 - CONTRIBUTIONS OF LATIN AMERICAN COLLECTIVE HEALTH TO THE GLOBAL STRUGGLE FOR HEALTH (ROOM TOPACK)  INTERNATIONAL CONFERENCE ON COLLECTIVE HEALTH AND PRIMARY HEALTH CARE PAPER PRESENTATIONS - 4 (ROOM HOTEL PATIO DEL MAR)  INTERNATIONAL CONFERENCE ON COLLECTIVE HEALTH AND PRIMARY HEALTH CARE PAPER PRESENTATIONS - 5 (ROOM HOTEL AGUAMARINA)  FOOD SOVEREIGNTY (ROOM AGUAMARINA 2)  STRUGGLES FOR HEALTH IN TIMES OF IMPERSONATION AND SHRINKING SPACES (ROOM ATLANTIC)  IDENTIFYING AND CORRECTING THE KEY ACCOUNTABILITY DEFICITS IN GLOBAL HEALTH (ROOM MUELLE AZUL)  HEALTH INTERSECTIONS WITH THE 'WAR ON DRUGS' (ROOM AGUAMARINA 1)  COLLECTIVE ORAL HEALTH (ROOM CORAL)  NEW MASCULINITIES IS THIS MY REVOLUTION? (ROOM HOTEL BOLOGNA)  FERIA 1: HEALTH PLAYS - PART 1 (ROOM IMPERFORANES)	BREAK	INTERNATIONAL CONFERENCE ON COLLECTIVE HEALTH AND PRIMARY HEALTH CARE PAPER PRESENTATIONS - 6 (ROOM HOTEL PATIO DEL MAR)  INTERNATIONAL CONFERENCE ON COLLECTIVE HEALTH AND PRIMARY HEALTH CARE PAPER PRESENTATIONS - 7 (ROOM HOTEL AGUAMARINA)  STRATEGIC WORKSHOP 1-1: PHAS CALL TO ACTION (ROOM ATLANTIC)  STRATEGIC WORKSHOP 2-1: HEALTH FOR ALL CAMPAIGN (HFAA) (ROOM TOPACK)  STRATEGIC WORKSHOP 3-1: GLOBAL HEALTH WATCH (GHW) (ROOM AGUAMARINA 1)  STRATEGIC WORKSHOP 4-1: INTERNATIONAL PEOPLE'S HEALTH UNIVERSITY (IPHU) (ROOM HOTEL AGUAMARINA 2)  STRATEGIC WORKSHOP 5-1: GLOBAL HEALTH GOVERNANCE (GHC) (ROOM HOTEL BOLOGNA)  EXPERIENCES OF SOCIAL PARTICIPATION IN HEALTH: TRANSFORMATION OF HEALTH SYSTEM FROM THE TERRITORIES (ROOM MUELLE AZUL)  HEADCOT AND WATER MANAGEMENT AS A TOOL FOR TERRITORIAL DISPOSSESSION (ROOM CORAL)  FERIA 1: HEALTH PLAYS - PART 2 (ROOM IMPERFORANES)	BREAK	THEMATIC GROUP MEETINGS (ROOM CORAL)	DOCUMENTARY SCREENING 1 (ROOM CORAL)	DINNER	CULTURAL EVENT			

## 2. The PHA5 Logistics Sub-Committee

When organizing a global assembly the logistics committee plays a crucial role, perhaps the hardest and most underrated work. In this section it is important to highlight the context in which the organisation of the assembly took place, as it increased the complexity and challenges in organising all the logistics. On the one hand there was the short timeframe the committee had to prepare for the Assembly, once Mar del Plata was chosen as the venue. On the other, the political, social and economic situation of Argentina created uncertainty. In October 2023 presidential elections were held, resulting in a new ultra-right-wing government, with a growing hyperinflation and economic instability that prevented the negotiation of prices, making it impossible to fix values and close contracts until the last moment due to the fluctuation of the value of the USD. This also implied the readjustment of the original accommodation and food plan.

Another challenge was related to technical issues in the development and administration of the PHA5 registration process, which created problems that need to be improved for the development of such projects in the future. However, the technical problems faced during the design, development, implementation, update and follow up of the database platform had a lot to do with the way the form was designed in previous planning stages and less with the technical aspects, capacity and accountability of the drupal platform.

A key task of the logistics committee was facilitating the travel of international participants. 195 sponsored flight tickets were bought by PHM Global (cfr. Finance committee). To democratize participation at the PHA5, especially from countries in the Global South, it was decided that PHM Global would subsidize these flight tickets. PHM Global worked together with a Belgian travel agent, but the whole coordination with the selected sponsored participants was a tremendous job. Together with this came the visa issue. The outdated visa granting system of Argentina, very bureaucratic, discriminatory and costly, presented several challenges for the PHA5 participants. On the one hand, the requirement to conduct face-to-face interviews and physically submit passports posed a challenge. On the other hand, the complication that not all countries had their own embassy, represented a financial challenge for the participants from the beginning, as participants had to move from one country to another to process their visas including an advance payment of USD 200 for the processing of the application. In terms of mobilization, this represented one of the main disadvantages for low-income regions. In logistical terms, it required working together with the University of Mar del Plata to send formal invitations processed by this institution through an official platform. It also required collaboration with the hotel of the venue, which sent formal letters of accommodation for the formalities. In the end, we ensured a personalized follow-up and in many cases a direct intervention with the embassies to reinforce information or follow-up on timelines.

Mar del Plata, the host city of the PHA5 could count on the support of the local university, furthermore the local PHM activists had lots of experience in organizing large academic events (Buenos Aires Association of General Medicine). The PHA5-venue was the hotel 13 de Julio, a big trade union hotel with the capacity to accommodate 1,500 people, with +5 conference rooms, and a huge restaurant with tremendous catering capacities. However, the choice of Mar del Plata did add to the complexity. The logistics committee had to figure out how to organize the local transport from both airports in Buenos Aires to Mar del Plata, 400 km further South. This added a lot of extra logistical work and required many volunteers to support the task.

Another important part of the logistics committee was to organize the interpretation. To reduce costs we looked for an online interpretation system through the live-voice platform. This brought some benefits, challenges and difficulties. The cost was considerably lower since we did not have to cover the cost of interpreters (travel, food and lodging) or hire equipment. But, the system depended on using a device connected to the internet. The capacity of the internet in the venue was not good enough at the beginning. On several occasions, especially on the 1st day of the Assembly, we had significant internet problems. We installed an internet amplification system that resolved most of the problems of the 1st day. As a challenge, we needed an important team of volunteers who were constantly checking with the sound team that the participants and the platform were working properly and solving the problems that arose, as well as a very well trained interpreters team to learn how to use the platform.

### **3. The PHA5 Mobilization Sub-Committee**

The PHA5 mobilisation committee was in charge of coordinating with the 12 PHM regions to support the process of participant selection, preparing guidelines for this selection, and facilitating the visa process, but also to support pre assembly mobilisation efforts in the region. The committee drafted a comprehensive set of



parameters in consultation with regional coordinators to guide the selection of participants from various PHM regions. This ensured representation in terms of gender, age, racial balance etc.

The issue of visa restrictions was the main challenge for the committee. Regions such as those in the African continent, South Asia, Middle East, and North Africa faced considerable hurdles in applying for and receiving visas. In most cases, visa fees of USD 200 (cfr. Logistics) were to be paid just to make the visa application alone. Some PHA5 participants had to travel to a nearby country to apply for the visa which was extremely cumbersome and expensive. For example, many countries in East and South Africa and West and Central Africa had to travel to the Nairobi or Abuja embassy. Similarly, those in South Asia had to travel to Delhi. In some cases requests for online interviews (instead of face-to-face interviews) were not allowed. Even when the visa application, visa costs and interview processes were done, the visa was not given (Pakistan for example). South Asian countries required transit visas for their connecting flights which was again a new barrier. The visa problems led to countries dropping out or not applying for a visa in the first place. It must be mentioned that despite the visa hurdles and especially due to the persistence of the participants and the support of PHM Argentina we did manage to get visas where it was otherwise difficult. The visa problems also had an impact on the flight purchasing process. Some tickets had to be canceled, the logistics committee, foreseeing this, had made sure the large majority of the flight tickets were refundable.

When dealing with global but even regional assemblies the visa issue should be a main priority. It is key to ensure for the local organisers to have some political contact /agreement with the host country's government in advance, especially with the foreign ministry to expedite visa processes. It must be mentioned that a couple of months before the assembly in Mar del Plata, Javier Milei took office (cfr. Logistics). This did not help the local team on several fronts, including the visa front and the security issue. Also, it is and will be important to orient the regions better to choose participants. The committee can also help and orient regions regarding local fundraising, to cover the visa-related expenses for example.

#### **4. The PHA5 Communications Sub-Committee**

A communication strategy, action plan and campaign were designed, planned and implemented in different phases at local, regional and international levels. The PHM website was consolidated as the main communication window of the Assembly. A committed team of health communicators from the movement helped out to cover the Assembly, both locally as on social media.

An international and diverse team came together for the coverage of the PHA5, with collaboration from the PHM Argentina, PHM Mesoamerica, PHM Europe, PHM South Africa and the Global Secretariat to produce content, bulletins, press releases, photo and video coverage, PR and media engagement during the assembly. <https://phmovement.org/pha5>

Thanks to an international collaboration from the PHM Mesoamerica Circle the PHM Comms Program was able to produce, edit and release a short video summarizing the experience of the 5th People's Health Assembly. Video was launched May 23, 2024. Click here to see the video: <https://phmovement.org/pha5-peoples-of-the-world-in-action-for-health> and <https://youtu.be/7LgtAqjpfjY?si=GkW7W-AcoJpla1vy>.

With the support and participation of an international production team, and the financial support from an international donor, the PHM Comms Program produced, edited and broadcasted the first season of the [Charter4Health podcast](#), featuring participants in PHA5 talking about a range of issues discussed during the

Assembly addressing the discussions leading to the Mar del Plata Call to Action. Interviews with Claudio Schuftan, Ana Vračar, Carmen Baez, Layth Hanbali, Denis Bukenya, Delen de la Paz, Matheus Falcão, Abhey Shukla, Vivian Camacho, Fran Baum, Zeina Mohana, Román Vega and others.



One learned lesson from this assembly is the importance of allocating resources to the creation of an identity for the event, mainly its [logo and slogan](#). The creation of the logo relied mainly on volunteer work, with the luck that a person from PHM Argentina had drawing and design skills.



PHA5 logo

## 5. The PHA5 Finance Sub-Committee

A global in-person assembly is costly. As the resources of PHM are very modest a fundraising strategy was put into place to try to minimize the assembly's impact on the movement's general budget. The finance committee had the responsibility to watch over the expenditure, and to ensure enough income.

In the first place, the movement could count on a tremendous amount of voluntary work and in kind contributions from activists and affiliate organisations inside Argentina but also from around the world. Organising the Assembly in Argentina while the country was going through economic turmoil proved to be challenging for the finance committee. Nevertheless, thanks to PHM Argentina we were able to find economic options for the venue, accommodation and food .

Another major cost was the sponsored flight tickets. Knowing the flight cost can be a major obstacle for health activists from all around the world to participate, we decided to implement a system of subsidized flights to democratize the participation, especially for people from Middle Income or Lower Income Countries. 10 of the 12 PHM regions were given a number of flight tickets to be sponsored by PHM Global, only Europe and North America (without Mexico) had no sponsorships. The availability of local grants or sponsorships in Europe and North America, to finance flights, cannot be compared with other regions in the Global South. In total PHM bought 195 sponsored flights. The regional quota was collectively decided upon by the PHM's steering council in line with objective criteria and the movement's strategic objectives. PHM also sponsored the participation of young Argentinian health activists. Due to the local context, with an alarming inflation rate and high numbers of youth unemployment, lots of them were no longer able to participate.

The PHA5 fundraising strategy was twofold:

a. Donors: the finance committee contacted allies and possible donor organizations interested in the right to health and requested funding. Lots of organizations expressed their interest and decided to co-fund the assembly, be it through core funding or through a contribution for self financed PHA5 sessions.

b. Specific fundraising:

- Registration fees: all participants were asked to pay a registration fee. But, there was a distinction between those coming from a Low Income Country (LIC), Middle Income Country (MIC) or a High Income Country (HIC). Those from a low income country like Mozambique or Nicaragua, paid 100 usd. Middle income countries like Bolivia, India, Kenya paid 200 usd. High income countries like Belgium and Germany paid 400 usd. The registration fee covered the shuttle from the airport to Mar del Plata (6 hour drive), accommodation for 6 nights, and breakfast, lunch and dinner during the Assembly (5days), and access to the Assembly. The registration fees of the low income countries do not cover those expenses but, the registration fee of higher income countries compensated for that. In other words, these registration fees were a solidarity mechanism, to democratize participation at the PHA5. Attesting to the high commitment of PHM activists, all participants also paid these registration fees.
- Self-financed sessions: organizations interested in organizing a self-financed session, and with the means to pay for it, could organize a session for a certain fee. 12 organizations contributed this way. Other organizations, with no means to pay the fee, were not excluded. Their requests to hold a self organized session was evaluated by the program committee.
- Sales of PHA5 materials: for 10 usd participants could buy a PHA5 t-shirt and other paraphernalia.



#### The PHA5 Call to Action and Background Paper

Planning the assembly also included the creation of a Call to Action and Background Paper Working Group. The Call to Action drafting group's membership overlapped with the work of the group that produced the Background paper for PHA5. The group met, led by Fran Baum, regularly by Zoom prior to the Assembly from January until April 2024 to prepare a draft of the Call to Action, and produced a series of drafts which were then fully discussed and revised after each Zoom call. The group built on the thinking and logic behind the Background paper and the previous statements from each People's Health Assembly. The working group on the Background paper was led by David Legge. A draft was distributed to all participants at the PHA5 and then subject to discussion in thematic and country meetings. A final version was presented to the Assembly on the final day by youth members of PHM and was unanimously adopted. Subsequently some additional comments were received and the drafting group met one more time to consider and approve new amendments in mid-May. The final version was issued on 24th May.

The approved [Call to Action](#) highlights that all reality involves solving the problems created by capitalism, imperialism and the colonial legacy imposed on the people of the Global South and North. The Assembly called for building an ecological and democratically planned economy that ensures the health of ecosystems, food sovereignty and the energy transition. It emphasized respecting and promoting diverse, ancestral indigenous, feminist, decolonial, anti imperialist and anti-capitalist knowledge. The Assembly also called to build a world free from the control of transnational corporations, including in the health sector. It underscored the goals of just and sovereign peace, and the right to asylum and movement. Furthermore, it sought to advance gender justice, resist patriarchal and racist relations; and to transform health systems into universal and comprehensive access, public and decolonial systems. The assembly committed to continue building and strengthening PHM, consolidating, and building new country circles, modernizing its organizational structures, qualifying its political and advocacy capacity, and developing alliances with other social movements, political



forces, and progressive governments to move towards a new economic, political, and social order in the context of a multipolar world.



Last but not least, here is a summary of the PHA5 in numbers. 627 participants attended the Assembly: 275 health activists from Argentina, and 352 health activists that came from 61 different countries. The Brazilian, Andean and Central American delegations were the largest ones, but health activists from all 12 regional circles were present. 6 years after the PHA4 in Dhaka, Bangladesh, the PHA5 can be quantified as follows:

- Countless hours of preparatory meetings in all levels
- 1 International Organizing Committee (IOC)
- 1 Local Organizing Committee
- 6 PHA5 subcommittees (program, logistics, finance, mobilization, security and communication)
- 1 Call to Action
- 95 hours of PHA5 plenary, sub-plenary, and workshop sessions
- 300 hours of interpretation in 4 languages.
- A team of 24 interpreter
- More than 120 Argentinian volunteers
- 352 participants from countries other than Argentina mobilized from Buenos Aires to Mar del Plata in 9 buses
- 100 posts on social media accounts (X and FB)
- 50 posts on Instagram with 13,200 video (reel) views
- over 2,800 photo and video likes of assembly's content on Instagram



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- 1,450 photo likes of preassembly content
- 43,822 total views of PHA5 videos on IG out of wich
- 30,648 views are from preassembly content and
- 1 flickr account launched with 1000 photos uploaded
- 30+ direct interactions with media outlets
- 5 some interactions from international media
- +20 mentions on media outlets
- Two appointed spokespersons to engage the media



### 6. PHA5 Regional Survey

After the Assembly two surveys were conducted to assess the process and outcomes of the assembly. An evaluation form was shared with all regional coordinators. In addition two other forms were shared with participant individuals and PHM global program coordinators). Responses were received from most regions except for India, and Brazil. Even though there were some issues of validity you can see the regional survey results here [link](#), and the presentation of the individual survey by following this [link](#).

#### 6.1 Comment by a young PHA5 Participant

As part of this post assembly evaluation process, from PHM Global we wanted to include a commentary by a young activist, PHA5 participant, Jennifer Cardona Malaver, about her experience and lessons learned from Mar del Plata. Jennifer is a Right to Health activist, member of PHM Colombia, she is a nurse with a master's degree in public health:

Attending the 5th People's Health Movement World Health Assembly (PHA5) marked a turning point in my struggle and commitment to health and “Buen Vivir”. Meeting so many different people from many different places and with different backgrounds, but united in the same feelings and thoughts, was deeply moving. The defense of health and life became the meeting point that united us, permeated by the love and happiness of sharing, by the tangible hope that a new world is possible. In each conversation, in each gesture of solidarity, in each slogan raised, it was reaffirmed that health is not only the absence of disease, but the materialization of a



horizon of justice and dignity. This was a meeting that was woven from affections, hopes and resistance, where unity and conviction gain strength, reminding us that our territorial struggles are connected in a global tide of transformation.

At the same time, the PHA5 was also a space for expressing indignation and denouncing injustice. The genocide of the Palestinian people, the wars that sow death and dispossession, the feminicides that snatch lives and silence voices, and the extractivism that devastates ecosystems and cultures, were part of the clamor that united us. At this assembly, I reaffirmed that our struggle is for life in its broadest sense, against all forms of oppression and exploitation. I left the Assembly with the certainty that the collective force is the engine that can change everything. The energy shared during those days was a beacon that illuminates the path of resistance and the construction of alternatives. This gathering makes me think that it is possible to take the world by storm, not through imposition, but through the transformative power of organization, mobilization, solidarity and unbroken hope.



*Jennifer Cardona Malaver at PHA5*

## 7. Ending with the words of the PHM Global Coordinator

The 5th People's Health Assembly was held in Mar del Plata, Argentina, between April 7 and 11, 2024. It had the in-person and enthusiastic participation of more than 600 health activists from different regions and countries of the world. The assembly members analyzed and discussed the main obstacles that prevent achieving Health For All. This included the ecological, climate and food crisis, the increase in economic and social inequalities, the extension of the unjust wars and occupations of the territories of the people of the Global South, the growing privatization, commercialization and corporatization of health systems, the challenges of inequalities and discrimination due to gender, ethnic/racial, caste and social class conditions. Furthermore, discussions also addressed problems related to the persistence of capitalist, colonial and imperial power in the economic relations between the countries and nations of the North and Global South, and in their knowledge and public policies.

As a result of the rich exchange of experiences, dialogues, debates and reflections, the Assembly approved by consensus a Call to Action that outlines the demands, commitments, policy guidelines and strategies of the PHM for the coming years. In summary, the Assembly emphasized that the struggle to make Health for The assembly expressed its solidarity with the struggle of the Palestinian people, as well as with other

## **VI. PHM Global Organisation**

### **1. The PHM Global Secretariat**

In 2024, the PHM Global Secretariat was still largely based in Latin America. The PHM Global Secretariat was integrated by: Chiara Bodini (Italy - GHW coordinator); Deepika Joshi (India - HFA coordinator and IPHU coordinator); Leonardo Mattos (Brazil - HFA coordinator and Public Pharma global coordinator); Anneleen De Keukelaere (South Africa - GHG coordinator); David Verstockt (Bolivia - Program manager and finance coordinator); Miguel Garcia (Colombia - Communications officer); Candelaria Araoz Falcon (Argentina - Assistant to the Global Coordinator and GS-liaison for the PHA5 in Argentina) and Román Vega Romero (Colombia - Global Coordinator). Alan Silva and Sara Gaspar were the local coordinators of the Public Pharma project, respectively in Europe and Brazil.

During the first semester of 2024 the secretariat was absorbed with the planning, organization and follow-up of the PHA5. Each of the secretariat members was part of a PHA5 subcommittee, during the PHA5 all secretariat members had specific tasks; logistics, communications, program, mobilization, finance. Next to the organization of the PHA5, the GS had the task of sustaining the PHM work plan and its global programs defined for 2024.

After the PHA5, the Secretariat focused its activities on evaluating it, preparing the implementation of the Call To Action, attention to the current activities of the global programs and the Public Pharma project, the solidarity campaign with Palestine, the assistance to the regions and the search for funds. Unfortunately, the PHM financial restrictions forced the Global Coordinator (GC) to reduce the size and work hours of its members. For this reason, by 2025, the position of assistant to the global coordinator was eliminated, coordination for the H4A campaign was suspended, and the working time of the communications officer and the GC was reduced by half. A style of work more horizontal and based on teamwork was introduced to mitigate the impact of downsizing the Global secretariat size.

### **2. PHM Communications**

2024 proved to be a year of significant communications challenges for PHM, and at the same time an opportunity to unfold the program's potential to engage with different audiences, as well as the scope of the implementation of the communications strategy, plan and actions to achieve the movement's strategic objectives.

The 2022-2025 communications strategy stems from the mandate of PHM's 2020-2025 strategic plan that established communications as an important part of its movement building strategy and keeping its members and stakeholders informed and mobilized around PHM's views, positions, outreach and work. In 2024 the PHM consolidated its web presence and expanded the reach of its social media image, developed campaigns, campaign materials, successfully implemented the communication strategy for the 5th People's Health Assembly, produced an international podcast season in two languages on the right to health among other important achievements.





The PHM communications program works intensively in content creation, information sustainability of the organization, digital communication management through its website in different languages, including translation of documents and interpretation, social media community management and community building around the PHM, as well as the creation of a cross-border collaborative health communications network. Following this link you can access and download a complete PHM 2024 communications report: <https://docs.google.com/document/d/1MNjcxEmTz-ECosWxakGA6eqWd3-zeGYc2HcsrF6OAOE/edit?usp=sharing>

In 2024, the Communications Program had the opportunity to develop to its full potential, the capacity and scope of its communications strategy in all its components, including its media engagement and crisis management plan, implement the communications strategy designed especially for the 5th People's Health Assembly, including the production of in-house content, media relations and generate significant engagement with global audiences and stakeholders, while strengthening communications capacity building and relationships with sector organizations and donors.

### **Comms Alliances**

In 2024 PHM Comms successfully engaged in collaboration and strategic alliance in Communication programs of social movements such as the Nyéléni process, Via Campesina in communications support in preparation for the 2025 3rd Nyeleni Forum. PHM collaboration began in May 2024 throughout the year, with the participation and in support of the international comms team in the development of the comms strategy, the comms tool kit and content creation. You can find more information in <https://nyeleniglobalforum.org>.

Just before the PHA5 a Medicus Mundi podcast crew wanted to cover the PHA5 and given the impossibility for them to travel to Argentina for the event, a cross border collaboration begun with the co-production of a PHA5 podcast episode (20min) for the Veus Podcast (Medicus Mundi International) season finale which was aired on September 3rd, 2024. <https://www.veus.info/es/p/3snvv> with 994 views. [https://www.ivoox.com/lucha-salud-todos-los-audios-mp3\\_rf\\_133409900\\_1.html](https://www.ivoox.com/lucha-salud-todos-los-audios-mp3_rf_133409900_1.html)

## Web and Social Media Management

Having been redesigned and launched in 2023, in 2024, the PHM website was consolidated as the main window of communication of the movement with its diverse audiences and stakeholders around the world. In-depth content, statements, communiqués, in-house content and current news in a variety of formats are the way in which the movement maintains its relationship with its audiences and where the movement's actions, events and positions converge.

In the management, monitoring, testing and adjustments to the website, technical aspects have been identified to be adjusted to improve the user experience, to have access to documents and contents, as well as to guarantee security in the performance of the website. Adjustments should be made in wireframing, finalization of menus, sections, tools, resources and usability of the different language versions of the PHM website including tagging and unification of URLs, cleaning of junk code and bug fixes, updating security codes and inclusion of google analytics code.

395 posts were published on the website in EN-ES-FR-AR-PT during 2024 doubling the number of posts from the previous year. By mid October 2024, PHM landing page and content was launched in Portuguese to engage with PHM audiences in Brazil. With some important challenges such as maintaining a direct and permanent engagement with different stakeholders with information and content on the situation of the right to health, war, donation campaign for the field hospital in Gaza, gender justice, public pharma efforts, IPHU courses, PHA5 or the call to action of Mar del Plata, specialized content of in-house production and management of the database with more than 700 entries over 16000 data registries in the registration form of the 5th People's Health Assembly.

## In-House Content Production

2024 represented a new opportunity for in-house content production with the participation of movement allies, support from third party professionals and the invaluable support of donors. Thanks to this collaboration we were able to provide special coverage of PHA5 or the WHA77, the production of videos, a podcast season, the realization of campaigns and the design, implementation and dissemination of campaign graphic materials.

PHA5 Coverage: an international and diverse team came together for the coverage of the PHA5, with collaboration from the PHM Argentina, PHM Mesoamerica, PHM Europe, PHM South Africa and the Global Secretariat to produce content, bulletins, press releases, photo and video coverage, PR and media engagement during the assembly. <https://phmovement.org/pha5>

- PHA5 Video: thanks the PHM Mesoamerica Circle the PHM Comms Program was able to produce, edit and release a short video summarizing the experience of the 5th People's Health Assembly. Video was launched May 23, 2024 <https://phmovement.org/pha5-peoples-of-the-world-in-action-for-health> PHA5:
- Peoples of the world in action for health: <https://youtu.be/7LgtAqjpfjY?si=GkW7W-AcoJpla1vy>

- ASP5 Mar del Plata 2024 Los Pueblos del mundo en acción por la salud  
<https://youtu.be/4nfIJVLhEyl?si=x5uCBYKHLPBmYnV4>

### CharterForHealth Podcast

With the support and participation of an international production team, and the financial support from an international donor, the PHM Comms Program produced, edited and broadcasted the first season of the Charter4Health podcast.

This podcast is a PHM Global production, hosted by Miguel Garcia (Colombia), PHM Comms Officer and Executive producer of the series, the thematic collaboration by Anneleen De Keukelaere (South Africa), Ana Vračar (Croatia) and David Verstockt (Bolivia), technical support by James Van Duuren (South Africa), Edwin Otzin (Guatemala), Gabriela Tumax (Guatemala) and Esmeralda Ramos (El Salvador); editing by Luisa Fernanda Viatela (Colombia), the program features the voices and insights of health rights defenders at the forefront of the struggle for Health for All from around the world.



The first season of Charter4Health includes 18 episodes (12 in English, 5 in Spanish and 1 special feature in Spanish on “Buen Vivir”) Interviews with health activists, participants in the PHA5 from different parts of the world, talking about a range of issues discussed during the Assembly addressing the discussions leading to the Mar del Plata Call to Action. Interviews with Claudio Schuftan, Ana Vračar, Carmen Baez, Layth Hanbali, Denis Bukenya, Delen de la Paz, Matheus Falcão, Abhey Shukla, Vivian Camacho, Fran Baum, Zeina Mohana and Roman Vega among others.

The podcast is available for free on the PHM website, on iVoox and on PHM’s YouTube Channel.

<https://phmovement.org/charter4health-podcast>

[https://www.ivoox.com/charter4health\\_bk\\_list\\_11047877\\_1.html](https://www.ivoox.com/charter4health_bk_list_11047877_1.html)

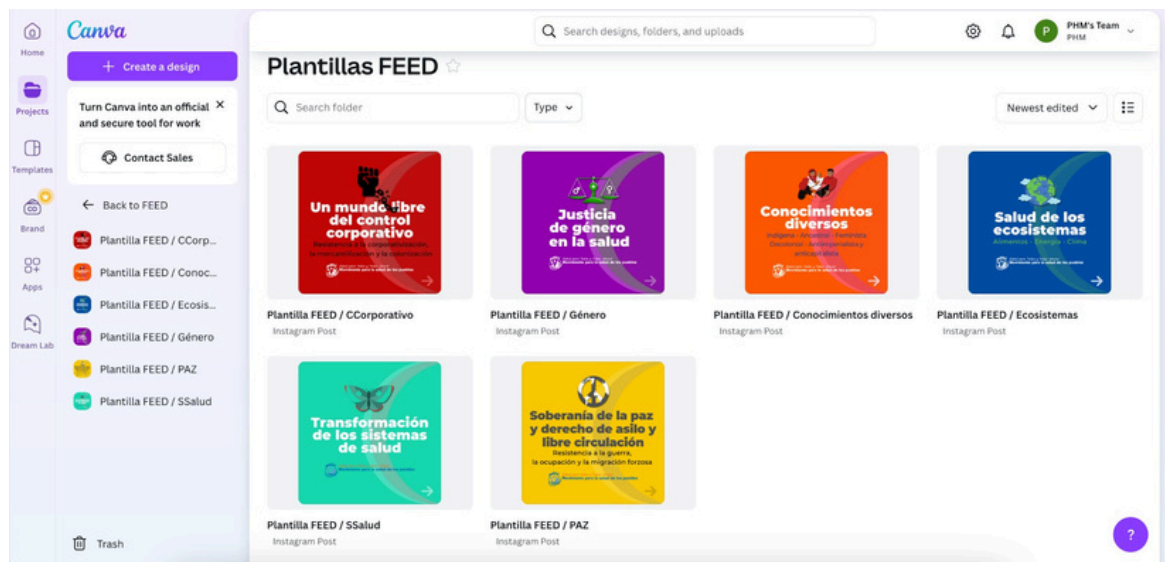
[https://youtube.com/playlist?list=PLsnh\\_-BEadNf9CnnDRbOZuAnLC1fvTFot&si=VN3VaB9YTKuVGH3O](https://youtube.com/playlist?list=PLsnh_-BEadNf9CnnDRbOZuAnLC1fvTFot&si=VN3VaB9YTKuVGH3O)

## WHA77 Coverage

With the participation and support of PHM Watchers from the PHM Global Health Governance program participating at World Health Assembly 77, the PHM had special coverage during the event.

## Graphic Design and campaign materials

Thanks to a short funded project, a team of designers from Argentina and Colombia, designed, developed and implemented a series of templates by the PHA5 thematic axis: 1. Towards the transformation of health systems; Gender justice in health; Ecosystem health: food, energy, climate; Resistance to forced migration and war; Ancestral and popular knowledge and practices. These templates have been used to create and disseminate the campaign materials on the PHM website and social media platforms.



As part of this project, designers unified the PHM logo in different language versions, unifying fonts usage, colours, background and graphic elements improving its quality and format to maintain editorial consistency.

Click the link below to download the official and authorized PHM logo tool kit in English, Spanish, French, Arabic and Portuguese,

<https://drive.google.com/drive/folders/10aFddY47KKsYABv2TcSc7IgodDpzHrDF?usp=sharing>





## Social Media in 2024

### PHMglobal Twitter Account Analytics 2024

@PHMglobal X handle (twitter) started in 2024 with 7,054 followers and up to November 30th PHM ended the period with 7,091 followers

Month	Tweet impressions 2024
January	6786
February	4007
March	5132
April	16534
May	12091
June	3558
July	5190

August	2943
September	10886
October	8679
November	3812
December	1834

YouTube <https://www.youtube.com/@peopleshealthmovement3650>

The YouTube Channel got 82.600 views in 2024 (116% increase over 2023)

23 shorts - 387 views

1 live (PHA5 closing event) 776 views

44 videos - 1673 views

1 podcast: Charter4Health Podcast

[https://youtube.com/playlist?list=PLsnh\\_-BEadNf9CnnDRbOZuAnLC1fvTFot&si=VN3VaB9YTkuVGH3O](https://youtube.com/playlist?list=PLsnh_-BEadNf9CnnDRbOZuAnLC1fvTFot&si=VN3VaB9YTkuVGH3O) 173 views

In terms of age and demographics, 86% of channel viewers and subscribers are in the age group between 18-34 years old. 61.9% are women and 38,1 are men.

### Instagram

299 posts with 6160 likes total

564.065 views

81 videos with 52.002 views including one PHA5 video with 10.954 views, one with 5.236 views and 7 others with over 1000 views each.

### Communication campaigns

During 2024, the communications program engaged in campaigns seeking to mobilize, call for action, to change, raise awareness, socialize or participate in the cause of the right to health with the design of campaign key messages and communication material disseminated on the web and social media as part of the communications strategy to engage with audiences, mobilize segmented audiences, and position the movement. Campaigns developed in 2024 include:

- Expectation campaign for participation in the 5th People's Health Assembly.
- Campaign to launch the Mar del Plata 2024 Call To Action.
- Campaign to launch and position the Chartr4Health Podcast
- Solidarity campaign to stop wars
- Solidarity campaign to donate to the Al-Awda hospital in Central Gaza
- 16 days of activism against gender violence

### 3. The financial panorama

Though there has been a clear trend in the last couple of years of major allies and foundations no longer continuing the focus on right to health and global health as a strategic priority, the panorama is definitively deteriorating. When writing this annual report the US decided to abandon the WHO, including its funding to the organization. Argentina decided to follow the same path and is planning to retract from the WHO. At the



same time serious budget cuts for international cooperation have been announced/are implemented in various European countries.

PHM Global will be affected by this. Although PHM can still count on the priceless support from various allies, it is harder to find funding for civil society work on global health. Paradoxically in times when wars are raging, privatization of healthcare is on the rise, a global pandemic changed the world in various aspects, the impact of climate change on public health is getting harsher, ... the right to health seems to be a secondary topic.

This annual report is a testimony to all the priceless and activist health work being done around the world. Voluntary work with a concrete impact. PHM can proudly say that with limited funding amazing results were booked on the national, regional and global level in 2024, largely thanks to the enormous group of health activists worldwide trying to make a positive change. PHM will continue the struggle for the right to health for all in 2025 and beyond, and we call upon all existing and new allies to join us and make the right to health a reality.