Health for All Now!
People´s Health Movement

# PHM 2025 annual report

## Stronger Together: A Global Movement for Health, Equity, and Peace

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Health for All Now!
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**Table of contents**

9. Movement Building in South Asia
10. Movement Building in India
11. Movement Building in Middle East and North Africa (MENA)
12. Movement Building in North America

V. PHM Global Organisation

Health for All Now!
People´s Health Movement

## I. Introduction

Twenty-five yearsago, 1,200 health activists gathered in Savar, Bangladesh, with a bold vision: that health is a fundamental human right, not a commodity. "Health for All, Now!" was the rallying call of the movement born at that first People's Health Assembly (PHA) — the People's Health Movement (PHM).

In 2025, as we celebrated our 25th anniversary, we reaffirmed that our struggle is more urgent and relevant than ever. From the streets of Mumbai to the hospitals of Gaza, PHM remains a vital force confronting privatisation, militarisation, corporate power, and the deep inequalities that continue to shape health outcomes across the world.

Today, PHM spans more than 70 countries, more than half of which are represented in this report. Together, they demonstrate that our movement is alive, active, and indispensable. This anniversary year was marked not only by celebration, but also by reflection and renewed commitment. We honoured the pioneers who built this movement and whose vision continues to guide us. Their legacy lives on in every campaign we organise, every community health worker we support, and every struggle for health justice we join.

Across the world, that struggle remains fierce. In India, Jan Swasthya Abhiyan (JSA) mobilised more than 550 activists from 24 states to challenge hospital privatisation. In South Africa, we revitalised Clinic Committees to strengthen public accountability in the National Health Insurance process. In Colombia, we helped organise the largest mobilisation in the country's history in solidarity with Palestine, while in Zambia and Malawi, we supported successful campaigns to unionise thousands of Community Health Workers. From the Global Sumud Flotilla challenging the siege on Gaza to the Nyéléni Forum in Sri Lanka linking food sovereignty and health justice, our actions connect local realities with global movements for change.

Gender justice remains central to our vision of Health for All. Throughout the year, we strengthened our work on gender-based violence and its devastating health consequences, advocated for access to safe abortion as a fundamental component of reproductive health and rights, and denounced obstetric violence in all its forms. We also spoke out against the disproportionate impact of war and armed conflict on women and children, recognising that peace, dignity and health are inseparable.

At the same time, we invested in the future of the movement. Through the International People's Health University, we trained a new generation of activists and health advocates. We launched Global Health Watch 7, continuing our tradition of critical analysis and collective action. We expanded the Public Pharma movement, demonstrating that alternatives to profit-driven health systems are not only necessary, but already being built.

As we turn the page to 2026, we carry the torch of our founders with pride and determination. Ready to defend the right to health against all odds, we know that another world is possible. The movement is here, it is strong, and, at 25, it is just getting started.

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# II. Global Programmes

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

### 1. Thematic Circle on War, Conflict, Occupation, Forced Migration and Health

The War, Conflict, Forced Migration and Occupation Thematic Circle currently connects members through a mailing list and a stable WhatsApp group. Much of the circle´s work during in 2025 focused on Palestine, reflecting the urgency of the ongoing, now slow-motion genocide in Gaza and the broader impacts of occupation, siege and settler colonialism across the occupied Palestinian territory. At the same time, discussions also highlighted the need to broaden engagement with other conflicts and militarised contexts, including Sudan, the Democratic Republic of Congo, and struggles against extractivism and militarisation in Latin America and Asia. Throughout the year, the Thematic Circle emphasised that war and militarisation are not only geopolitical or military issues, but central public health concerns affecting healthcare systems, food systems, displacement, mental health, democratic space and the social determinants of health.

#### 1. Webinars and political education activities

A major part of the Thematic Circles work in 2025 involved organising and promoting webinars aimed at strengthening political analysis, international solidarity and collective reflection on war, occupation and health.

**Palestine-focused webinars**

In August 2025, PHM co-organised the webinar "Fast and Slow Genocide: Gaza and the West Bank" together with the Health Advisory Council of Jewish Voice for Peace (HAC/JVP). The webinar explored both the rapid and large-scale destruction in Gaza and the slower, less visible but systematic violence taking place in the West Bank. Discussions focused on attacks against healthcare, food systems, water access and civilian infrastructure, while also examining how these processes are interconnected forms of genocidal violence. Simultaneous English and Spanish interpretation enabled broader international participation.

In October 2025, PHM hosted the webinar "Genocide in Gaza – Two Years On: Are We Entering a New Phase?", bringing together speakers to analyse developments following the ceasefire and prisoner exchange agreements. The discussion reflected on how changing political conditions may require renewed strategies from international solidarity movements while reaffirming the importance of sustained pressure from social movements and Global South governments in demanding justice and accountability.

Also in October, PHM and HAC/JVP organised a screening and discussion of the short documentary Severed, which tells the story of Mohamad Saleh, a young Palestinian from Gaza who survived repeated military assaults and displacement. The discussion with the film's director Jen Marlowe and Dr. Baijayanta Mukhopadhyay explored the personal and collective impacts of prolonged violence, occupation and forced exile.

The circle also promoted webinars organised by allied organisations, including discussions convened by G2H2, TWN and Medact. Particularly important was Medact's political education webinar "Palestine, Health and the Limits of Humanitarianism", which critically examined the destruction of Gaza's health system, the use of starvation as a weapon of war, and the political limitations of depoliticised humanitarian narratives.

### Militarisation, Imperialism and Strategic Resources

Beyond Palestine, the Thematic Circle organised the webinar "The War on Strategic Resources: Fighting Imperialism Worldwide" in June 2025. Through testimonies from Peru, the Democratic Republic of Congo and the Philippines, participants examined how imperialism, extractivism and control over strategic resources affect communities and health systems globally. Discussions highlighted local resistance strategies and the need to build broader international anti-imperialist solidarity. The Thematic Circle also regularly promoted the educational webinars organised by Doctors Against Genocide (DAG).

## 2. Advocacy, Solidarity and Campaign Actions

Throughout 2025, the Thematic Circle actively supported solidarity and advocacy actions related to Palestine and broader struggles against militarisation and occupation.Key actions included:

- PHM's January 2025 solidarity statement supporting a ceasefire in Palestine;
- advocacy around bringing Palestine onto the floor of the World Health Assembly in May 2025;
- promotion of urgent international calls demanding the release of Dr. Hussam Abu Safiya;
- and wide circulation of updates produced by the Health Advisory Council of Jewish Voice for Peace.

These actions reflected PHM's continued effort to frame Palestine not only as a humanitarian crisis but as a question of occupation, colonial violence, accountability and the right to health.

## 3. Partnerships and International Solidarity

An important development during 2025 was the strengthening of PHM's strategic partnership with the Health Advisory Council of Jewish Voice for Peace (HAC/JVP). This collaboration enabled joint webinars, advocacy efforts and broader international political education work.

The Thematic Circle also supported two major solidarity fundraising campaigns for Palestinian health organisations:

### a. Support for the AWDA Field Hospital in Gaza

In August 2024, the People's Health Movement launched a global fundraising campaign to support the establishment of a field hospital in central Gaza in partnership with its member organisation, the AWDA Health and Community Association. The initiative responded to the catastrophic collapse of Gaza's health system amid ongoing conflict, mass displacement, and the systematic targeting of health facilities. At the time, the existing AWDA hospital in Al Nuseirat was operating at more than four times its intended capacity, highlighting the urgent need to expand services for an estimated 15,000 patients per month. The field hospital project was designed to cover 1,320 m² and include a 23-bed emergency department, expanded outpatient and obstetrics services, and a 110-bed inpatient ward. Construction was planned between 15 July 2024 and 15 January 2025, with a total projected budget of approximately USD 1.5 million covering infrastructure, equipment and essential medical supplies. PHM stood in solidarity with AWDA's health workers and called on health activists and supporters worldwide to contribute to the campaign. The aim was to mobilise USD 100,000 to support the construction and equipping of this life-saving facility, while reaffirming the fundamental right to health for the people of Gaza. The solidarity campaign ultimately mobilised approximately USD 90,000 through contributions from hundreds of donors worldwide, many of them small donations reflecting a broad expression of international solidarity.

**b. Global Campaign to Support Palestinian Healthcare**

Later in 2025, PHM launched another global fundraising campaign together with Palestinian partner organisations including Health Work Committees (HWC), Palestinian Medical Relief Society (PMRS) and AWDA. The campaign aimed to support the rebuilding of Palestinian healthcare infrastructure and sustain essential services in the face of occupation, blockade and genocide. The initiative highlighted the destruction of hospitals and health centres, shortages of medicines and equipment, and the continued efforts of Palestinian health workers to provide emergency, maternal, chronic disease and mental health services under extreme conditions. The campaign, when finalized on February 28, 2026, gathered USD 265.000.

**4. Reflections and lessons learned**

A key lesson from 2025 was the growing recognition that solidarity work around Palestine must combine political education, advocacy and material support. Webinars, fundraising campaigns and public statements were most effective when they linked lived experiences on the ground with broader analyses of imperialism, settler colonialism, militarisation and global health injustice.

The Thematic Circle also reflected on the limits of humanitarian language and approaches when confronting structural violence and genocide. Many discussions stressed the need to move beyond depoliticised humanitarian framings and instead centre questions of liberation, accountability, anti-colonial struggle and collective resistance.

Another important reflection concerned the role of international solidarity movements. Participants repeatedly emphasised that meaningful solidarity requires sustained political engagement rather than episodic responses to crises. The Thematic Circle therefore highlighted the importance of building stronger international anti-imperialist alliances linking struggles against militarisation, extractivism, fascism and racism across regions.

**5. Priorities and Focus Areas for 2026**

Looking ahead, the Thematic Circle identified several priorities for 2026. These include:

- organising a joint webinar with the Gender Justice and Health Thematic Circle;
- strengthening international anti-imperialist solidarity against fascism, antisemitism and militarisation;
- promoting more coordinated international actions between countries and organisations;
- involving allies and experts beyond PHM who work on health and human rights issues;
- expanding focus on other conflicts, including Sudan and the Democratic Republic of Congo;
- deepening analysis of militarisation, the global arms race and the health impacts of war economies;
- and developing more creative approaches to peace activism, particularly aimed at engaging younger generations.

The circle also highlighted the need to examine newer forms of militarisation, including the normalisation of violence through digital culture, media and video games, as well as the broader financial and economic impacts of the global war industry. Moving into 2026, the Thematic Circle aims to continue strengthening political education, solidarity and collective action linking struggles for peace, justice, decolonisation and Health for All.

**2. Thematic Circle on Gender Justice and Health**

The Gender Justice and Health Thematic Circle of PHM brings together more than 150 members from across the world. The circle understands gender justice as central to struggles around health, labour, migration,

sexuality, disability, climate justice, occupation, and political economy. Members have consistently engaged with issues such as Palestine, Sudan, Afghanistan, gender-based violence, abortion rights, labour exploitation, and queer health rights, highlighting the importance of collective feminist engagement within PHM. At the same time, the Circle recognises the need for deeper engagement on issues including labour and health, reproductive justice, disability rights, climate justice, and the intersections between gender, inequality, migration, and conflict as part of a broader vision of Health for All.

Throughout 2025, many of the TC's discussions focused on gender-based violence in the context of shrinking democratic space, increasing attacks on sexual and reproductive rights, and deepening global inequalities. Members reflected on the consequences of regressive policy shifts, particularly cuts to USAID funding and the reimposition of the Global Gag Rule by the US government, which had serious implications for sexual and reproductive health and rights (SRHR) programmes across multiple regions.

Members shared how these developments contributed to the collapse or weakening of long-standing health programmes, reduced access to protection and support services, and increased vulnerabilities to violence, particularly among already marginalised communities. Despite differing political contexts, a common concern emerged across regions: the persistence and normalisation of GBV, combined with the urgent need for collective, intersectional and solidarity-based responses.

A key reflection emerging from these discussions was that attacks on SRHR are increasingly connected to broader authoritarian and conservative political projects globally. Members stressed the importance of situating feminist health struggles within larger political and economic analyses, including debates on austerity, privatisation, militarisation and democratic decline.

The Circle organised an online discussion examining the implications of abrupt funding withdrawals for health systems and gender justice work globally. Members highlighted how funding cuts disrupted HIV and TB programmes, interrupted access to essential medicines, and undermined SRHR services, including abortion care, contraception, hormone therapy and menstrual health supplies.

Participants also reflected on:

- the absence of immediate alternatives to replace withdrawn funds;
- the increased vulnerability to GBV resulting from collapsing services;
- the need for stronger state accountability and domestic public financing;
- the importance of resilient public health systems;
- the heightened precarity faced by migrant and undocumented communities;
- and the need to critically interrogate aid frameworks and dependency relations.

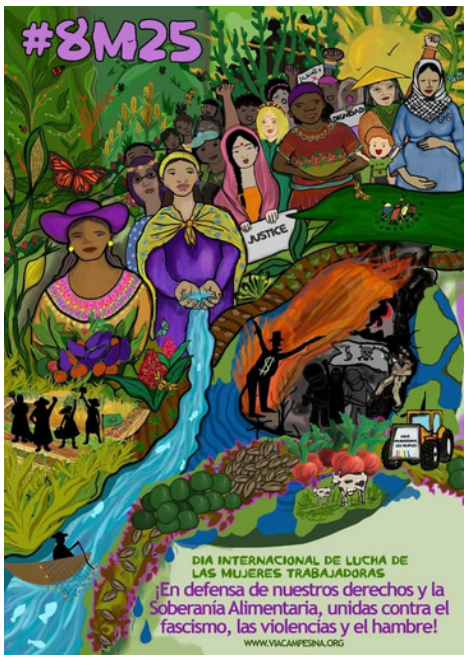
Discussions also reinforced the importance of linking gender justice to debates on taxation, debt, public financing and the political economy of health.

**International Women's Day – 8 March 2025**

For International Women's Day, the Thematic Circle issued a collective Call to Action inviting members to share materials and reflections from their local contexts. Contributions were received from Honduras, Argentina, the Dominican Republic, Guatemala, the Philippines, Australia, Colombia, El Salvador, France and India in the form of posters, videos, public statements and local mobilisations. The campaign highlighted the diversity of feminist

struggles while reinforcing a shared political vision centred on autonomy, bodily integrity, freedom from violence, and social and environmental justice.


As stated in the PHM message for 8 March: “It’s important to develop an alternative vision which promotes social, economic and environmental gender justice… a world that respects autonomy and bodily integrity, free of violence and discrimination.”




Particularly powerful were contributions from Honduras, where indigenous, peasant and Garifuna women connected struggles against violence and femicide with agroecology, food sovereignty and collective rights.

The campaign demonstrated the strength of decentralised mobilisation and reaffirmed the value of creating shared international feminist spaces within PHM.

**16 Days of Activism Against Gender-Based Violence**

During the global 16 Days of Activism campaign, the Thematic Circle launched another collective Call to Action encouraging members to share reflections, stories, poems, posters and videos from their contexts. Among the highlights was a widely shared reflection by Mónica Tinjacá Amaya from Colombia, alongside videos from the International Domestic Workers Federation documenting the violence and exploitation faced by domestic workers in India and Honduras. Sama (India) also organised activities that were amplified through the Circle's networks.


These activities reinforced the importance of connecting feminist organisingacross regions and sectors, particularly around often invisibilised forms of labour and violence. They alsodemonstrated the role of storytelling, culture and lived experience in strengthening solidarity and political engagement.

**Other contributions**

During 2025, members of the circle also contributed to:

- the development of the Global Health Watch chapter;
- WHA Watch discussions on women's and adolescents' health;
- the Women's Global Action Day for Abortion Rights on 28 September;
- discussions on women, labour and political economy;
- and ongoing debates on SRHR within broader discussions on debt, taxation and public financing.

These engagements helped ensure that gender justice perspectives remained integrated within wider PHM political and advocacy processes.

**Highlights and lessons learned**

One of the most important lessons from 2025 was the recognition that gender justice struggles cannot be separated from wider political and economic transformations. Across discussions on GBV, SRHR, labour,

migration and conflict, members repeatedly highlighted how gender inequalities are reinforced by austerity, militarisation, occupation, racism and corporate power.

Another important lesson was the value of decentralised and regionally rooted organising. The strong mobilisation around International Women's Day and the 16 Days of Activism demonstrated that relatively simple collective actions can generate significant engagement when members are encouraged to contribute from their own contexts and political realities.

Feminist organising within PHM must become more inclusive and intersectional. Members stressed the need for deeper engagement with disability justice movements, LGBTQ+ struggles, sex worker collectives and labour movements, while also ensuring stronger participation from younger activists.

At the same time, 2025 also revealed important organisational challenges. Participation remained uneven despite the large membership base, while language barriers, lack of interpretation, time-zone differences and limited financial and human resources continued to constrain broader engagement. Planned activities such as a webinar with Francesca Albanese could not be organised due to logistical and capacity limitations. Latin America's strong coordination and fundraising efforts nevertheless offered important examples of regional ownership and mobilisation that could inspire other regions moving forward.

**Looking ahead to 2026**

In 2026, the Gender Justice and Health Thematic Circle aims to deepen both its political analysis and its organising capacity across regions. Key priorities include:

- strengthening collaboration with feminist groups in the MENA region in preparation for IPHU 2026;
- building stronger collaboration with other PHM thematic circles, including War & Conflict, Health Systems and Political Economy;
- deepening the integration of LGBTQ+ and disability justice perspectives;
- encouraging members to contribute country blogs and political reflections to PHM platforms;
- preparing a compilation of case studies and a policy brief on GBV;
- supporting regional gender justice sessions in Latin America, Africa and other regions;
- mobilising earlier for International Women's Day 2026 and continuing collective campaigns around key political dates;
- revitalising regular webinars and thematic discussions;
- and exploring ways to decentralise the Circle where regional interest and leadership exist.

Looking forward, the Thematic Circle recognises that the current global context demands stronger feminist solidarity, deeper political analysis, and more sustained collective organising. The work carried out during 2025 reaffirmed that gender justice is not a side issue within PHM's work, but a central dimension of the struggle for Health for All.

## 3. Thematic Circle on Equitable Health Systems

The main activities of the Health Systems Thematic Circle (HS-TC) during 2025 were organised around three broad areas of work.

The first was the establishment of a working group on Health Workers Migration (HWM-WG). The second was the creation of a working group on the Privatisation, Corporatisation and Financialisation of Healthcare

(PCF-WG). The third major area of activity involved responding to health systems-related reports, resolutions and policy developments emerging from WHO Executive Board Meetings, World Health Assemblies, UN High-Level Meetings, and other influential global health policy platforms. These included, for example, the World Bank statement on Primary Health Care and The Lancet special issue on the Commission on Investing in Health - Global Health 2050. In addition, the periodic meetings of the HS-TC continued to serve as an important space for sharing country-level experiences and discussing emerging issues in health systems.

During the reporting period, eight HS-TC meetings were held, excluding the separate meetings convened by the working groups.

**Health Workers Migration Working Group**

The Health Workers Migration Working Group undertook two major projects during the year:

1. A compilation of case studies
2. The development of a policy brief

Case study submissions included:

- a WHO Eastern Europe study covering six countries,
- one study from Indonesia,
- five from India,
- two from the Philippines,
- and one each from Nigeria, Kenya and Papua New Guinea.

As part of the group's campaign activities, an online forum titled "Impact of Post-Covid Trends on Global Migration of Health Personnel" was organised on 25 October 2025. Presenters from Eastern Europe, Indonesia, India and the Philippines discussed the evolving migration dynamics and contextual realities in their respective countries. Since then, the case studies have been further edited and compiled. Based on these materials, a policy brief was developed to support engagement with member states and PHM country circles. This was presented during the meeting held on 4 February 2026. The policy brief also informed PHM's detailed comments on the WHO Global Code agenda item discussed during the EB158 meeting.

**Working Group on Privatisation, Corporatisation and Financialisation of Healthcare**

The Working Group on Privatisation, Corporatisation and Financialisation of Healthcare met and agreed to develop a framework for case studies. Submissions were planned from countries including India, Brazil, Paraguay, Colombia, Chile, Ecuador, the UK, Canada, South Africa, Greece, Sri Lanka and Zimbabwe, among others. The group also initiated plans for webinars and broader campaign activities.

Two webinars were proposed:

1. Privatisation, Corporatisation and Financialisation of Healthcare in India: A Global Perspective
2. Unsustainable Debt and the Global Financial Architecture: Impacts on Health and Healthcare

Discussions within the working group focused on clarifying and harmonising key concepts and definitions, including privatisation, corporatisation, financialisation, commercialisation, commodification and imperialism. There was also a proposal to establish language-based subgroups (Spanish-speaking, French-speaking, English-speaking, etc.) in order to broaden participation and regional engagement. Furthermore, campaign

discussions sought to articulate international strategies against privatisation, in line with debates emerging from the Nyéléni Forum 2025. A major activity of the working group was its participation in the webinar "When Extractive Finance Reaches the Hospital Ward", jointly organised with IIGH and UNU on 30 January 2026. Case studies from India were presented during this event.

**Developing PHM Comments and Responding to Global Health Policy Developments**

During 2025, the HS-TC continued contributing to PHM comments and analyses related to WHO Executive Board meetings, the World Health Assembly and broader global health policy developments. Discussions on PHM submissions for EB156, EB158 and WHA 2025 took place across several HS-TC meetings, with inputs subsequently finalised and shared through the WHO Tracker process.

The HS-TCalso engaged with wider political and policy developments affecting global health governance. Discussions included possible engagement with the BRICS Health Ministers' Meeting and related civil society spaces, as well as participation in consultations organised by TWN, PHM and G2H2 on the UN High-Level Meeting on Non-Communicable Diseases.

In addition, the thematic circle continued its role in critically reviewing influential global health reports and policy frameworks, including The Lancet Commission Report on Investing in Health – Global Health 2050.

**Regional Thematic Circle: Latin America**

In Latin America, the regional thematic circle met regularly and organised several discussions throughout the year. In March, the group organised the webinar "A World Without the WHO? Implications of the US Withdrawal and the Role of Social Movements in Defending the Right to Health", featuring speakers from Colombia, Argentina and Bolivia. In April, members discussed the current situation of the Chilean health system, focusing on the progressive government's failure to adequately respond to demands that emerged from the 2019 social mobilisations. Participants reflected on popular demands for a profound transformation of the neoliberal health model introduced under the Pinochet dictatorship, including the establishment of a universal public health system. However, only incremental reforms centred on primary health care were proposed, with private sector participation continuing within service delivery.

In June, the circle celebrated the 50th anniversary of the Regional Committee for Community Health Promotion (CRPSC), which brought together several health social movements and popular organisations struggling for health rights. Representatives from the committee shared the movement's history, achievements and consolidated political perspectives on healthcare, social participation and community engagement. During July and August, members of the thematic circle participated in the CLACSO and ALAMES congresses held in Bogotá and Rio de Janeiro respectively. These events enabled dialogue with groups from both organisations and opened possibilities for future collaboration. In September, the group discussed the state of health and healthcare under the neo-fascist governments of El Salvador and Argentina from the perspective of social movements. Building on these discussions, another webinar was organised in November together with the General Medicine Federation of Argentina (FAMG), titled "The Far-Right Upsurge and its Impact on Health: Perspectives from Abya Yala", with speakers from Brazil, Bolivia, Chile and Argentina.

Alongside these activities, the thematic group maintained regular meetings and participated actively in the Latin American IPHU (2024–2025).

**Looking ahead to 2026**

In 2026, the continuation of the working groups described above will remain a central priority.

For the Health Workers Migration Working Group, the aim is to publish both the case study compilation and policy brief during the first quarter of 2026. There have also been proposals to explore intra-country migration patterns, particularly the movement of healthcare workers from rural to urban areas, through an additional call for case studies.

For the PCF-WG, the postponed webinars are expected to be organised during 2026, while discussions continue regarding the establishment of language-based subgroups to improve participation and outreach.

Work on the critical analysis of resolutions and reports emerging from WHO Executive Board meetings, WHAs and UN High-Level Meetings will also continue. However, this work now carries a new urgency and responsibility following the loss of our friend, comrade and mentor David Legge, who played a leading role in this effort. The HS-TC, together with other thematic circles, will need to engage more systematically and collectively to ensure the continuation of the WHO Tracker legacy, even while the GHG programme remains in the lead.

The Latin American HS-TC team is currently engaged in planning the second edition of the IPHU course for 2026. The group also intends to develop case studies on healthcare privatisation in Latin America, potentially in collaboration with organisations such as ALAMES. Participation in campaigns against the privatisation, commercialisation and financialisation of healthcare will also continue to be discussed.

Another emerging area of interest concerns BRICS and the ways in which this growing economic bloc may reshape global dynamics, particularly in relation to health systems financing and service delivery. With the forthcoming Health for All initiative, there is also a need to critically examine how these developments may affect current understandings of universal health care. Proposals have therefore been made to establish another working group focused on BRICS. Suggested activities include participation in upcoming BRICS-related initiatives, consultations with PHM members from BRICS countries, engagement with academics and experts beyond the PHM network, collaboration with the Paolo Buss group in Brazil, and further analysis of how BRICS may influence the trajectories of finance capital and hospital industries within member countries.

**4. Thematic Circle on Environment and Ecosystem Health**

The Environment Circle has been without an active coordinator(s) since 2024, which has significantly affected the continuity and dynamism of the circle's work. As a result, the thematic circle has seen limited activity over the past two years, with challenges in sustaining regular communication, collective planning, and strategic engagement around environmental justice and climate-related health issues.

In 2025, efforts were made to revive the circle through two thematic meetings held in May and September, facilitated with the support of the Global Secretariat and participation from several PHM members. These meetings served as important spaces to reflect on the future of the circle, assess member interest and capacity, and explore possible avenues for renewed collective action. A key focus of both meetings was the reorganisation and revitalisation of the thematic circle, including discussions on leadership, coordination mechanisms, and clearer strategic priorities. Alongside this internal reorganisation process, participants also discussed the feasibility and political relevance of PHM's engagement in two major climate justice spaces:

- i. the United Nations Framework Convention on Climate Change Conference of the Parties (UNFCCC COP30)
- ii. the People's Summit being organised in parallel to COP by social movements and allied organisations.

The circle recognised that participation in these spaces could provide an important opportunity to strengthen PHM's voice on the intersections between health, climate justice, and peoples' movements. Consequently, members agreed that PHM should develop a position paper to guide and determine the nature, scope, and political objectives of its participation in both COP30 and the parallel People's Summit. However, due to the absence of stable coordination and limited follow-up capacity, the process could not be advanced further, and the proposed position paper was not developed.

## 5. Thematic Circle on Nutrition and Food Sovereignty

In 2025, the work of the PHM Global Circle on Nutrition and Food Sovereignty focused primarily on ensuring an active and politically meaningful participation of PHM in two key global processes: the Third Nyéléni Global Process, and the Civil Society and Indigenous Peoples' Mechanism (CSIPM) of the Committee on Food Security (CFS).

### Participation in the Nyéléni Global Process

In line with the mandate adopted at the PHA5 to strengthen PHM's engagement with Nyéléni, Marcos Filardi, one of the Circle's co-coordinators, represented PHM in the Global Steering Committee (GSC) of Nyéléni through regular online meetings as well as participation in the in-person preparatory meeting for the Third Nyéléni Global Forum, held in May in Negombo, Sri Lanka. PHM's Communications Coordinator, Miguel García, also participated in this preparatory meeting, contributing to both the communications strategy discussions among participating social movements and a broader narrative workshop. PHM regional coordinations appointed a diverse political delegation to participate in the Forum. PHM also contributed staff support to several Forum working groups, including logistics, finance, communications, healthcare and mística.

With this delegation, PHM played an active role in the Third Nyéléni Global Forum held in Kandy, Sri Lanka, from 6–13 September 2025. The Forum brought together 711 participants from 102 countries, representing more than 500 organisations and movements. It constituted an important space for convergence among social movements working on food sovereignty, climate justice, labour rights, feminist struggles, indigenous rights, health and broader systemic transformation.

The final declaration adopted by the Forum, the Kandy Declaration, incorporated the proposals advanced by PHM before and during the event. Beyond the declaration itself, one of the major political outcomes of the process has been the development of a Common Political Action Agenda (CPAA), which is expected to be finalised through broader movement validation. The CPAA seeks to strengthen collective organising across six political axes and five strategic areas of action aimed at systemic transformation.

An important reflection emerging from this process is the increasing recognition among social movements that struggles around food systems, health systems, debt, extractivism and corporate power are deeply interconnected. PHM's contribution helped reinforce the understanding that the right to health cannot be separated from struggles for food sovereignty, land, ecology and democratic control over public systems.

As part of the implementation of the common political agenda, PHM was nominated to spearhead a Nyéléni-wide campaign opposing the privatisation of healthcare systems, bringing together all 13 Nyéléni member movements around this issue. This recognition reflects the growing understanding that the privatisation and commercialisation of healthcare affect all social movements, regardless of their primary field of struggle.

**Participation in the CSIPM of the Committee on Food Security**

PHM also completed more than five years of participation in the CSIPM of the Committee on Food Security (CFS). Throughout 2025, the circle participated in regular virtual meetings addressing a broad range of issues related to food security, nutrition, human rights and global governance. Among the major themes discussed during the year were:

- strengthening urban and peri-urban food systems and territorial markets;
- frameworks for action in protracted food crises;
- food insecurity mitigation and resilient food systems;
- financing for food security and nutrition;
- climate change, biodiversity loss and land degradation;
- meaningful participation of civil society and indigenous peoples;
- advocacy for the right to food, agrarian reform and social participation;
- the climate and food crisis in the Sahel;
- trade, debt and financialisation and their impacts on food systems;
- hunger as a weapon of war;
- corporate and geopolitical power in food systems transformation; and
- placing human rights and the right to food at the centre of FAO processes and policies.

These discussions culminated in the participation of the CSIPM in the 53rd Session of the CFS Plenary held at FAO from 20–24 October 2025, where civil society organisations and indigenous peoples' movements intervened collectively on these issues.

Throughout these processes, PHM consistently highlighted the health dimensions of food systems debates and stressed the centrality of the right to health within struggles for food sovereignty, climate justice and social justice more broadly. The circle's participation also reinforced PHM's broader political perspective that health outcomes are inseparable from the economic, environmental and political structures shaping food systems globally.

**Reflections and looking ahead**

The work carried out during 2025 demonstrated the strategic importance of PHM's engagement in broader movement spaces beyond the traditional health sector. Both Nyéléni and the CSIPM provided important opportunities to strengthen alliances with peasant movements, indigenous peoples' organisations, feminist groups, labour movements and climate justice networks.

At the same time, these processes also highlighted the growing influence of corporate power, financialisation and geopolitical conflict in shaping global food and health systems. This has reinforced the need for stronger political articulation between movements working on health, food sovereignty and economic justice.

Looking ahead to 2026, the circle will continue supporting the implementation of the Nyéléni Common Political Action Agenda and the launch of the campaign against healthcare privatisation. Continued participation in CSIPM spaces will also remain important to ensure that the right to health and public health perspectives are integrated into global food governance debates and advocacy processes.

**6. Thematic Circle on Political Economy for Health (PE4H)**

In 2025, the Trade and Health Thematic Circle underwent a process of reorganisation and strategic reflection, resulting in its renaming as the Political Economy for Health (PE4H) Thematic Circle. The new name was adopted to better reflect the circle's broader analytical and political focus on the global political and economic structures, systems, and power relations that shape health inequities and determine health outcomes. This transition also marked an effort to move beyond a narrower focus on trade-related issues towards a more comprehensive political economy analysis of health, encompassing debt, finance, privatisation, austerity, labour, development models, and global governance. The purpose, vision, and focus areas of the group are further outlined on the PHM webpage: https://phmovement.org/pe4h. The reorganisation process was consolidated through a well-attended international meeting that brought together members from different regions and backgrounds. Discussions highlighted the importance of strengthening the role of political economy analysis within PHM's broader struggles for health justice and health for all.

The Thematic Circle identified several key priorities for its work. These included generating and disseminating research, analyses, and case studies on contemporary political economy issues affecting health; strengthening collaboration with trade justice movements and allied networks; and fostering closer links across PHM programmes, regions, thematic circles, and language groups. A strong emphasis was also placed on political education and capacity building, particularly among younger activists and emerging movement leaders, recognising the need to build long-term collective understanding and organising capacity around political economy perspectives.

Among the immediate priorities identified were the strengthening and wider promotion of the Political Economy for Health (PEH) Blog and Glossary; the transfer and further expansion of the Political Economy Glossary onto the PHM website; the organisation of webinars, discussions, and sessions within the International People's Health University (IPHU); and the application of political economy analysis to concrete country-level health struggles and priorities. These initiatives were seen as important tools for making political economy perspectives more accessible and practically relevant to PHM members and allied movements. The PEH Blog and Glossary are available here: https://pe4health.phmovement.org/.

During the most recent meeting of the PE4H Thematic Circle, the core coordinators' group identified the need to deepen understanding and appreciation of political economy perspectives across the broader PHM network. Members recognised that while political economy analysis is essential for understanding the structural determinants of health injustice, it can often appear inaccessible or overly academic to activists and organisers unfamiliar with its concepts and frameworks. As a result, the circle emphasised the importance of making political economy analysis more accessible and grounded in movement realities, while maintaining the depth and complexity necessary for meaningful critique and action.

To address this, the circle proposed the development of a webinar series aimed at introducing and contextualising political economy perspectives within PHM's struggles for health equity and social justice. The intention was to create educational and discussion spaces that would connect global political economy processes with concrete experiences of communities and health movements across countries and regions.

The first webinar in this proposed series was planned around the theme of "Debt, Finance, and Healthcare Privatization," focusing on how debt regimes, financial institutions, and neoliberal economic policies contribute to the erosion and commodification of public health systems. However, the planning and implementation of the webinar had to be postponed due to David's passing, which significantly affected his ability to continue coordinating the initiative.

Following the passing away of our dear friend, colleague, and key member of the circle, the PE4H Thematic Circle faces an important moment of collective reflection and reorganisation. David's intellectual contributions, political commitment, and longstanding leadership were central to the development of political economy work within PHM. His absence has left both a political and organisational gap within the circle. Going forward, PHM collectively needs to reflect on how to sustain and strengthen the Political Economy for Health circle, continue the important work initiated under his leadership, and ensure that the circle remains an active and meaningful space for critical analysis, political education, and movement-building within PHM.

### II.B. Democratizing Global Health Governance

The Global Health Governance (GHG) Programme remained active throughout 2025, despite continued funding constraints and the extremely limited number of badges allocated to civil society organisation (CSO) delegations. The programme still was able to organise a WHO Watch in 2025, at the 78th World Health Assembly (WHA78), with no Executive Board (EB) Watch taking place due to lack of funding. Nevertheless, the WHA78 Watch was successfully implemented and stood out in several important ways. Here you can find the Watch daily briefs:

https://phmovement.org/who-watchers-follow-wha78-check-here-daily-briefs-statements-and-policy-briefs

A first distinctive feature was the role played by self-funded Watchers in sustaining and coordinating the initiative. While this reflects a strong level of commitment and ownership within the network, it also highlights an ongoing concern: the increasing reliance on self-funded participation. This trend risks skewing the composition of Watchers towards those based in Europe, even when they originate from the Global South, raising important political questions about equity and representation within the programme. At the same time, funding from Bread for the World for WHA78 enabled the participation of 4–5 Watchers from the Global South, counterbalancing this dynamic. As in previous years, Watchers contributed actively to the daily *WHA Today* briefings throughout the Assembly and supported the wide dissemination of PHM policy briefs.

A second notable feature of the 2025 Watch was the high level of collaboration with allied organisations, particularly Corporate Accountability and Public Services International (PSI). This collaboration was especially visible in the preparation and delivery of statements during the Assembly. By working jointly, Watchers were able to contribute to multiple interventions on the same agenda items, delivering statements under the banners of different organisations in official relations with WHO, such as the MMI network and Corporate Accountability. This not only increased the visibility of PHM's positions but also strengthened alliances and strategic coordination within civil society spaces.

Third, the WHA78 Watch was characterised by a more explicit and intentional integration of advocacy and solidarity actions, particularly in relation to Palestine. Watchers were actively involved in organising and participating in actions both outside and inside the Assembly. These included preparing posters and stickers, attending and speaking at protests, and engaging in symbolic acts within the WHA venue itself. For instance, Watchers displayed watermelons and soft toys in the lounge area as a way of drawing attention to the situation in Gaza, including longstanding restrictions affecting children. Overall, there was a conscious shift towards

strengthening the advocacy dimension of the Watch, complementing its longstanding role as a space for capacity building and political education.

A fourth important element was the strengthening of collaboration with partner organisations through facilitated participation. In this regard, the programme supported the travel of a Southern Watcher from PSI, Pedro Villardi, Global Coordinator for Health Equity and advisor for Inter-America, further reinforcing ties with key allies and expanding the reach of the Watch.


Beyond the Watch itself, Watchers continued to contribute to the **WHO Tracker**in 2025, although challenges remain in systematically documenting contributions and ensuring its long-termsustainability. Strengthening and maintaining the Tracker is identified as a priority for 2025–2026. Ongoing discussions within the Steering Council have emphasised the need to identify an appropriate institutional home for the Tracker, potentially within a university, that could ensure continuity while remaining aligned with PHM's political and activist orientation. In addition, future planning will need to account for costs related to web hosting and technical support, likely from 2027 onwards.

The GHG programme also contributed to public debate and movement-oriented knowledge production through collaboration with ***People's Dispatch***. Watchers authored two articles: *"The 78th World Health Assembly and the future of global health"* (WHO Watch Team) and *"Universal Health Coverage at a crossroads: reclaiming the right to health from market logic"* by David Franco and Indrachapa Ruberu, both reflecting critically on key WHA78 debates and broader trajectories in global health governance. In addition, Watchers contributed analyses and summaries that informed several articles written by the *People's Health Dispatch* team, including *"A climate of crisis at the World Health Assembly"* and *"Global South reiterates support for Palestine at World Health Assembly."* These contributions helped amplify PHM perspectives beyond the Watch itself and made critical analyses accessible to a wider audience. All articles can be accessed online:

- https://peoplesdispatch.org/2025/05/20/the-78th-world-health-assembly-and-the-future-of-global-health/
- https://peoplesdispatch.org/2025/05/20/the-78th-world-health-assembly-and-the-future-of-global-health/
- https://peoplesdispatch.org/2025/07/17/a-climate-of-crisis-at-the-world-health-assembly/
- https://peoplesdispatch.org/2025/05/29/global-south-reiterates-support-for-palestine-at-world-health-assembly/

In addition, PHM co-organised a side event during WHA78 titled *"**Public Pharma** – Democratising R&D, Ownership, and Access to Medicines in the Global South and North"*, in collaboration with Public Services International (PSI). Held on 20 May 2025, the event provided an important space for in-depth discussion on the political and structural challenges shaping research and development systems. It highlighted Public Pharma as a collective, public-interest approach aimed at strengthening democratic oversight, promoting social empowerment, and advancing equitable access to medicines across both the Global South and Global North.

Efforts were also made to maintain engagement with Watchers beyond the Assembly through follow-up or "catching up" meetings, intended to support ongoing political education and connection to the movement. While there was initial enthusiasm for this approach, it proved difficult to sustain in practice, as many Watchers faced competing commitments. Nevertheless, the WHO Watch continues to function effectively as a **movement-building** tool. A significant number of Watchers have transitioned into more sustained roles within PHM and allied spaces. These include coordination roles, representation in global platforms, leadership in initiatives such as the Public Pharma project, and contributions to *Global Health Watch 7*. Others have been involved in regional organising processes, including the Nyeleni Forum in Sri Lanka, or have supported fundraising and programme development efforts within PHM. These trajectories demonstrate the longer-term impact of the Watch in strengthening leadership, deepening political engagement, and expanding the movement's organisational capacity.

Finally, the GHG programme remained actively engaged in **global health debates** through collaboration with partners such as the **Geneva Global Health Hub (G2H2)** and **Third World Network (TWN)**. Together, they co-hosted a series of briefings reflecting on key WHA78 agenda items, addressing issues such as the implications of WHO underfunding, the political economy of non-communicable diseases in the context of the UN General Assembly, and the ongoing situation in Palestine. In parallel, the programme contributed to G2H2 policy dialogues on topics including the governance of medical products and the Pandemic Accord, further consolidating PHM's role as a critical voice in global health governance discussions.

### II.C. Capacity Building and the International People's Health University

The International People's Health University (IPHU) programme continued to play a central role in PHM's movement-building work in 2025, in line with the Strategic Plan 2020–2025. As PHM's flagship capacity-building initiative, IPHU contributes directly to the key social movement strategy of "Expanding the Base of Strong Advocates Through Capacity Building." Its overarching objective remains to strengthen the ability of PHM country circles, regions, and global structures to intervene effectively on health rights and health equity issues, while also engaging younger generations of activists across the world in PHM's values, analysis, and practices.

Throughout 2025, a range of IPHU activities were implemented across regions and formats, reflecting both the diversity of contexts and the programme's adaptive approach in the face of resource constraints. These included in-person and online courses, as well as initiatives led independently by regional circles.

**Summary:**

| # | Region / Programme | Theme | Mode | Avg. Participants |
|---|---|---|---|---|
| 1 | Nepal | Unite for Equity and Justice in Health | In-person | 30 (+40 invitees) |
| 2 | Latin America & Caribbean (with IAES, Venezuela) | Introductory course on PHM priority themes | Online | 90 |
| 3 | Europe | Global Health Governance | Online | 12 per session |
| 4 | East & Southern Africa (Malawi, KUHES) | Health Systems Strengthening amid Climate Change & Emergencies | In-person | Postponed (May 2026) |
| 5 | East Asia & Pacific | Coloniality and the Struggle for Health | In-person | Cancelled |
| | **Independent regional courses** | | | |
| 6 | Brazil (with Public Health School of Rio Grande do Sul) | Right to Health: Global & Brazilian Perspectives | Online | 15 |
| 7 | Public Pharma (PHM) | Public Pharma: A Step Towards Health for All | In-person | 30 |

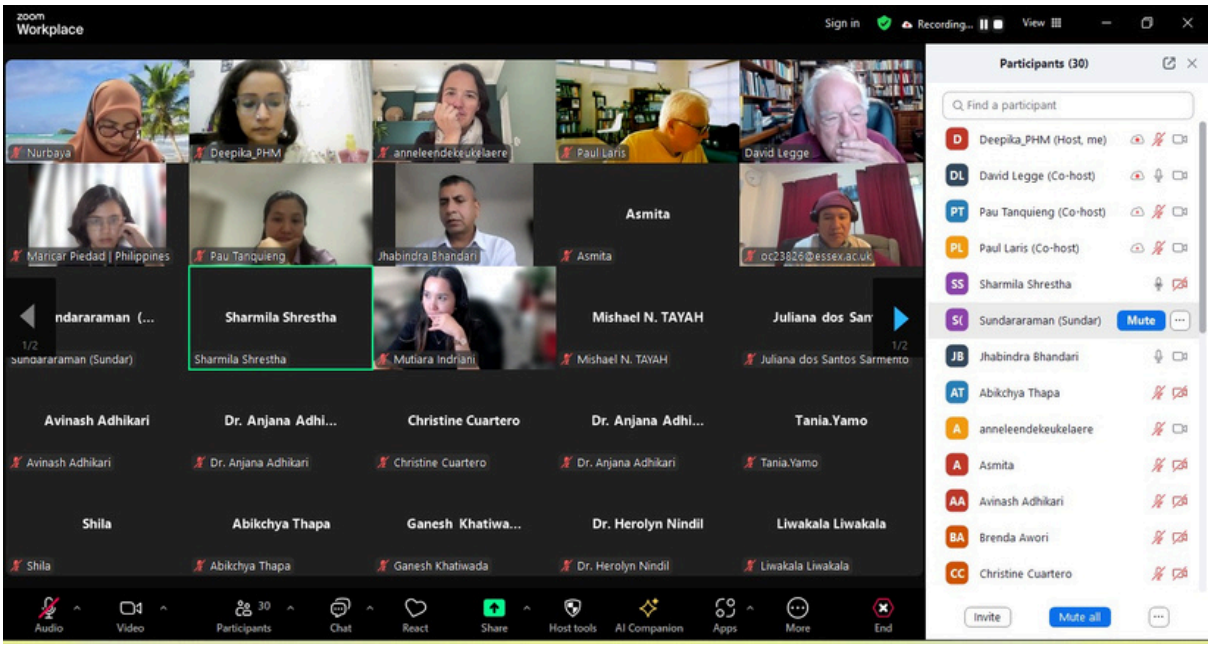
A major in-person activity was the **National People's Health University (NPHU)** organised by **PHM Nepal** from 13–17 November 2025. As a national adaptation of the IPHU model, the course brought together 30 participants, alongside an additional 40 invitees who joined the opening sessions, which included a celebration of 25 years of PHM and the national launch of *Global Health Watch 7*. The programme created space not only for structured learning but also for reflection on PHM's history and mission. Sessions were complemented by group work and discussions, through which participants developed strategies and actions to address ongoing health challenges in Nepal. These included proposals for building an NPHU alumni network, strengthening follow-up mechanisms, and linking national realities with regional and global PHM processes. Participants reflected on the course as an important capacity-building experience and expressed commitment to continued engagement with PHM at multiple levels.


The **Latin America and Caribbean region** continued its large-scale **online IPHU course**, implemented in collaboration with the Instituto de Altos Estudios en Salud Arnoldo Gabaldón (IAES) in Venezuela. While initial sessions were held in 2024, the majority of the course took place in 2025, concluding on 30 April. The course attracted significant interest, with over 400 applications from 19 countries and 238 confirmed participants, demonstrating strong regional diversity. Average attendance stood at around 90 participants per session, and certificates were awarded to those who participated consistently. The course covered a broad range of thematic areas central to PHM's analysis, including global health governance, ecosystem health, gender justice, sovereignty and peace, and resistance to corporate control. Despite its success in reach and content, the course also highlighted challenges typical of online formats, particularly participant drop-out rates and the need for more interactive engagement. Session recordings are available on the PHM website (with the exception of Session 6) and can be accessed here:

https://www.youtube.com/playlist?list=PLsnh_-BEadNdOWpDdaiCCSXpTs_PWuMRN

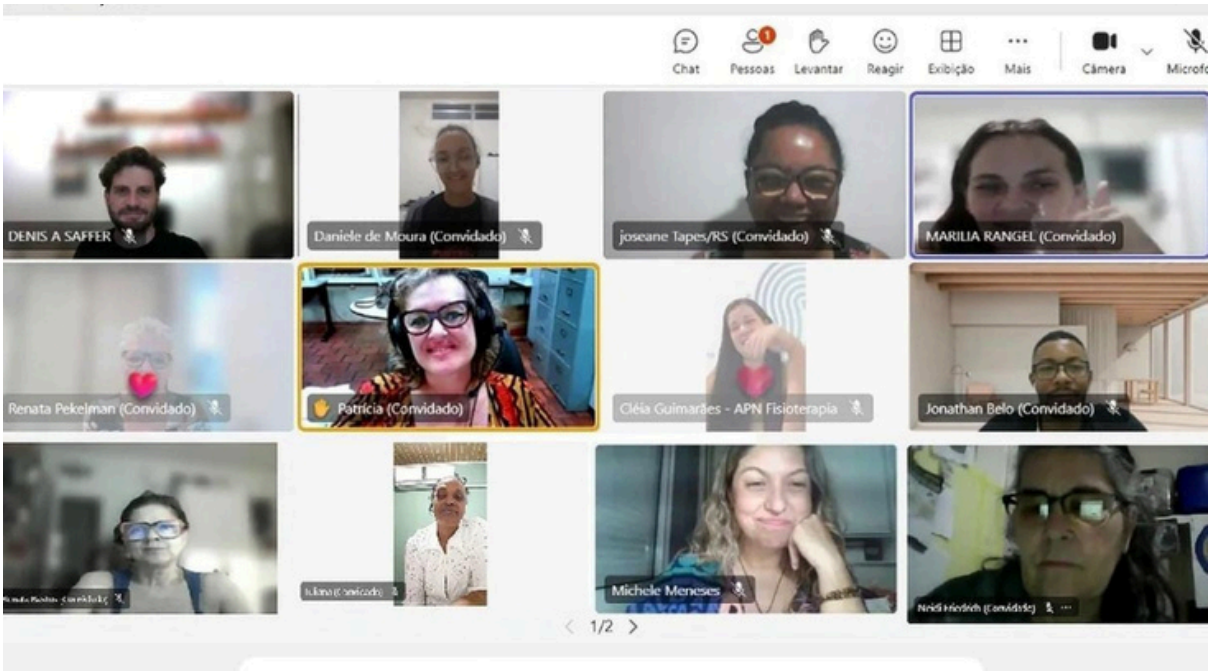
In **Europe**, an **online IPHU course on Global Health Governance** was conducted between October 2024 and February 2025, with most sessions taking place in early 2025. The course was regionally led, with PHM Europe taking responsibility for participant selection and curriculum adaptation, supported by the IPHU and GHG teams. Sessions addressed key issues such as WHO governance, advocacy strategies, workforce challenges, and Public Pharma, and involved contributions from a wide range of PHM activists and partners. Around 30

participants initially enrolled, with an average of 12 attending each session. As with other online courses, challenges included participant retention and the facilitation of effective small-group discussions.




At the same time, some planned in-person IPHUs faced delays or cancellations. The **East and Southern Africa (ESA) regional course**, planned in partnership with Kamuzu University of Health Sciences in Malawi on the theme of "Health Systems Strengthening in the midst of Climate Change and Health Emergencies," was postponed due to funding delays and logistical constraints. It has been rescheduled for May 2026. Similarly, the **East Asia and Pacific (EAP) IPHU**, which was to be held in Central Australia on "Coloniality and the Struggle for Health," could not proceed despite extensive preparations. This was due to broader political and organisational challenges, compounded by the illness and passing of David Legge in early 2026. Discussions are ongoing within the region on how to take this work forward.

In addition to these core activities, several regional initiatives were undertaken independently. In **Brazil**, the PHM circle, in partnership with the Public Health School of Rio Grande do Sul, organised a six-session online course between October and December 2025 on "The Struggle for the Right to Health in Global and Brazilian Perspectives." Conducted in Portuguese, the course brought together activists, health workers, and students, and explored themes such as the social determination of health, resistance to privatisation, gender and racial justice, environmental health, and food sovereignty. With an average of 15 participants per session, the course combined PHM's global perspectives with local realities, strengthening critical analysis and fostering collective action.




Another important initiative was a half-day IPHU session organised as part of the **PHM Europe People's Health Assembly in Glasgow** (31 October–3 November 2025). This session, focused on "Public Pharma: A Step Towards Health For All," provided an opportunity to engage participants in discussions on equitable access to medicines within the broader Assembly programme.

Overall, the 2025 IPHU activities reaffirmed the programme's importance as a key tool for mobilisation and movement building within PHM. In-person IPHUs continue to be particularly valued for their depth of engagement and their ability to connect with other PHM activities, such as assemblies and Global Health Watch launches. At the same time, the expansion of online formats has enabled broader participation across regions, despite resource constraints.

However, several challenges remain. These include the need for more systematic follow-up with participants after courses, as well as ongoing issues related to retention and engagement in online settings. While many IPHU participants go on to become active members of PHM, often taking on significant roles within the movement, developing more structured mechanisms to sustain this engagement remains an important priority.

In conclusion, despite financial and logistical constraints, the IPHU programme in 2025 demonstrated resilience and adaptability. It continues to evolve as a central platform for political education, capacity building, and the strengthening of a global network of health activists committed to health equity and social justice.

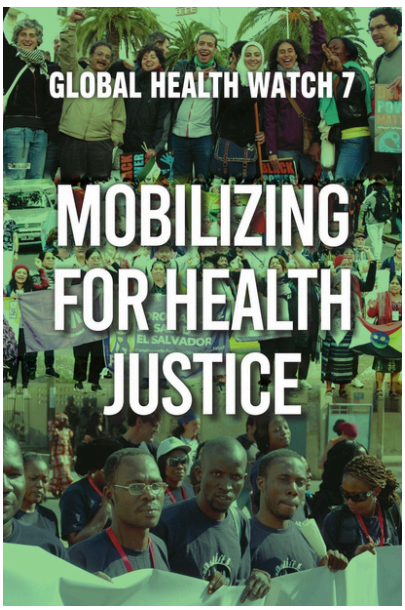
Looking ahead to 2026, the IPHU programme will build on the lessons from 2025 by strengthening both its in-person and online offerings. A key priority will be the implementation of the rescheduled East and Southern Africa regional IPHU in Malawi, as well as the launch of a revised second edition of the Latin America and Caribbean online course, incorporating improvements in course design, facilitation, and participant engagement. Efforts will also focus on enhancing follow-up mechanisms with participants to sustain their involvement in PHM structures and activities over time. At the same time, the programme will continue to support regional and country-led initiatives, while exploring more sustainable resource mobilisation strategies to ensure the continuity and expansion of IPHU as a core pillar of PHM's movement-building work.

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

2025 marked the release of the 7th edition of *Global Health Watch* (GHW7), edited by PHM and co-produced with ALAMES, Equinet, Health Poverty Action, Medact, Medico International, Sama, Third World Network, and Viva Salud. Published by Daraja Press, *Mobilizing for Health Justice: Global Health Watch 7* is freely downloadable in English and Spanish via the People's Health Movement website (https://phmovement.org/global-health-watch/), where all previous editions are also available, as well as on the publisher's website (https://darajapress.com/publication/mobilizing-for-health-justice-en).

GHW7 introduces three key innovations. First, unlike earlier editions, almost all chapters were developed through writing groups representing the geographic breadth of the People's Health Movement (PHM). This edition deliberately aimed to be an exercise in movement-building, rather than solely an analytical overview of global health issues. Writing groups were encouraged to engage across regions, creating spaces for shared learning among activists. As in previous editions, dozens of activists from around the world contributed to its production.

Second, a solidarity publisher (Daraja Press) was chosen instead of a conventional academic or commercial publisher. This allowed greater control over the timing and accessibility of content, enabling individual chapters to be released for free download as soon as they were completed, while also retaining translation rights.
Third, all chapters, as well as the full book, were published in both English and Spanish. This reflects, in part, the important role played by Latin American PHM activists in organizing the 5th People's Health Assembly (PHA5) in Argentina in 2024.





**Inside the book**

GHW7 is dedicated to Palestinians and their international supporters who oppose, often at great personal risk, Israel's ongoing genocidal crimes against humanity.

As in previous editions, the book opens with a section addressing "big picture" issues in the global political economy. This edition includes new chapters on ecofeminisms and ancestral health knowledge systems. Together, the opening chapters outline a vision for a global economy grounded in planetary health and human wellbeing. While acknowledging the concentration of wealth and power among a small group of (primarily) white, male billionaires, and the misogyny and racism embedded in their political influence, they reject nihilistic pessimism. Instead, they present the foundations of an alternative world order inspired by *Buen Vivir*, the South American concept of "living well," echoed across many cultures worldwide.

The second section examines the critical state of health systems. It begins with an update on privatization, financialization, and corporatization, alongside popular struggles to strengthen public health alternatives. It then explores the opportunities and risks associated with the growing use of artificial intelligence (AI) in health systems, presents proposals for equitable health systems from an intersectional gender perspective, analyzes "abolition medicine" and its links between prison systems and healthcare, and highlights the importance of decolonizing global health.

The third section moves "beyond health care" to address broader determinants of health. It opens with the global rise in conflicts, particularly the genocide in Gaza, and the role of the military-industrial complex in sustaining conflict for profit and geopolitical power. It continues with an analysis of the drivers of migration and displacement, now at record levels, and examines the interconnections between work, employment, and health under neoliberal capitalism. While noting emerging disruptions, it argues that neoliberal dynamics continue to shape most national contexts. The section also emphasizes the importance of tax justice and progressive reforms at both national and global levels, criticizing the OECD for opposing the UN Global Tax Convention. It concludes with a chapter on the commercial determinants of health, including the marketing of harmful commodities (tobacco, ultra-processed foods, alcohol) and the growing influence of large consultancy and accountancy firms, the "Big Four", in global health policymaking.

The fourth "watching" section focuses on developments in global health governance. It begins, as in previous editions, with an assessment of the World Health Organization (WHO), noting its declining leadership, exacerbated by the withdrawal of US funding, while also acknowledging the potential significance of a new Pandemic Treaty. The following chapter examines this Pandemic Accord, assessing its strengths and weaknesses, particularly the still-pending annexes on equitable access to pandemic tools and financing for prevention, preparedness, and response. These financing challenges are explored further in a subsequent chapter on future pandemic funding models.

The book concludes with a series of chapters documenting health activism at multiple levels. These highlight acts of resistance, some successful, others not, and emerging forms of activism, such as climate litigation led by youth and citizen groups. The final chapter draws on the 5th People's Health Assembly held in Mar del Plata, Argentina, in April 2024, and its declaration calling on activists worldwide to continue the struggle for liberation and against capitalism and imperialism.

**Launches and dissemination**

GHW7 was launched and presented across a wide range of international settings, reflecting its global reach and relevance. The dissemination began in Rio de Janeiro, Brazil, on 5 August 2025, with a seminar at the ALAMES congress, followed by official launches at the University of Bologna (Italy) on 14 October and the University of Saskatchewan (Canada) on 23 October. The publication was also presented at the PHM Europe meeting in Glasgow, Scotland, on 2 November, and in Kathmandu, Nepal, on 13 November during an event organized by PHM Nepal alongside its International People's Health University (IPHU). Further presentations took place in

Delhi, India, on 11–12 December at the National Health Rights Convention. In 2026, launches continued at the Global Health Institute of York University in Toronto, Canada, on 14 January, and at the Instituto Nacional de Salud Pública (INSP) in Cuernavaca, Mexico, on 22 January, demonstrating sustained global engagement with the report.

Launches will continue in 2026; during the PHM Global Steering Council Meeting in Rabat, Morocco (February 2026), around the World Health Assembly in Geneva (May 2026), and during a tour of German universities (June 2026).

The publication has also received attention in global health blogs and newsletters. It was critically reviewed by Richard Horton, editor-in-chief of *The Lancet*, in his commentary series "Watching the watchers," released in five parts between December 2025 and January 2026 (Offline: Watching the watchers (part 1) - The Lancet ).

## II.E. Public Pharma

The Public Pharma programme expanded significantly in 2025, consolidating its role as a central pillar of PHM's work on health sovereignty, equitable access to medicines, and the transformation of pharmaceutical systems. Building on the conceptual groundwork and alliances established in 2024, the programme focused on strengthening political advocacy, movement building, knowledge production, and regional expansion. In 2025, the programme prioritised the development and implementation of campaigns at national and regional levels, the expansion of alliances across social movements and civil society, and the production of strategic resources such as policy briefs and case studies. A key objective was to position Public Pharma not as a technical reform, but as a systemic alternative to neoliberal pharmaceutical models, grounded in public ownership, democratic governance, and the right to health.

### Europe

In Europe, the programme concentrated on building political, academic, and social support for Public Pharma. This involved sustained engagement with a wide range of actors, including NGOs, trade unions, academic institutions, and grassroots organisations. A major achievement was the consolidation of the Public Pharma for Europe Coalition, which strengthened coordination, visibility, and collective advocacy across the region.


Numerous activities were organised to advance this work. These included workshops and presentations with organisations such as the Transnational Institute and Gezondheidszaak, participation in key conferences such as the Poverty and Health Congress in Berlin and the PharmaChron event, and contributions to international

forums on intellectual property and medicines justice. The programme also contributed to academic debates, including participation in an Oxford workshop on vaccines and policy, and organised a dedicated IPHU session on "Public Pharma: A Step Towards Health For All".


In addition to these engagements, the programme supported concrete solidarity actions, such as a statement defending public sector innovation in CAR-T therapies at the University Medical Center Groningen. These actions helped make Public Pharma tangible and politically relevant, linking abstract concepts to real-world struggles around access to life-saving treatments.

**Latin America**

In Latin America, the programme focused on strengthening regional advocacy and building cross-movement alliances. Media engagement played an important role, including an interview with Outra Saúde and a live broadcast discussion expanding on Public Pharma concepts. The programme also collaborated with organisations such as Ifarma in Colombia to organise webinars on public pharmaceutical production.

A key moment in the region was participation in CELAC Social in Colombia, where the programme coordinated civil society engagement and contributed to the development of a regional policy agenda on Public Pharma. This included organising preparatory work, facilitating consensus among diverse actors, and supporting panel discussions addressing structural challenges such as privatisation, technological dependence, and inequitable access to medicines.

Following CELAC Social, a strategic civil society meeting was organised to deepen reflection on the concept and implementation of Public Pharma in the region. Discussions highlighted key challenges, including political instability, dependency on foreign suppliers, regulatory barriers, and the disconnect between research and production. Participants emphasised the importance of combining technical solutions with political mobilisation, communication strategies, and engagement in electoral and multilateral processes.


## Knowledge production and case studies

Knowledge production remained a core component of the programme. In 2025, significant progress was made on case studies documenting existing public pharmaceutical initiatives. These included an analysis of the mRNA platform at Bio-Manguinhos/Fiocruz in Brazil, examining its technological capacity and relevance for health sovereignty, and a study of the LAFEPE public laboratory, focusing on its institutional role, production capacity, and contribution to the public health system. These case studies aim to provide concrete evidence to support advocacy and policy engagement and will be used in future dissemination and political work.

### Global activities

At the global level, the programme focused on strategic engagement in multilateral spaces, knowledge dissemination, and the gradual expansion of Public Pharma work into Asia and Africa. Activities were aimed at positioning Public Pharma as a concrete political alternative within ongoing global health debates.

A key part of this work was engagement with global health governance spaces, particularly around the World Health Assembly (WHA). Through its involvement in WHO Watch and WHA78, PHM actively promoted Public Pharma as a response to key global challenges, including pandemic preparedness, equitable access to medical countermeasures, and the financing of health systems. Public Pharma was consistently framed as a systemic alternative to profit-driven pharmaceutical models, and as a necessary component of health sovereignty.

This advocacy was reinforced through the organisation of a side event during the World Health Assembly, co-hosted with Public Services International (PSI), titled *"Public Pharma – Democratising R&D, Ownership, and Access to Medicines in the Global South and North"*. The event created space for in-depth discussion on the structural transformation of pharmaceutical systems and strengthened alliances with trade unions and civil society actors engaged in global health governance.

Beyond the WHA, the programme contributed to key global policy and advocacy spaces, including:

- The Global Summit on Intellectual Property and Access to Medicines (Marrakech, May 2025), which enabled engagement with international stakeholders working on IP, access, and pharmaceutical policy, while strengthening PHM's narrative in these debates. For more information click here.
- The Symposium on Strengthening Global Health Governance (Kuala Lumpur, April 2025), where Public Pharma was presented as a state-led, people-centred alternative to dominant R&D systems, marking an important entry point for engagement in Asia.
- A series of global webinars and political education activities, including:
    - *Challenging the idea of "substandard and falsified medical products"* https://phmovement.org/webinar-challenging-idea-substandard-and-falsified-medical-products-what-role-who-facilitating
    - *Public Pharma: A Path to Health Sovereignty and Global Solidarity* https://phmovement.org/webinar-public-pharma-path-health-sovereignty-and-global-solidarity

These spaces allowed PHM to connect Public Pharma to broader debates on WHO reform, industrial policy, and the political economy of health technologies.

In parallel, knowledge production and dissemination remained central to global work. The publication and circulation of the PHM Public Pharma policy brief provided a key advocacy tool, consolidating the movement's analysis and supporting activists, researchers, and policymakers in engaging with the concept.
https://phmovement.org/public-pharma

Finally, 2025 marked the initial expansion of Public Pharma work into Asia and Africa, following a deliberate strategy of slow movement building. Early engagements in these regions, particularly through global events and partnerships, helped generate interest, establish connections, and lay the groundwork for future political and organisational development.


Marrakech event

**Changing the narrative**

A key strategic dimension of the programme was its active effort to shift the dominant narrative on pharmaceutical systems. Rather than accepting the widespread belief that profit-driven models are the only viable option, the programme consistently intervened in public debate to demonstrate that alternatives are both necessary and possible. Through a steady stream of op-eds, articles, and media engagements, Public Pharma was positioned not as an abstract idea, but as a practical response to urgent issues such as drug shortages, high prices, and inequitable access.

Publications in outlets such as *People's Dispatch*, *Health Policy Watch*, and *Outra Saúde* translated complex policy debates into accessible arguments, exposing the structural failures of the current system while highlighting concrete public alternatives. At the same time, media coverage in platforms such as *Euractiv* and United Nations University helped bring these perspectives into more mainstream and policy-oriented spaces. Together, these efforts contributed to making Public Pharma increasingly visible, credible, and politically relevant.

Below is a selection of contributions and media mentions in 2025:

- 17/02/2025 - People's Dispatch - Public Pharma: still a missing debate in mainstream academia (English)
- 22/02/2025 - A Mi Időnk - Közgyógyszeripar: továbbra is hiányzó téma a mainstream akadémiában (Hungarian)
- 09/03/2025 - Esquerda - Farmacêuticas Públicas: um debate ainda ausente na academia hegemónica (Portuguese)
- 15/03/2025 - People's Dispatch - Is Big Pharma's pollution deregulation campaign fueling the next pandemic? (English)
- 31/03/2025 - Health Policy Watch - Medicine for Rare Disorder Provides Case Study of Contradictions in Drug Development System (English)
- 03/04/2025 - People's Dispatch - EU underfunds medicines while allocating billions to arms (English)
- 28/05/2025 - People's Dispatch - Against the normalization of limited access to CAR-T cell therapies (English)
- 15/07/2025 - People's Dispatch - Reclaiming drug discovery: why we need public pharma (English)
- 28/07/2025 - Verein Demokratischer Ärzt*innen - Public Pharma: A Remedy for Drug Shortages (English)
- 28/07/2025 - Verein Demokratischer Ärzt*innen - Public Pharma— Ein Gegenmittel bei Arzneimittelengpässe (German)
- 28/07/2025 - Peoples Dispatch - Universal Health Coverage at a crossroads: reclaiming the right to health from market logic(English)
- 11/08/2025 - Outra Saúde - Farmacêuticas públicas: antídoto ao desabastecimento (Portuguese)
- 11/08/2025 - Combate Racismo Ambiental - Farmacêuticas públicas: antídoto ao desabastecimento (Portuguese)
- 12/08/2025 - PHM - Public Pharma: A Remedy for Drug Shortages (English)
- 12/08/2025 - Ipirá City - Farmacêuticas públicas: antídoto ao desabastecimento (Portuguese)
- 28/08/2025 - Esquerda.Net - Farmacêuticas Públicas: Um Remédio para as Falhas no Abastecimento de Medicamentos (Portuguese)
- 11/01/2025 - ElPeriódico - El reto de editar genes sin irse a la quiebra (Spanish)
- 24/01/2025 - Medicus Mundi Switzerland - Pubic Pharma: What is it and why it's important? (English)
- 31/01/2025 - Euractiv - Competitiveness Compass: A boon to pharma, a blow to public health? (English)
- 31/01/2025 - Euractiv - Bussola della competitività: Una manna per il settore farmaceutico e un colpo per la salute pubblica? (Italian)
- 04/02/2025 - DeWereldMorgen.be - Gesubsidieerd en superrijk: de farmaceutische industrie moet anders (Dutch)
- 06/02/2025 - Peoples Dispatch - WHO Executive Board to discuss substandard medical products: what is it all about? (English)

- 20/02/2025 - Medico International - Das (Gesundheits-) System neu denken. Der Weg zu nicht-kommerzieller Pharmaproduktion (German)
- 21/02/2025 - Outra Saúde - Para confrontar a Big Pharma, Farmacêuticas Públicas (Portuguese)
- 21/02/2025 - Combate Racismo Ambiental - Para confrontar a Big Pharma, Farmacêuticas Públicas
- 19/03/2025 - Euractiv - Dutch health minister backs Critical Medicines Act, says full implications being assessed (English)
- 20/03/2025 - Euractiv - La ministra della Salute olandese sostiene il Critical Medicines Act e valuta le implicazioni complete della proposta (Italian)
- 04/04/2025 - Outra Saúde - A história dos insurgentes Médicos para o Povo (Portuguese)
- 04/04/2025 - Racismo Ambiental - A história dos insurgentes Médicos para o Povo (Portuguese)
- 28/05/2025 - PSI - World Health Assembly Confronts Funding Cuts and Approves Pandemic Treaty after Three Long Years (English)
- 31/07/2025 - Make Medicines Affordable - ITPC Global Hosts Summit, Marking 30 years of Global Injustice (English)
- 06/10/2025 - Outra Saúde - Instituto Butantan assumirá a Furp, maior produtora pública de remédios do Brasil (Portuguese)
- 17/10/2025 - Outra Saúde - Lenacapavir: a Big Pharma exclui o Brasil (Portuguese)
- 11/2025 - United Nations University - Strengthening Global Health Governance (GHG) Defending the Public Interest and Holding Powerful Private Actors Accountable (English)
- 20/11/2025 - Glucose Toujours - Assez des pénuries de médicaments ? Une production publique pourrait sécuriser nos traitements (French)

**Key lessons**

The experience of 2025 confirmed that Public Pharma advocacy gains traction when it is anchored in concrete political struggles, such as drug shortages, access to new technologies, and pandemic preparedness. It should not be presented as an abstract policy concept. Framing Public Pharma as a direct response to these crises proved essential to making it relevant for policymakers, civil society, and broader social movements.

At the same time, 2025 underscored that movement building is not a parallel activity but the core strategy. Progress was strongest where sustained alliances were developed with trade unions, civil society organisations, and academic actors, enabling Public Pharma to enter broader political agendas and debates.

Finally, 2025 highlighted a critical tension: the risk of remaining at the level of visibility and discourse. While awareness of Public Pharma has grown significantly, the next phase requires a deliberate shift towards building real political leverage, translating narrative change into concrete policy demands, institutional commitments, and sustained pressure on decision-makers.

## III. Regional and Country Level Activities

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

Throughout 2025, campaign work in the Southeast Asia, East Asia and Pacific (SEAP) region was shaped by a complex and dynamic geopolitical and socio-economic context. The region, spanning low-, middle-, and high-income countries, continues to experience the pressures of imperialist influence, militarization, economic dependency, and deepening inequities in health systems. Within this context, PHM's campaign efforts in 2025 were diverse and rooted in the realities of grassroots communities, showing a strong commitment to health equity, social justice, and anti-imperialist solidarity.

Across the region PHM ´s work has been focussing on the **social determinants of health**, particularly the ways in which global political and economic forces shape access to care. Campaigns consistently addressed the impacts of **privatization, financialization, and corporatization of health systems**, alongside declining public health financing. Many countries in the region, especially low- and middle-income countries, have been grappling with reduced international aid, rising debt burdens, and a shift towards insurance-based health financing models. These developments have translated into increased out-of-pocket expenditures, growing inequities in access, and mounting strain on already overstretched health systems.

At the same time, **anti-imperialist and anti-militarization campaigns** emerged as key pillars of PHM SEAP's work in 2025. The region remains a key site of geopolitical tension, with intensifying military presence and exercises linked to global powers and their allies. In response, PHM members across the region actively engaged in campaigns opposing militarization and its consequences for health and human security. These efforts were closely linked with broader **solidarity actions for communities affected by conflict and occupation**, particularly in Palestine, as well as in Congo and Venezuela. These campaigns were carried out through public forums, protests, webinars, and coordinated advocacy, reflecting a strong regional commitment to international solidarity.

At the **country level**, campaigns responded to national contexts while remaining aligned with PHM's global framework:

In the **Philippines**, campaign work was extensive and deeply rooted in organizing and grassroots mobilization. The Free Public Health Services Now-campaign was a major initiative led by health organizations such as the Health Alliance for Democracy (HEAD), Council for Health and Development (CHD), Coalition for People's Right to Health, and Samahang Operasyong Sagip, together with women's groups, church workers, researchers, and human rights organizations including GABRIELA and KARAPATAN. The campaign pushed for legislation establishing a free, comprehensive public healthcare system funded through at least 5% of the national GDP. PHM-linked organizations also led mobilizations against corruption in the health sector, including protests and public forums exposing misuse of PhilHealth and Department of Health funds. Campaigns further addressed shrinking civic space, militarization, and attacks on human rights defenders, including calls to defund the National Task Force to End Local Communist Armed Conflict (NTF-ELCAC) and redirect resources toward social services. Philippine activists also maintained strong solidarity work for Palestine and linked health struggles to broader issues such as extractivism, labor migration, foreign control of health systems, and violence against community health workers in militarized rural areas.


April 7-rally:
https://chdph.org/2025/04/07/free-comprehensive-and-progressive-public-health-system-is-needed-for-healthy-beginnings-hopeful-futures-phm-philippines-and-cprh/?utm_source=chatgpt.com

In **Australia,** PHM campaign work focused on the links between militarization, corporate power, climate justice, and health equity. Activists collaborated with groups such as Academics for Palestine, Australian Friends of Palestine, Extinction Rebellion, and the Medical Association for the Prevention of War to organize public forums, advocacy actions, and solidarity campaigns. A major focus was exposing the growing influence of the arms industry in schools and universities, particularly in relation to AUKUS and military partnerships. PHM Australia was also active in Palestine solidarity mobilizations and campaigns against fossil fuel "greenwashing,"

especially corporate sponsorships linked to major gas projects. At the same time, organizers continued advocacy against the privatization of healthcare and rising out-of-pocket costs, while strengthening PHM-Oz as an incorporated organization.


Link: https://www.greenleft.org.au/2025-05/event/forum-militarisation-education-south-australia

In **Indonesia,** PHM-related campaigns focused strongly on access to medicines, intellectual property rights, and the political economy of healthcare. Civil society coalitions, including the Indonesia AIDS Coalition (IAC), challenged amendments to the 2024 Patent Law that threatened affordable access to essential medicines, including through a judicial review petition to the Constitutional Court. Advocacy also addressed the impacts of international trade agreements, such as the EU–Indonesia CEPA and US tariff policies, on medicine pricing and pharmaceutical access. Campaign activities included workshops on patent law, intellectual property, and pharmaceutical justice for legal practitioners, researchers, students, and health advocates. At the community level, activists organized national gatherings of people living with HIV, women living with HIV, and children living with HIV, emphasizing rights-based approaches, grassroots participation, and broad regional representation in health advocacy.

**In Malaysia**, advocacy efforts addressed rising health insurance premiums and broader issues of health financing. Initiatives such as workshops for journalists aimed to strengthen public understanding of health system reforms and the implications of privatization and corporatization.

**In Cambodia**, despite a restrictive political environment, PHM-linked actors remained engaged in grassroots efforts to support access to health services, particularly for marginalized communities affected by conflict and displacement along border regions. These efforts highlighted the critical links between conflict, access to care, and community resilience.

**In Japan**, engagement was more focused on civil society and global health governance spaces. Activities included participation in regional forums on infectious diseases and contributions to WHO-related advocacy, including Executive Board commentaries. These efforts reflect an important dimension of campaign work at the interface of national and global health policy.

Across the region, PHM members also contributed actively to **global advocacy and health governance processes**, particularly through participation in WHO Watch and the preparation of Executive Board (EB) commentaries. Activists and researchers from countries including Japan, Indonesia, the Philippines, Timor Leste, and Papua New Guinea helped monitor WHO discussions, produce critical analyses of agenda items, and engage with debates around health systems, financing, equity, and global governance. These efforts were closely linked to PHM's broader role as a "critical friend" of the WHO, bringing movement-based perspectives from the SEAP region into international policy spaces and ensuring that issues such as privatization, debt, militarization, and access to medicines were reflected in global health discussions.

Despite differences in scale and capacity across countries, the **core campaign priorities in SEAP converged around several key themes**:

- Resisting privatization and defending public health systems
- Challenging imperialism, militarization, and their health impacts
- Advocating for equitable access to medicines and essential services
- Responding to shrinking civic space and human rights violations
- Strengthening solidarity with global struggles for health justice

Overall, campaign work in 2025 demonstrated both the **resilience and adaptability** of PHM in the SEAP region. While structural challenges, such as fragmented membership, limited resources, and uneven country-level capacity, continue to shape the scope of activities, the region has maintained a strong political orientation and relevance. Campaigns have been deeply rooted in local realities while simultaneously connected to broader global struggles, reinforcing PHM's role as a movement for health justice across diverse and complex contexts.

## 2. PHM Campaigns in Brazil

In 2025, PHM Brazil carried out campaigns and advocacy initiatives closely linked to the country's broader political, social, and health context. Although Brazil currently has a center-left federal government under President Lula, the country continues to face deep structural inequalities, a heavily underfunded public health system (SUS), growing privatization pressures, and the political influence of agribusiness, extractivism, and conservative forces. At the same time, social movements have mobilized strongly against racism, gender violence, attacks on democracy, and the erosion of social rights. PHM Brazil positioned itself within these wider struggles, connecting the defense of health with broader demands for social justice, democracy, climate justice, and popular sovereignty.

One of the central priorities of PHM Brazil in 2025 was political education and movement building around the right to health. The **second edition of the online IPHU-inspired course "Critical Training for the Right to Health"** brought together activists, students, health workers, feminists, *quilombola* organizers, and food sovereignty movements from several regions of Brazil. The course addressed themes such as universal health systems, privatization, racism and health inequities, feminist struggles, climate crisis, food sovereignty, agroecology, and popular education in health. Beyond training participants, the initiative strengthened networks between grassroots movements and public health activists, contributing to the expansion of a critical health movement in Brazil.

Another important area of work was the defense of public pharmaceutical sovereignty and access to medicines through the **Public Pharma project**. PHM Brazil members participated in research and advocacy related to Fiocruz's development of a national mRNA vaccine platform, aiming to reduce dependence on multinational pharmaceutical corporations and strengthen public production capacity. The movement also collaborated with organizations across Brazil and Latin America working on medicine access and pharmaceutical justice, while contributing to debates on medicinal plants, traditional medicine, and the commons in Latin America. This work directly addressed concerns about privatization, corporate control over health technologies, and the need for health sovereignty in the Global South.


Climate justice, environmental health, and territorial struggles were also major components of PHM Brazil's campaign work. The movement participated actively in the **Nyéléni Forum** together with the Landless Workers' Movement (MST), contributing to debates on food sovereignty and agroecology. PHM Brazil also engaged in activities linked to **COP30** and participated in the Acampamento Terra Livre (Free Land Camp), supporting indigenous mobilization and dialogue spaces focused on health, territory, climate justice, and the defense of indigenous rights. Through these actions, the movement reinforced links between environmental destruction, extractivism, racism, and public health.

PHM Brazil also strengthened alliances with feminist, anti-racist, and anti-asylum movements. Members participated in the **National March of Black Women** in Brasília, which mobilized hundreds of thousands of people against racism, sexism, ableism, and social inequality. The movement also engaged in activities related to legal abortion rights and the anti-asylum struggle, reaffirming the importance of gender justice, mental health rights, and bodily autonomy as part of the broader right to health agenda.

A significant feature of PHM Brazil's work in 2025 was its strong alliance-building with organizations such as Fiocruz, MST, ALAMES, Black and Indigenous movements, public health schools, and social justice organizations. Rather than functioning as an isolated health network, PHM Brazil worked as a broad political articulation connecting health struggles with land rights, climate justice, food sovereignty, anti-racism, feminism, and democracy. This approach helped increase the visibility of health activism within wider social movements and strengthened the movement's political relevance nationally.

## 3. PHM Campaigns in Julio Monsalvo southern region

In 2025, the PHM Julio Monsalvo Subregion, Argentina, Paraguay, Uruguay and Chile, carried out campaign work in a difficult regional context marked by austerity, privatization, extractivism, social inequality and growing attacks on public health systems. With the exception of Uruguay, most countries faced deepening cuts, market-oriented reforms and political conditions that threatened the right to health. In response, the circle focused on defending public health, denouncing commodification and privatization, supporting health workers' struggles, defending territories and water, and linking health to food sovereignty, climate justice and anti-extractivist struggles.

In **Paraguay**, the central campaign focus was the defense of the public health system against underfunding, corruption and hidden privatization through public-private partnerships. The Movimiento por el Derecho a la Salud "María Rivarola" denounced the abandonment of the health system through direct, non-violent actions.

A key action was **"Basta de polladas"** on World Health Day, where activists placed a "monument to the chicken" in front of the Ministry of Health to show how families are forced to organize food sales to pay for medical treatment. This campaign made visible the everyday reality of people having to fundraise for basic healthcare because the public system fails to guarantee access. MSP Paraguay also campaigned against maternal deaths and denounced violence against girls and adolescents forced into maternity. In addition, the movement linked health to land, indigenous rights and food sovereignty through participation in the National March of Indigenous Peoples and the II Encuentro de Salud Popular, which valued popular knowledge and community health practices.


In **Chile**, campaign work focused strongly on the defense of public, universal and solidarity-based health systems in a context where privatization and market-oriented reforms continue to shape healthcare. Activists linked to MSP and ALAMES-Chile developed an important combination of political advocacy, academic intervention, popular education and public communication around the future of Primary Health Care (APS) and the broader health system. A central campaign targeted the government's "Universal APS" proposal, which activists argued risked deepening privatization and reproducing inequalities rather than transforming the system structurally. Together with ALAMES-Chile, MSP members elaborated and signed a critical declaration rejecting the structural incorporation of private providers into APS and defending a public, state-led and solidarity-based model with stable labor conditions, progressive public financing and binding social participation.

This campaign was closely connected to broader debates on the social determination of health, inequity and the commodification of healthcare in Chile. MSP activists participated in major academic and professional spaces, including the Chilean Congress of Family Medicine and the Chilean Congress of Public Health and Epidemiology, where they presented analyses showing how reforms such as GES have failed to reduce

structural inequalities and instead reinforced fragmentation and weakened primary care. Campaign work combined technical critique with political advocacy, emphasizing that health inequities are rooted in Chile's neoliberal development model and the dominance of private interests within the health system.

At the same time, activists invested heavily in political education and movement-building. Community training courses for social leaders, workshops on transforming APS financing, and active participation in MSP global and Latin American circles helped strengthen a growing network of Chilean health activists. Communication work was also a key strategy: PHM members used radio programs, opinion articles and public debates to challenge the "health business" model and promote health as a collective right.

In **Uruguay**, campaigns were closely linked to agroecology, food sovereignty, environmental health and the defense of common goods. While the political context was more favorable than in other countries, movements continued to challenge the contradictions of a development model that maintains extractivist pressures and social inequalities. In December, PHM Uruguay organized a cycle of activities around agroecology, popular health and network-building, together with rural organizations, municipal commissions and public institutions. These included exchanges on agroecological practices, a School of Agroecology and Buen Vivir, and public debates on agroecology and popular health as "a proposal for life." These activities connected producers, organizations and institutions, strengthening agroecology not only as an agricultural practice but as a health, environmental and territorial strategy. The campaign work in Uruguay therefore linked health with food systems, environmental justice, territorial sovereignty and collective care.

In **Argentina**, campaigns were especially urgent because of the radical right-wing government's attack on public services, labor rights and the welfare state. PHM activists and member organizations participated in the **Federal March for Health and Public Universities**, the National Women's Meeting, actions for sexual and reproductive rights, community health gatherings and food sovereignty spaces. A major focus was the defense of public health and health workers. FESPROSA, together with PHM and other health, social and user organizations, led a year of mobilizations against more than 1,400 dismissals in the Ministry of Health and national hospitals, the closure and weakening of residency programs, attacks on emblematic hospitals such as Garrahan and Posadas, the contaminated fentanyl crisis, vetoes against emergency health legislation, and attempts to restrict the right to strike. These actions included marches, strikes, assemblies, symbolic embraces of institutions and federal days of struggle. The campaign helped build a broad front linking hospitals, residents, disability movements, pensioners, unions and users in defense of public health.


Argentina also saw strong campaign work around **Palestine solidarity**, food sovereignty, mental health, community care and environmental health. At the AMGBA congress, PHM activists produced and presented a poster denouncing the situation of the Palestinian people and the use of hunger as a weapon of war; the issue was also discussed in a workshop. More broadly, members of the subregion supported Palestine through committees, marches and activities throughout the year, and expressed support for the medical Sumud Flotilla, which included MSP members. This solidarity work linked war, hunger, occupation and health, connecting local health activism with global struggles against genocide, militarization and colonial violence.


Several Argentine member organizations carried out important territorial campaigns. LAICRIMPO organized its 35th National and Latin American Health Meeting, with more than 300 participants from 17 provinces, strengthening popular health, native seeds and food sovereignty work. Red Jarilla supported communities affected by fires, organized medicinal plant workshops, promoted community self-managed health and used embroidery circles as spaces of expression and denunciation. ADESAM continued the “Patas Arriba” meeting against stigma and discrimination in mental health, defending full social inclusion and rights for people with mental suffering. Propuesta Tatu sustained community-based care in a vulnerable neighborhood in Longchamps, combining voluntary health services with popular education workshops, especially with women. Somos Barrios de Pie/UTEP conducted national research on food insecurity in popular neighborhoods, organized the “Ronda de las ollas vacías” for food emergencies, and maintained the “Hambre No” weekly health and food support space for people living on the street.


The **regional thematic circles** were also central campaign spaces. The Nutrition and Food Sovereignty Circle strengthened alliances with MAELA, the Continental Alliance for Food Sovereignty, the Heñoi School, seed networks and agroecology organizations, and contributed to the Third Nyéléni Global Forum on Food Sovereignty. The Popular Education and Participation Circle organized regional conversations on community oral health, mental health and popular education, including the annual Paulo Freire tribute. The Mental Health Circle opened a subregional debate on suffering, suicide, migration and community care. The Gender and Health Circle prepared workshops and contributed to the IPHU with a session on gender inequalities, patriarchy, structural violence and reproductive justice. These circles helped connect country-level struggles to regional and global PHM agendas.

The link with **global campaigns** was especially visible through Palestine solidarity, the Nyéléni process on food sovereignty, global and Latin American health systems debates, and PHM's broader work on privatization, social determination of health and Buen Vivir. PHM members from the subregion participated in global and continental food sovereignty structures, Global Health Watch-related spaces, the Tribunal of Peoples for Health, and discussions on trade, patents, public technologies and privatization. The subregion's campaigns therefore did not remain local: they brought territorial experiences from Argentina, Paraguay, Uruguay and Chile into broader global struggles for health, peace, food sovereignty, public systems and the defense of life.

## 4. PHM Campaigns in Andean region

As there was no consolidated regional report from the Andes region in 2025, the work described below primarily reflects the activities carried out by the PHM Colombia circle. While some contacts and exchanges continued at the regional level, no substantive inputs were received during this reporting period from Ecuador, Peru or Bolivia. Strengthening regional articulation and revitalising participation across the Andean countries therefore remains an important challenge and priority moving forward.

Throughout 2025, the Colombian circle implemented a broad range of campaign, advocacy and solidarity activities linking struggles for the right to health with wider political processes concerning Palestine, public health reform, gender justice, environmental justice and regional solidarity in Latin America.

During the first half of 2025, PHM Colombia organised discussions and political education activities across different regions of the country focused on the right to health and ongoing health system reform debates. These activities created spaces for collective reflection on the crisis of the health system, the impacts of privatisation, and the need to strengthen public and rights-based approaches to healthcare. The process was

complemented by media and social media advocacy aimed at broadening public debate and support for structural health reform.


In May, PHM Colombia also participated in the Political and Ideological Seminar organised by the National Association of Hospital Workers of Colombia (ANTHOC), reaffirming alliances with trade unions and social movements struggling for dignified public healthcare and labour rights within the health sector.


A second major focus of PHM Colombia's campaign work during 2025 was international solidarity with Palestine. In response to the ongoing genocide in Gaza and the destruction of Palestinian healthcare infrastructure, PHM Colombia played an active role in mobilising solidarity actions, public advocacy and fundraising initiatives. In June, together with the Colombian Communist Party, PHM convened a meeting of solidarity organisations that later contributed to the mobilisation around the Hague Group meeting held in Bogotá in July. These activities included an international press conference, political meetings with public figures and government representatives, and public statements condemning Israeli violence and the complicity of transnational corporations linked to the occupation.

PHM Colombia with UN Special Rapporteur on the occupied Palestinian territories Francecsa Albanese

The solidarity actions culminated in public mobilisations, including a sit-in in front of the Palacio de San Carlos and a political-cultural gathering in Plaza de Bolívar supported by artistic collectives and the Ministry of Culture. PHM also participated in the establishment of the "Friends of the Hague Group," a broader international alliance advocating for peace and solidarity with Palestine.

This work expanded further in the second half of the year through the creation of the *Action Front for Palestine*, which brought together solidarity organisations and social movements. One of its most significant

achievements was the mobilisation organised on 7 October 2025, described as the largest mobilisation in Colombia in solidarity with Palestine. The march began at the United States Embassy and concluded at Plaza de Bolívar, linking opposition to genocide with broader anti-imperialist and internationalist demands. The campaign also succeeded in raising approximately 16 million Colombian pesos, in partnership with the District Association of Education Workers (ADE), to support the reconstruction of health services in Gaza and the West Bank.

Beyond Palestine and health reform, PHM Colombia also broadened its thematic and territorial engagement during the year. During the 18th Congress of the Latin American Association of Social Medicine (ALAMES) in Rio de Janeiro, PHM Colombia organised the launch of the *Global Health Observatory (vs) 7: A Mobilization for Health Justice*, helping connect local struggles in Colombia with broader regional debates on health justice.


The organisation also deepened its work on gender and territorial justice by supporting initiatives led by rural women and organising activities exploring the intersections between gender, territory and health. At the same time, PHM Colombia increasingly integrated environmental justice into its advocacy work, supporting debates and activities examining the impacts of climate change and ecological destruction on public health, while emphasising the ecological crisis as a major social determinant of health.

These different strands of work converged during the People's Summit of Latin America and the Caribbean (CELAC Social) held in Santa Marta in November. At the Summit, PHM Colombia organised a roundtable discussion on Public Pharma in Latin America, contributing to the development of a regional working document later incorporated into the political declaration of the Summit. The event also served as another important

space for strengthening solidarity with Palestine and Cuba, and for consolidating regional alliances around health justice and social transformation.

Overall, the campaign work of PHM Colombia in 2025 reflected a strong articulation between struggles for the right to health, international solidarity, anti-imperialism, feminist and environmental justice, and regional movement-building. Despite organisational limitations and uneven participation, the Colombian circle remained politically active throughout the year and contributed significantly to strengthening both national and international health justice advocacy.

## 5. PHM Campaigns in Mesoamerica

The Mesoamerican region continued its work in 2025 through the *Comité Regional de Promoción de Salud Comunitaria* (CRPSC), which functions as the regional articulation of PHM/MSP in Mesoamerica. The regional work brought together activists and organisations from Chiapas (Mexico), Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, and the Dominican Republic. Despite difficult political and socio-economic conditions, the region maintained an active presence through community health promotion, political advocacy, training activities, and regional coordination.

The region continued to face deep structural inequalities shaped by decades of neoliberal economic policies, extractivism, monoculture economies, and dependence on remittances from migrants living in the United States. Poverty, exclusion, and high costs of living remained widespread, while access to basic services such as healthcare, education, housing, and clean water continued to be limited for large sectors of the population.

Health challenges across the region included persistent malnutrition, preventable respiratory and gastrointestinal diseases, the growing impact of ultra-processed foods, and the return of diseases such as measles and polio. Gender-based violence, adolescent pregnancies, femicides, and violence more broadly continued to constitute major public health concerns. Climate change further intensified vulnerabilities through prolonged droughts, floods, and landslides, particularly affecting rural and farming communities dependent on agriculture for survival. Politically, the region remained marked by a combination of progressive, left-wing, and right-wing governments, alongside growing authoritarian tendencies and restrictions on democratic participation in several countries. Political persecution in El Salvador and Nicaragua, increasing militarisation under the banner of “security,” and the broader influence of US foreign policy across the region. At the same time, social movements, Indigenous authorities, women’s movements, youth organisations, and community-based struggles continued to resist oppression and defend collective rights and alternative visions of society.

One of the central regional priorities was the follow-up to the Call to Action of the 5th People’s Health Assembly (PHA5), with discussions and activities taking place at the country level to connect regional struggles with PHM’s global political agenda. The region also celebrated the **50th anniversary of the CRPSC**, organising activities and commemorations throughout the year that highlighted the long history of community health struggles and popular organising in Mesoamerica.

Regional and national campaigns in 2025 focused on defending the right to health in the context of growing privatisation, extractivism, gender-based violence, and shrinking democratic space across the region. One important area of work was the continuation of **campaigns against the privatisation** of healthcare services and medicines, particularly through awareness-raising activities, local advocacy, and coordination with community organisations and health activists. These efforts aimed to defend public healthcare systems and expose the social consequences of market-oriented reforms in health and social policy.


Anti privatization march

Monitoring visits in hospitals

Another significant focus was the issue of **obstetric violence**, which remains highly under-recognised and insufficiently addressed in many countries in the region. The movement supported research, political education, and communication strategies to make the issue more visible, particularly the experiences of women facing discrimination, abuse, and violations of dignity during pregnancy and childbirth. This work was closely linked to broader feminist struggles against violence towards women and girls, including campaigns denouncing femicides, gender inequality, and the criminalisation of women's rights.


**Environmental justice** also remained central to regional organising. PHM/MSP activists and allied organisations continued monitoring and denouncing the impacts of extractivism, monoculture economies, and environmental destruction on communities and health. Particular attention was given to the effects of mining projects, industrial agriculture, and land dispossession on rural and Indigenous populations, especially in contexts already heavily affected by droughts, floods, and climate-related disasters.

The region also maintained **solidarity and advocacy actions in support of human rights defenders**, community activists, and political prisoners, particularly in contexts marked by increasing authoritarianism and political repression. In countries such as Nicaragua and El Salvador, concerns over shrinking democratic space and persecution of activists continued to shape regional discussions and solidarity initiatives.


Alongside advocacy work, the region invested strongly in political educationand movement-building processes rooted in popular and ancestral knowledge. Throughout the year, organisations produced educational materials and training content on issues such as health, political economy, community organising, and social

struggles. Political education activities addressed themes including ancestral medicine, gender-based violence, and community health approaches.

An important component of this work was the organisation of regional exchanges between community health promoters, traditional midwives (*comadronas*), and grassroots activists. These exchanges created spaces for sharing experiences, strengthening regional solidarity, and promoting ancestral and community-based approaches to health and wellbeing. PHM/MSP Mesoamerica also participated in regional gatherings and seminars, including events organised by ASECSA and environmental justice networks, while maintaining regular monthly regional meetings coordinated by the CRPSC to collectively analyse the evolving political and social context in each country.

## 6. PHM Campaigns in Europe

Throughout 2025, PHM Europe continued to strengthen its presence as a regional network connecting health activists, grassroots organisations, researchers, trade unions, and social movements across the continent. Activities and campaigns were shaped by a broader context of health austerity, militarisation, climate crisis, rising far-right politics, anti-migrant policies, and growing corporate influence over healthcare systems and public policy. Across many countries, activists responded to worsening inequalities, privatisation of health services, attacks on migrant rights, and shrinking democratic space by linking the right to health to broader struggles for peace, social justice, and ecological transformation.

One of the strongest mobilising themes in the region during 2025 was **solidarity with Palestine and the protection of healthcare in conflict settings**. PHM activists and country circles participated in demonstrations, solidarity mobilisations, public advocacy, webinars, and political education activities addressing attacks on healthcare infrastructure and health workers in Gaza. Across the region, health justice was explicitly connected to anti-war and anti-colonial struggles, bringing together health workers, activists, humanitarian organisations, and broader civil society coalitions. Regional activists also supported international statements defending humanitarian access and denouncing restrictions imposed on medical organisations operating in Gaza.

Several country circles played particularly active roles in this mobilisation. In **Switzerland**, activists participated in Palestine solidarity protests and anti-war mobilisation linked to health justice and humanitarian protection. In **Belgium**, PHM members engaged in solidarity actions not only with Palestine, but also with the Democratic Republic of Congo, Cuba, and the Philippines, while also connecting migration, labour, and health issues to advocacy around WHA78 and global health governance processes. Regional mobilisations in Brussels further helped connect PHM Europe to wider BDS and anti-imperialist networks.


March in Brussels, Belgium

Another important regional priority in 2025 was the defence of public healthcare systems and opposition to privatisation. Across Europe, PHM activists organised webinars, public discussions, assemblies, and educational activities on healthcare privatisation, access to medicines, comprehensive primary healthcare, and Public Pharma. These discussions were closely linked to broader concerns around austerity policies, deteriorating working conditions in healthcare, and the growing influence of commercial actors in health systems.

In **Italy**, PHM activists and allied organisations played a central role in strengthening collaboration around radical and community-based primary healthcare approaches. This included the organisation of an important international conference and workshop in Bologna focused on innovative and comprehensive primary healthcare models, international cooperation between social clinics, and grassroots health movements. The initiative helped strengthen links between practitioners, activists, and researchers working on alternatives to market-driven healthcare systems.

In **France**, PHM activists organised the **"Tour de la Santé"**, a travelling political education and mobilisation initiative combining public engagement, discussions, and movement-building activities across several locations. The initiative aimed to popularise health justice issues and connect local struggles around healthcare, inequality, and public services.

In **Scotland**, activists organised the PHM Scotland Assembly and Manifesto process, creating space for collective political reflection on health justice priorities and strengthening organising capacity at national level. In the **Netherlands**, PHM activities included support initiatives for medical education in Palestine, the organisation of a national PHM assembly, and participation in the "Glass House for Gaza" solidarity initiative.

In **Germany**, PHM activists organised webinars, petitions, and educational events focused on social medicine, international solidarity, and health justice, while also contributing to the development of the German Platform for Global Health.

Regional organising also increasingly connected health struggles to broader ecological and food sovereignty movements. PHM Europe participated in and built connections with the **Nyéléni Process**, strengthening collaboration between health activists, peasant organisations, food sovereignty movements, and ecological justice networks. Discussions around climate justice and preparations linked to COP30 further reinforced the understanding that environmental destruction, food systems, extractivism, and public health are deeply interconnected.

The region also continued investing in political education through webinars, Public Pharma sessions, regional discussions linked to PHA Europe, and preparations for future IPHU activities focused on anti-imperialism, comprehensive primary healthcare, and health justice struggles. These activities helped strengthen political analysis, deepen collaboration between country circles, and connect local struggles to broader global debates on health, power, and inequality.

## 7. PHM Campaigns in East and Southern Africa

Throughout 2025, the People's Health Movement Eastern and Southern Africa (ESA) region intensified its organising and advocacy in response to a deepening socio-economic, political, and ecological crisis across the continent. The region faced a combination of debt crises, IMF-imposed austerity measures, collapsing public health systems, climate-induced disasters, and accelerating corporate capture of healthcare. Across many countries, governments continued to publicly endorse universal health coverage and health sovereignty frameworks, while simultaneously implementing policies that weakened public systems through wage freezes, privatisation, and underfunding. PHM ESA responded by explicitly linking the struggle for health to broader fights against neoliberalism, debt dependency, extractivism, and corporate power.

The regional chapter strongly aligned its work with the **PHA5 Mar del Plata Call to Action**, positioning comprehensive primary healthcare, health sovereignty, and decolonised public systems at the centre of its advocacy. Across the region, PHM ESA challenged IMF austerity, private-equity expansion in healthcare, and insurance-driven models of universal health coverage, while advocating instead for publicly funded, single-payer healthcare systems rooted in community participation and social justice. A defining feature of the region's work in 2025 was the growing integration of **health justice, labour rights, climate justice, and anti-corporate struggles** into one shared political agenda. Several countries focused strongly on the organisation and formalisation of **Community Health Workers (CHWs)**, recognising frontline health workers as central actors in both healthcare delivery and political mobilisation.

In **Zambia**, PHM launched one of the region's most important labour-rights campaigns by partnering with Public Services International (PSI) to support the **unionisation of Community Health Workers**. The campaign addressed the exploitation of informal and volunteer CHWs working without contracts, pensions, or labour protections under IMF-imposed public wage caps. PHM Zambia organised legal literacy workshops, coalition-building with public sector unions, and community mobilisation around health financing and debt justice. At the same time, activists carried out social audits exposing shortages of antibiotics and maternal health supplies in rural dispensaries. These combined efforts successfully pressured the government to ring-fence funding for decentralised primary healthcare facilities and helped establish a stronger collective labour platform for CHWs.

In **South Africa**, PHM led one of the region's most visible and politically developed campaigns around democratic public healthcare and community governance. The circle organised nationwide **grassroots Health Assemblies** that brought together activists, health workers, and civil society actors to challenge corporate influence over the National Health Insurance (NHI) process and defend public healthcare systems. PHM South Africa also revitalised statutory **Clinic Committees**, transforming them into community watchdog structures monitoring service delivery failures, corruption, and resource leaks at local level. Alongside this, the movement intensified campaigns for the formalisation and permanent absorption of Community Health Workers into provincial health systems with decent wages and labour protections. The circle also hosted the **regional launch** of the **Global Health Watch (GHW)**, using the publication as a political education tool to challenge neoliberal health models and decolonise global health knowledge production.

Health forum in KSD South Africa July 2025

In **Kenya**, PHM strategically used Nairobi's role as host city for the **World Health Summit Regional Meeting 2026** to intervene directly in high-level continental health policy debates. PHM Kenya organised alternative civil society spaces challenging top-down biomedical and donor-driven approaches to health systems reform. Activists pushed demands for health sovereignty, local pharmaceutical production, publicly funded primary healthcare, and single-payer financing into spaces traditionally dominated by international financial institutions and private actors. At community level, the chapter also organised campaigns against out-of-pocket medical debt and the growing commercialisation of healthcare through private insurance systems. Capacity-building workshops equipped community health volunteers to monitor county-level budgets and advocate for stable public financing.

In **Malawi**, labour rights, climate justice, and public health were strongly interconnected within PHM's campaigns. Working alongside PSI, PHM Malawi organised major workshops focused on the **unionisation and formalisation of Community Health Workers**, particularly Health Surveillance Assistants (HSAs). The movement simultaneously advocated for clean water infrastructure and climate adaptation measures in response to cholera outbreaks intensified by climate change. PHM Malawi also monitored the rollout of the RTS,S malaria vaccine in rural districts while pressuring the government to direct climate adaptation funds towards public clinics and water infrastructure rather than private-sector projects.

In **Mozambique**, climate justice and disaster response became central priorities after devastating climate-induced floods destroyed roads, schools, hospitals, and public infrastructure across large parts of the

country. PHM Mozambique established **community-led monitoring systems** documenting the health and social impacts of displacement, flooding, and cholera outbreaks. Using the People's Charter for Health as a political framework, activists demanded accountability for emergency funding and opposed attempts to introduce user fees during the humanitarian crisis. Their advocacy successfully blocked service cuts and defended free healthcare access for displaced communities living in temporary camps, while also pressuring provincial authorities to accelerate emergency cholera treatment and water purification responses.

In **Uganda**, PHM organised decentralised **Health Governance Forums** exposing budget leakages and weak accountability within local health systems. The movement also connected climate justice and health by documenting the effects of landslides, changing rainfall patterns, and malaria outbreaks on rural communities. PHM Uganda monitored growing private-sector influence in specialised healthcare infrastructure and built alliances with labour organisations to oppose public-private partnerships aimed at privatising diagnostic and maternal healthcare services. These campaigns contributed to stronger financial transparency at district health facilities and helped secure climate-resilient infrastructure funding within national adaptation plans.

In **Tanzania**, PHM focused on strengthening rural public health systems through evidence-based advocacy. Using tools such as the Vital Signs Profile (VSP), activists systematically documented staffing shortages and equipment gaps affecting community health workers. Engagement with Regional Health Management Teams and local media resulted in commitments from district councils to improve funding and support for frontline health workers. In **Burundi**, PHM concentrated on reproductive health and maternal health rights, particularly in rural areas where institutional and social barriers continue to limit access to healthcare for women and girls. Through community dialogue forums and grassroots mobilisation, the movement contributed to reducing barriers to reproductive health services and improving access for young women.

The region also deepened its engagement with PHM Global processes and campaigns. PHM ESA actively participated in the **Global Health Watch (GHW)** processes in Geneva, contributing radical political-economy critiques of global health governance and neoliberal health reforms. International health days were transformed into opportunities for political education, public mobilisation, and resistance activities across several countries.

A major regional priority moving forward is the planned **International People's Health University (IPHU) 2026**, intended to strengthen activist capacity and political education across Eastern and Southern Africa. Other regional initiatives under preparation include a **Regional Climate and Health Caravan**, a cross-border advocacy initiative linking climate destruction, environmental justice, and health inequalities across Mozambique, Malawi, Zambia, Tanzania, Kenya, and Uganda. The region also plans to consolidate a cross-border CHW labour bloc and expand democratic community governance models such as South Africa's Clinic Committees and Uganda's Health Governance Forums.

## 8. PHM Campaigns in West and Central Africa

Did not receive any input yet.

## 9. PHM Campaigns in South Asia

During 2025, the PHM South Asia continued to advance health justice through advocacy, solidarity actions, political education, and regional collaboration. Across the region, PHM circles responded to growing inequalities, pressures on public health systems, climate vulnerability, and broader socio-economic crises affecting people's access to healthcare and social protection. Active circles continued to function in Nepal, Sri

Lanka, Bangladesh, and Pakistan, while efforts to establish PHM circles in Bhutan and the Maldives remained ongoing.

**PHM Pakistan** carried out advocacy and campaign work across a wide range of issues, including Universal Health Coverage (UHC), strengthening Primary Health Care, recognition of Community Health Workers, maternal and reproductive health, nutrition, child health, climate justice, infectious diseases such as TB/HIV, and humanitarian response. In a context marked by deep social inequalities, economic hardship, and climate-related crises, the movement increasingly connected health struggles with broader questions of justice and people's rights. Across the provinces, partner organizations organized community-based activities on maternal and child health, family planning, breastfeeding and nutrition, immunization equity, mental health awareness, disability inclusion, and preventive health education for marginalized communities. PHM Pakistan also used international health days and observances as opportunities to raise public debate and push for policy change around reproductive rights, vaccine access, maternal health protections for women workers, and more inclusive public healthcare systems. An important initiative was the expansion of telehealth and tele-ultrasound services in underserved districts, helping communities with limited access to specialized healthcare. Through this initiative, trained local staff could conduct ultrasound scans while specialists provided remote interpretation in real time, reducing both distance and cost barriers for patients.

**PHM Nepal** continued its regular activities and meetings while organizing several important initiatives during 2025. One of the key activities was the National People's Health University (NPHU) Nepal, which created a space for political education, discussion on health justice, and engagement among activists and health workers.

PHM Nepal also participated in activities marking the 25th anniversary of PHM and the launch of *Global Health Watch 7*, linking national activism with PHM Global's broader work on health equity and global health governance. International solidarity remained an important component of PHM Nepal's work. The organization joined protests condemning the violence and suppression carried out against Palestinians in Gaza, connecting local activism with wider struggles for justice and human rights. Representatives from Nepal also participated in the Nyeleni Forum held in Kandy, Sri Lanka, contributing to regional exchanges on food sovereignty, social justice, and grassroots mobilization.

**PHM Sri Lanka** maintained regular activities throughout 2025 through monthly meetings, newsletters, emails, and social media outreach. A major event during the year was the celebration of the 25th anniversary of PHM in Colombo, organized together with several partner organizations. The event brought together activists and allied groups working on public health and social justice issues in Sri Lanka.


PHM Sri Lanka also co-hosted the Nyeleni Forum in Kandy alongside other stakeholders, helping strengthen regional discussions on food sovereignty, health justice, and social movements. The forum took place in a context where Sri Lanka continues to experience the social consequences of economic crisis, austerity measures, and pressure on public services.

An important advocacy priority for PHM Sri Lanka was the effort to revive proposals for a constitutional amendment recognizing the Right to Health. This initiative sought to renew a long-standing campaign that had stalled over the past two decades because of government inaction. PHM Sri Lanka also began preparations for a future National People's Health University focused on the political economy of health and movement building.

At the **regional level**, South Asian PHM circles strengthened collaboration through participation in the Nyeleni Forum in Sri Lanka, which served as an important platform for exchanges around food sovereignty, health justice, and grassroots organizing. The region also contributed to PHM Global activities through participation in the 25th anniversary celebrations of PHM and the launch of *Global Health Watch 7*. These activities reinforced connections between national struggles in South Asia and broader global campaigns for health equity, social justice, and the right to health.

## 10. PHM Campaigns in India

In 2025, Jan Swasthya Abhiyan(JSA), the Indian circle of PHM, marked 25 years of struggle for health as a fundamental right. The year unfolded in a context of deepening privatisation and corporatisation of healthcare in India, growing dependence on private hospitals, rising out-of-pocket expenditure, and continued underfunding of public health systems. JSA repeatedly highlighted how insurance-based schemes and public-private partnerships (PPPs) were diverting public resources toward corporate healthcare while public hospitals faced shortages of staff, medicines, diagnostics, and infrastructure.

Throughout the year, JSA organised campaigns, conventions, public meetings, workshops, legal advocacy, fact-finding studies, webinars, and grassroots mobilisations across multiple states. The movement consistently raised the slogan: “Health is our Right! Healthcare for people, not for profit!”

One of the strongest nationwide campaign themes in 2025 was **resistance to privatisation of public healthcare** institutions. In Andhra Pradesh, Praja Arogya Vedika (PAV) organised a large state-wide campaign against the proposed privatisation of government medical colleges and the expansion of expensive self-financing medical seats. Beginning in February 2025, seminars and public meetings were held in cities including Tirupati, Vijayawada, Visakhapatnam, Guntur, Nellore, Kurnool, and Srikakulam, attracting activists, doctors, students, elected representatives, and members of the public. The campaign argued that privatisation would make medical education inaccessible for lower-income students while further commercialising healthcare.


In Karnataka, JSA activists joined campaigns against PPP-based privatisation of district hospitals and medical colleges. Public meetings and yatras highlighted how corporate management of public hospitals would undermine free healthcare access for poor communities. In Maharashtra, Jan Swasthya Abhiyan supported community struggles against the privatisation of municipal hospitals in Mumbai, including Shatabdi Hospital and Lallubhai Compound Hospital. Campaigns brought together local residents, trade unions, community organisations, and public health activists under the slogan “Save Hospitals, Stop Privatisation.” Similar resistance emerged in Jharkhand, where JSA opposed proposals to hand over district hospitals to private medical colleges through PPP arrangements and warned that such policies would create a two-tier system favouring paying patients.

The **Right to Health** remained another major area of mobilisation. In Rajasthan, JSA continued campaigning for implementation of the Rajasthan Right to Health Act through public advocacy, media engagement, memorandums, and policy submissions. The network also raised concerns over the weakening of free medicine and diagnostic schemes and campaigned on issues such as unnecessary hysterectomies, drug safety after child deaths linked to contaminated cough syrup, and hospital fire safety following the SMS Hospital tragedy in Jaipur.

In Tamil Nadu, the Tamil Nadu Science Forum led a major **signature campaign demanding a Right to Healthcare law.** The campaign covered more than 25 districts and collected over 50,000 signatures, later

submitted to the state Health Minister. In Uttarakhand, one of the most striking grassroots mobilisations emerged from Chaukhutia village, where people organised a **300-kilometre foot march** to Dehradun protesting the collapse of healthcare services in remote hill regions and the absence of specialist doctors. In Assam, JSA focused on the severe shortages of doctors and healthcare workers in rural areas while defending ASHA workers against punitive government measures and demanding better remuneration and social protection.

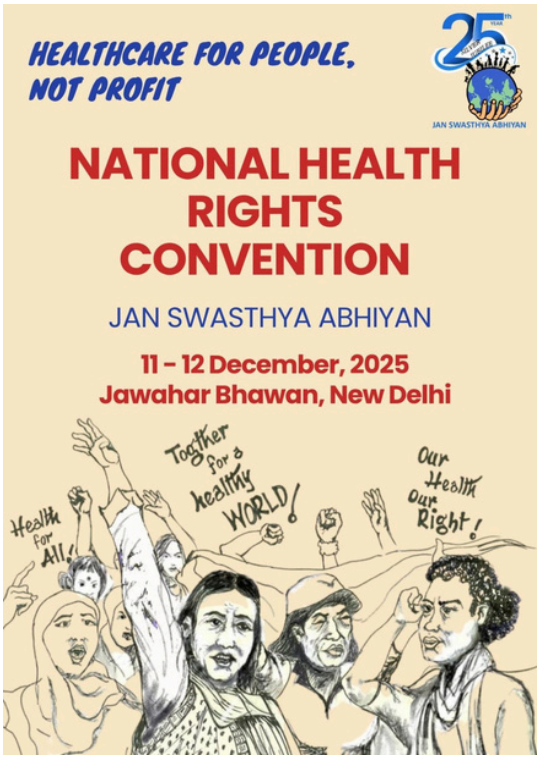
National-level advocacy also intensified during the year. On World Health Day, JSA organised a national webinar under the theme "Our Health – Not for Sale!", bringing together grassroots movements, women's organisations, ethical health professionals, patients' rights groups, and social activists from across India. Speakers shared ongoing struggles against privatisation and argued that profit-driven healthcare systems systematically exclude poor communities.

A major focus throughout 2025 was critique of **public health financing**. JSA publicly criticised the Union Budget 2025–26 for increasing support to insurance-based models while failing to adequately fund public healthcare. The movement highlighted declining government expenditure on health as a percentage of GDP, cuts to funding for WHO and UNICEF-related programmes, stagnation in nutrition budgets, and continued neglect of mental health services. State units also analysed state budgets and exposed low health spending in Andhra Pradesh, Maharashtra, and Jharkhand.

JSA also intensified campaigns around **regulation of private healthcare** and protection of patients' rights. Through a Supreme Court Public Interest Litigation and public campaigning, the movement demanded implementation of the Clinical Establishments Act and the Patients' Rights Charter. During July and August 2025, JSA organised a participatory online campaign collecting testimonies from patients dealing with private hospitals. Within one week, more than 1,000 responses were received reporting overcharging, denial of care, unnecessary procedures, and lack of transparency.

Across several states, JSA connected **health struggles with broader social, economic, and environmental issues**. In Himachal Pradesh, campaigns against drug abuse linked addiction to unemployment, social distress, and weakening community structures. These mobilisations contributed to the adoption of the Himachal Pradesh Drugs and Controlled Substances Bill-2025. In Delhi, JSA's People's Health Manifesto connected healthcare with urban inequality, environmental pollution, water and sanitation, labour rights, and housing conditions, while demanding expansion of free public healthcare services and stronger regulation of private hospitals. In Andhra Pradesh, PAV also conducted studies on industrial pollution, cancer prevalence, and nutritional deficiencies near chemical industry zones, linking health with environmental justice and labour conditions.

International solidarity remained part of JSA's political engagement. In September 2025, JSA co-organised a solidarity and awareness meeting in New Delhi on **Palestine** and Gaza together with disability rights organisations. The event highlighted the devastating impact of war and genocide on disabled people and healthcare systems in Gaza, while strengthening links between Indian social movements and international justice struggles.




The year culminated in the National Convention on Health Rights held in New Delhi on 11–12 December 2025, one of the largest gatherings of health rights activists in India in recent years. More than 550 participants from 23–24 states joined the convention, including ASHA workers, trade union representatives, nurses, doctors, students, researchers, women's organisations, disability rights activists, and grassroots community organisers. Organised around eight major themes, the convention focused on strengthening public health systems, opposing privatisation and PPP models, regulating private healthcare, protecting patients' rights, ensuring affordable medicines, justice for health workers, gender and social justice, and the social and environmental determinants of health. Alongside thematic discussions, the convention included dialogues with Members of Parliament, public testimonies, cultural performances, songs, street theatre, and the adoption of a national "People's Resolve" for health rights. The convention also marked 25 years of Jan Swasthya Abhiyan and the release of *Global Health Watch 7*, linking struggles in India with wider PHM Global processes and the international movement for "Health for All." The event reflected renewed momentum for broad-based mobilisation around public healthcare and health justice in India. Watch here.


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

In 2025, PHM MENA focussed on the ongoing wars, occupation, forced displacement, and attacks on healthcare systems, particularly in Palestine and Lebanon. Palestine remained at the centre of PHM's regional and global solidarity work during 2025. PHM, through various spaces and during numerous events, repeatedly denounced attacks on hospitals, health workers, ambulances, and civilian infrastructure in Gaza and the West Bank, framing these attacks as violations of the right to health and international humanitarian law. PHM and allies continued campaigns demanding an immediate ceasefire, protection of health workers, and accountability for attacks on healthcare facilities.

A major focus during the year was international **fundraising and solidarity for Palestinian health organisations**. In late 2025, PHM Global, together with allied organisations, launched an international fundraising campaign to support the rebuilding and survival of Palestine's healthcare system. The campaign mobilised support for Palestinian Medical Relief Society (PMRS), Health Work Committees (HWC), and Al Awda Health and Community Association (AWDA). The campaign aimed to raise €220,000 between October 2025 and February 2026 to support emergency healthcare, medicines, medical equipment, maternal and child health services, mental health support, and rebuilding of healthcare infrastructure in Gaza and the West Bank. The campaign successfully raised 263.000 EUR.


During 2025, PHM organised and supported several international webinars and political education activities focused on Palestine and the impacts of war on health systems and civilians. These online discussions brought together Palestinian health workers, solidarity activists, researchers, and PHM members from different regions to discuss attacks on healthcare infrastructure, the humanitarian crisis in Gaza and the West Bank, forced displacement, and international solidarity strategies. Key webinars:

- **Webinar: Fast and Slow Genocide: Gaza and the West Bank**

Organised by Jewish Voice for Peace Health Advisory Council and PHM, focusing on medical assistance, attacks on healthcare, famine, and the "slow genocide" in the West Bank. https://phmovement.org/webinar-fast-and-slow-genocide-gaza-and-west-bank

- **Webinar: Genocide in Gaza, Two Years On: Are We Entering a New Phase?**

  This webinar reflected on the situation in Gaza two years into the genocide and discussed the impact of attacks on healthcare, the humanitarian crisis, and international solidarity efforts. Palestinian health leaders and activists also explored how global movements should respond to the evolving political situation in Gaza and the West Bank. Genocide in Gaza, Two Years On: Are We Entering a New Phase? | People's Health Movement

PHM activists and allies in dozens of countries also organised demonstrations, memorials, public meetings, and solidarity actions in support of Palestine and Lebanon. These actions honoured health workers killed during the conflicts and reinforced PHM's broader position that war, occupation, forced migration, and militarisation are fundamental social determinants of health.

In 2025, PHM actively supported and amplified the work of The Hague Group, an international initiative launched by Global South countries to advance coordinated legal and diplomatic action against Israel's genocide in Gaza and violations of international law. PHM promoted the **Emergency Conference of The Hague Group held in Bogotá, Colombia, in July 2025**, where more than 30 countries gathered to move "from condemnation to collective action" in support of Palestine. The conference called for concrete measures including arms embargoes, accountability mechanisms, and stronger enforcement of international law, while reaffirming demands for an immediate ceasefire and protection of Palestinian civilians and healthcare systems.

In October 2025, PHM joined Palestinian and international healthcare professionals, academics, and human rights advocates in launching the Gaza Health Declaration, a political and ethical statement calling for an end to the genocide in Gaza and a fundamental rethinking of international health engagement in Palestine. The declaration stressed that rebuilding Gaza's health system must centre Palestinian sovereignty, agency, and leadership, while rejecting forms of humanitarian aid and international cooperation that reinforce occupation, dependency, or "aid-washing" of Israeli violence. It also called for stronger international solidarity, sanctions, and support for Palestinian-led health institutions as part of a broader struggle for health justice, self-determination, and decolonisation.

In 2025, PHM members played an active role in the **Global Sumud Flotilla**, the largest international civilian flotilla organised in recent years to challenge the blockade of Gaza and deliver humanitarian aid. Several PHM activists and health workers joined the flotilla, including Belgian physician Hanne Bosselaers, Moroccan pharmacist and human rights activist Aziz Rhali, and British emergency doctor James Smith. The initiative brought together hundreds of participants from more than 40 countries, including doctors, nurses, journalists, trade unionists, and solidarity activists, combining humanitarian action with political mobilisation against the siege and destruction of Gaza's healthcare system.


PHM highlighted the flotilla as an expression of international solidarity grounded in the righttohealthand opposition to genocide, occupation, and militarisation. Through interviews, articles, webinars,andsolidarity statements, PHM members stressed that solidarity with Palestinian health workers mustgobeyond declarations and be “practiced on the ground.” Participants sought to draw international attentiontoattacks on hospitals, the blockade preventing medical supplies from entering Gaza, and the broader collapseofthe health system under conditions of warand siege. PHM also publicly supported flotilla participantsafter interceptions, detentions, and securitythreats targeting the mission, reaffirming its commitmentto international solidarity and the struggle forhealth rights in Palestine.

## 12. PHM Campaigns in North America

In 2025, PHM North America, consistingof PHM Canada and PHM-USA, carried out a range of solidarity, anti-privatisation, anti-militarisation, andhealth justice activities in an increasingly difficult political context. A year marked by rising authoritarianism,repression of dissent, expanding militarism, climate disasters, and continued commercialisation of public goods including healthcare, housing, and education. In the United States, the return of Donald Trump and rapid shifts in federal policy created a particularly challenging environment for organising, with local activism often focused on responding to immediate community needs and attacks on democratic and social protections.

One of the strongest areas of mobilisation during 2025 was solidarity with **Palestine and opposition to war and militarisation**. While not always coordinated regionally, PHM members across Canada and the United States participated actively in campaigns demanding an end to the war in Gaza and accountability for attacks on civilians and healthcare systems. In Canada, PHM activists supported Boycott, Divestment and Sanctions (BDS) campaigns, petitions, fundraising initiatives, and relaunched a militarisation and health working group with cross-border engagement.

In the United States, PHM members worked through networks such as the Jewish Voice for Peace Health Advisory Council, including contributing to weekly health situation updates on Gaza and supporting colleagues facing repression and censorship for speaking out on Palestine. PHM activists also participated in campaigns within the American Public Health Association (APHA), pressuring the association to take a stronger stand

against the genocide in Palestine and resist the weaponisation of antisemitism accusations against health professionals and activists. At the APHA annual meeting, PHM-linked organisers coordinated visible solidarity actions around Palestine. Activists distributed around 1,000 badges in support of Palestine, joined a walkout during the opening plenary, organised a sign-on letter endorsed by 865 individuals including former APHA presidents, and supported presenters who chose to speak publicly about Gaza and censorship during conference sessions.

Another important campaign area during 2025 was **opposition to privatisation, financialisation, and commercialisation of healthcare systems**. PHM North America continued work on "The Mapping Project," an initiative researching and documenting global actors, particularly private equity firms, financial funds, and corporations, involved in the privatisation and financialisation of healthcare. On 18 January 2025, members involved in the project organised a workshop titled *Who Owns Your Health?*, designed to train activists in corporate research methods and strengthen public understanding of how financial actors shape healthcare systems and access to care. Cross-regional collaboration also developed around anti-privatisation work. PHM Canada organised panels together with PHM Europe focused on privatisation and financialisation of healthcare systems. The region also endorsed the "Medicines for the People Act" promoted by U.S. Congresswoman Rashida Tlaib, which proposed a public option for biomedical and pharmaceutical development as an alternative to corporate pharmaceutical monopolies. In addition, PHM North America joined a joint policy statement together with Public Citizen's Global Trade Watch on drug pricing and access to medicines within the U.S.-Mexico-Canada Agreement (USMCA).

PHM North America also linked health justice with broader struggles around migration, LGBTQ+ rights, anti-extractivism, and international solidarity. In Canada, PHM activists raised funds and provided direct support for PHM colleagues in Uganda who were in hiding or exile because of Uganda's Anti-Homosexuality Act, including support for housing and basic needs. Activists also maintained links with anti-extractivist struggles in El Salvador. In the United States, members were involved in activism around healthcare access for immigrant communities.

Members from both the United States and Canada also contributed to broader PHM Global political processes during 2025, including participation in discussions connected to the Third Global Nyeleni Forum and development of the joint political action agenda.

# IV. PHM Movement Building

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

The PHM Southeast Asia and Pacific (SEAP) region remains a highly diverse and geographically scattered region, bringing together countries from Southeast Asia, East Asia, Oceania, and the Pacific. In 2025, movement building efforts focused largely on rebuilding connections, strengthening existing country circles, and reactivating networks. While the region continues to face major organizational and political challenges, important advances were made through campaigns, solidarity work, and renewed collaboration across countries.

At present, the most active PHM country circles in the region are the Philippines, Australia, Japan, and Indonesia. These circles have been leading advocacy campaigns, public forums, grassroots organizing, and regional collaborations. The Philippines remains one of the strongest country circles, functioning as a multisectoral network linking health organizations with women's groups, human rights advocates, church workers, and researchers. Australia has also maintained a strong organizing presence, particularly through campaigns around militarization, Palestine solidarity, climate justice, and privatization of health care. Indonesia strengthened its engagement through access-to-medicines campaigns and intellectual property advocacy, while Japan continued contributing actively to global health governance processes and WHO Watch activities.


Palestine solidarity action, Manila, The Philippines - Dec 2025

Other countries such as Malaysia, Thailand, Cambodia, Papua New Guinea, Vietnam, and Timor Leste continue to have active members or allied organizations, though in many cases these remain small or loosely coordinated networks. Several previously active country circles, particularly in Malaysia and Thailand, experienced reduced activity in recent years, but efforts are ongoing to rebuild contact and engagement. The region also continues to face gaps in membership in countries such as China, Laos, Singapore, and New Zealand, while circles in Taiwan, Mongolia, and South Korea remain largely inactive.

A central **lesson from 2025** was that movement building cannot rely solely on online communication and webinars. Coordination in the region currently depends heavily on email, messaging platforms, and occasional online meetings among country coordinators. While these mechanisms have allowed continued exchange despite geographical distances, they have not been sufficient for deeper consolidation or long-term organizing. The region recognized that face-to-face exchanges, political education activities, and collective organizing spaces remain essential for strengthening commitment, trust, and shared political direction.

The attempted organization of a regional International People's Health University (IPHU) in Australia in October 2025 reflected both the strengths and limitations of movement building in the region. The proposed IPHU on "Coloniality and the Struggle for Health" generated significant interest, including around 40 applicants from across the region and beyond. The initiative aimed to deepen discussions on colonialism, imperialism, indigenous struggles, extractivism, and grassroots organizing. However, financial limitations, visa difficulties, logistical challenges, and political constraints prevented the event from taking place. Despite this setback, the process itself helped strengthen contacts between activists and generated important lessons for future organizing.

One important **success of the region in 2025** was its ability to build solidarity around shared political issues. Campaigns supporting Palestine, opposing militarization, and resisting privatization of health systems generated broad participation across several country circles. These common struggles helped create stronger political unity within the region despite differences in national contexts. Participation in thematic circles, especially around health systems, war and conflict, trade and health, and gender justice, also helped connect SEAP activists to wider PHM processes globally.

At the same time, important **weaknesses** remain. Much of the region's membership is still institution-based, with limited direct links to grassroots mass movements. Only a few country circles, particularly the Philippines and Australia, maintain strong relationships with workers, peasants, indigenous communities, or broader people's organizations. Members identified the need to strengthen organizing among grassroots communities and to bridge gaps between academics, professionals, students, and mass-based movements. Financial sustainability also remains a major challenge, especially in the context of declining international funding and growing economic pressures across the region.

**Looking toward 2026**, the SEAP region sees important opportunities for renewal and expansion. There are plans to strengthen regional political education through webinars, forums, and potentially future IPHUs focused on organizing skills, anti-imperialist analysis, and grassroots movement building. The upcoming IMF–World Bank meetings in Bangkok were identified as a potential focal point for regional mobilization around debt, privatization, and health financing. Members also emphasized the importance of learning from regions with stronger mass organizing traditions, particularly Latin America and South Asia.

Overall, while the PHM SEAP region remains uneven and fragmented, 2025 demonstrated that there is significant potential for stronger regional coordination and political consolidation. Shared struggles around militarization, privatization, debt, extractivism, and solidarity with oppressed peoples continue to provide

important foundations for movement building. The challenge for 2026 will be to transform these shared political concerns into more sustained organizing structures, strong

## 2. Movement Building in Brazil

In 2025, PHM Brazil (MSP Brasil) continued a gradual but meaningful process of movement strengthening, political consolidation, and expansion of its activist base. Working within a challenging national context marked by deep social inequality, the underfunding and privatization pressures affecting the SUS (Brazil's universal public health system), and the continued political influence of conservative and far-right sectors, the movement sought to reinforce health activism as part of broader struggles for democracy, social justice, anti-racism, feminism, food sovereignty, and climate justice.

Within Brazil, the most active organizing nuclei and members are concentrated in Rio Grande do Sul, Rio de Janeiro, and the Federal District (Brasília). Throughout 2025, the movement maintained an active collective coordination composed of three to four core members, alongside thematic working groups and a broader activist contact network. A membership updating process carried out during the year helped reconnect the movement with its wider network and renew engagement among activists, students, health workers, and social movement members.

The circle maintained regular monthly meetings, active participation in global and Latin American PHM spaces, and ongoing collaboration with important social movements and public institutions. Representatives from Brazil played active roles in thematic circles related to health systems, gender justice, and food sovereignty, as well as in the Latin American regional coordination and the global steering council.

A particularly important movement-building process during the year was the collective construction of the "Carta de Princípios e Ação" ("Charter of Principles and Action"), also referred to symbolically as "A Bússola do Militante" ("**The Activist's Compass**"). Developed through various collective discussions, the document aimed not to function as a rigid regulation, but rather as a political, ethical, affective, and collective guide for the movement. This process helped deepen internal political reflection, reaffirm core principles such as the defense of the SUS, anti-racism, anti-asylum struggles, Buen Vivir, and popular participation, while also strengthening a shared organizational identity rooted in Brazilian and Latin American realities.


Another major success in movement building was the continuation of the IPHU-inspiredpolitical education initiative, "**Critical Training for the Right to Health**." The online course brought togetherparticipants from seven Brazilian states and multiple social movements, including *quilombola*, feminist, andfood sovereignty

organizations. Through discussions on social determination of health, privatization, racism, gender justice, agroecology, and popular education, the course helped train and politically connect a new generation of health activists. Political education emerged as one of the movement's most important tools for renewal and expansion.

PHM Brazil also strengthened its role through strategic **alliances** with organizations such as Fiocruz, MST, ALAMES, public health schools, Black movements, Indigenous organizations, and feminist networks. Rather than operating as an isolated health network, MSP Brasil increasingly positioned itself as part of a broader ecosystem of popular struggles. Participation in spaces such as the Nyéléni Forum, the Acampamento Terra Livre, the March of Black Women, anti-asylum mobilizations, and activities around climate justice and food sovereignty demonstrated the movement's capacity to connect health struggles with territorial, racial, environmental, and democratic struggles.

At the same time, the movement continues to face important limitations and **challenges**. Although there has been steady growth in participation and visibility, the movement still recognizes its relatively limited size compared to its broader political potential in Brazil. Internal communication and coordination remain heavily dependent on a small group of committed activists. Communication work, including management of social media, WhatsApp groups, email lists, and shared digital platforms, is currently maintained by a very small team with limited resources. While the movement has succeeded in keeping regular communication channels active, there is a recognized need to expand communication capacity, strengthen outreach, and improve the integration of new members into organizational processes.

Looking ahead to 2026, PHM Brazil sees important opportunities for further consolidation and expansion. Planned priorities include the publication of the Charter of Principles, the third edition of the IPHU-style training course, closer collaboration with social movement health sectors, and continued participation in national and international struggles around climate justice, food sovereignty, anti-racism, and the defense of public health systems. The movement also aims to deepen its role within Latin American and global PHM spaces while continuing to build grassroots connections nationally.

Overall, 2025 demonstrated that PHM Brazil is undergoing a process of slow but consistent strengthening. Its experiences highlighted the importance of political education, alliance-building, collective reflection, and horizontal coordination as foundations for sustainable movement building. The key challenge moving into 2026 will be transforming this growing political energy into broader organizational capacity, stronger territorial roots, and a larger, more connected community of health activists across Brazil.

## 3. Movement Building in Julio Monsalvo southern region

The Julio Monsalvo Subregion, bringing together Argentina, Paraguay, Uruguay and Chile, experienced an important process of growth and consolidation in 2025. In a regional context marked by austerity, privatization, extractivism, shrinking social protections and attacks on public health systems, PHM strengthened its visibility, expanded participation and deepened political articulation across countries. Much of this momentum was linked to the positive impact of the 5th People's Health Assembly (PHA5) held in Mar del Plata in 2024, which generated renewed interest in the Movement and strengthened thematic and regional coordination.

One of the **most important developments** in 2025 was the strengthening of Thematic Circles, which became the central spaces for movement building, political exchange and collective action. The circles on food sovereignty, popular education, health systems, gender and health, mental health, and ancestral and popular knowledge all remained highly active throughout the year. These spaces brought together activists from the

four countries and increasingly also from other parts of Latin America. Through webinars, political education activities, public statements, campaigns and regional conversations, the circles helped connect local struggles with broader regional and global debates on privatization, Buen Vivir, food sovereignty, feminism, anti-extractivism and the social determination of health.

**Argentina** remained the largest and most consolidated country circle in the subregion, with a very broad composition that includes organizations working on community health, food sovereignty, labor struggles, mental health, agroecology, reproductive justice, environmental justice and anti-extractivism. Organizations such as FESPROSA, AMGBA, FAMG, LAICRIMPO, Red Jarilla, Somos Barrios de Pie, ADESAM and others played active roles both nationally and regionally. Argentina's strength lies especially in its strong territorial work, its alliances with social movements and unions, and its capacity to combine health struggles with broader political resistance against neoliberal reforms and authoritarianism.

**Paraguay** also maintained a strong and historically rooted MSP circle through the Movimiento por el Derecho a la Salud "María Rivarola," which has worked for more than twenty years with peasant, urban and peri-urban organizations. The Paraguayan circle remains strongly connected to grassroots struggles around land, indigenous rights, women's rights and access to health. However, the report notes that the circle still faces the challenge of consolidating a stronger identity specifically as part of MSP/PHM and expanding its organizational base and visibility within the wider movement.

**Uruguay** became one of the most active and dynamic country circles in the subregion during 2025. The Uruguayan circle became much more active and visible, especially through activities around agroecology, Buen Vivir, environmental justice and popular health. The strengthening of the Uruguayan circle demonstrated how leadership renewal and consistent organizing can quickly revitalize movement participation and regional integration.

**Chile** remains the least consolidated country process organizationally, as there is still no formal PHM country circle. Nevertheless, 2025 showed significant progress. Since the PHA5, many Chilean activists have become actively involved in thematic circles, IPHUs and regional activities. Chilean participation was particularly strong around debates on health systems, APS, privatization and health inequities. Political education activities, congress participation and public communication work helped increase visibility and generated momentum toward the formal creation of a Chilean PHM circle in 2026.

Coordination across the subregion continued to rely on a relatively horizontal and collective structure. The subregion is formally coordinated by two co-coordinators, Carmen Báez (Argentina) and Victoria Peralta (Paraguay), while the "*Coquito*," created in 2022, functions as the broader coordination and collective decision-making space. The Coquito played a key role in organizing PHA5 and has become an important mechanism for communication, planning and political articulation. At the same time, members recognized the need to renew and expand this space in order to bring in newer activists, improve representativity and prepare future leadership transitions. Discussions during 2025 therefore focused not only on maintaining coordination, but also on leadership renewal and sustainability of the movement.

Internal communication was another area that evolved considerably during the year. Historically, communication had been carried out informally and voluntarily by activists without a dedicated structure. In 2025, the visibility of PHM increased significantly. The strengthening of Instagram, YouTube and other communication channels allowed the movement to increase outreach, visibility and political identity. The Instagram account of the subregion grew by 30% during the year, with strong engagement around territorial

struggles, public health defense and regional campaigns. Communication increasingly became understood not simply as dissemination, but as an organizing tool to strengthen collective identity and political articulation.

Political education remained one of the strongest pillars of movement building. The subregion played a central role in the International People's Health University (IPHU/UISP) for Latin America and the Caribbean, contributing to six of the eight modules and mobilizing broad participation from the four countries. Chile in particular had a remarkably high level of participation. In addition, local and regional training initiatives, from agroecology schools to community health courses and Paulo Freire commemorative activities, reinforced the Movement's commitment to popular education as a strategy for long-term organizing.

One important **lesson** from 2025 was that regional articulation and thematic circles can compensate for organizational weaknesses at the national level. Even in countries without formal PHM structures, active participation in circles created pathways for integration and movement-building. Another lesson was the importance of combining territorial grassroots work with broader regional and global political debates. The subregion succeeded in linking local struggles, around health systems, agroecology, Palestine solidarity, mental health, anti-extractivism and labor rights, with global PHM agendas and international solidarity processes.

At the same time, important **challenges** remain. Much of the movement still depends heavily on volunteer labor and political commitment, with virtually no external funding available. Activists also face exhaustion due to worsening political conditions and the growing intensity of social crises in their countries. Language barriers continue to limit participation in some global PHM spaces, and sustaining long-term collective coordination across geographically dispersed territories remains difficult.

Looking toward 2026, the subregion identified several priorities: strengthening and renewing the *Coquito*, expanding thematic circles, creation of the Chilean circle, developing a regional action plan, and deepening political education and communication strategies. There is also a clear ambition to continue strengthening alliances with ALAMES, food sovereignty networks, feminist movements, environmental struggles and labor organizations. Overall, the Julio Monsalvo Subregion enters 2026 with greater political cohesion, stronger regional identity and expanded organizing capacity, while recognizing that the coming years will require even deeper coordination and collective resistance in defense of health, territory and life.

## 4. Movement Building in Andean region

In 2025, movement-building in the Andean region was visible primarily through the work of the PHM Colombia chapter, which remained highly active in political advocacy, solidarity campaigns, and alliance-building. As no substantial reports were received from Ecuador, Peru, and Bolivia, this overview mainly reflects developments in Colombia while acknowledging that activities and organising processes in other countries may not be fully captured.

PHM Colombia is the strongest and most visible country circle in the subregion at present. Throughout 2025, the circle combined grassroots political education, media advocacy, labour alliances, and international solidarity work. A major focus was the national debate on healthcare reform and the defence of health as a fundamental right. Through a series of public discussions across the country, PHM Colombia helped create political debate around privatisation, health system reform, and social justice in healthcare. The movement also **strengthened alliances** with labour and social movements, particularly through collaboration with the National Association of Hospital Workers of Colombia (ANTHOC). At the same time, PHM Colombia significantly expanded its **visibility through legislative advocacy, media appearances**, and social media work around the health reform debate.

One of the most visible dimensions of movement-building in 2025 was the solidarity campaign for Palestine. PHM Colombia played an active role in mobilisations, political events, fundraising campaigns for health services in Gaza, and the creation of the "Action Front for Palestine." These activities considerably **broadened the movement's alliances and public presence** while connecting health struggles to anti-war and anti-imperialist politics.

The circle also strengthened its regional and international connections through participation in ALAMES, Global Health Watch (GHW7) activities, and the CELAC Social Summit, where PHM organised discussions on Public Pharma in Latin America.

An important **lesson** from 2025 is that the movement grows strongest when **health struggles are connected to broader political** issues such as labour rights, Palestine solidarity, climate justice, and democratic participation. The Colombian experience also showed the growing importance of communication and media advocacy in strengthening PHM's political visibility and influence.

At the same time, PHM Colombia still operates more as a network of ongoing collaborations and activities than as a fully unified organisational structure. Strengthening internal coordination and regional collaboration therefore remains an important priority for the future.

## 5. Movement Building in Mesoamerica

In 2025, PHM Mesoamerica remained a resilient and politically grounded regional movement despite increasingly difficult social, economic, and political conditions across the region. While the number of activists did not significantly increase during the year, the movement maintained a stable and committed activist base and continued strengthening its work around community health, ancestral medicine, women's rights, environmental justice, and the defence of the right to health.

PHM Mesoamerica currently includes seven countries:

- Chiapas/Mexico
- Guatemala
- El Salvador
- Honduras
- Nicaragua
- Costa Rica
- Dominican Republic

All countries remained active during 2025 through campaigns, political education, community health promotion, and regional exchanges. The strongest organising spaces are Guatemala, Honduras, Costa Rica, and El Salvador, where PHM and allied organisations maintained strong links with Indigenous authorities, women's organisations, local health systems, peasant movements, and community-based structures. Guatemala in particular played an important political role through the resurgence of ancestral and community authorities resisting colonial and exclusionary state structures.

At regional level, PHM Mesoamerica continues to operate through the **Comité Regional de Promoción de Salud Comunitaria (CRPSC)**, founded in 1976 and celebrating its 50th anniversary throughout 2025. The CRPSC remains one of the oldest and most historically rooted regional structures within PHM globally. The movement is coordinated through a regional assembly composed of representatives from each country, thematic

commissions, and a rotating secretariat renewed every two years. Coordination is maintained through monthly virtual meetings and two annual in-person gatherings, organised in Guatemala and El Salvador during 2025.

One of the main strengths of the region is its deep grounding in **community health, ancestral knowledge systems, and popular education methodologies**. Throughout 2025, the movement invested in exchanges between community health promoters and traditional midwives, political education on ancestral medicine and gender violence, and the documentation of Buen Vivir and community health practices. This gives PHM Mesoamerica a distinct political identity strongly rooted in territorial struggles and Indigenous knowledge systems.

A key **lesson** from 2025 is that the movement becomes strongest when **health struggles are connected to broader social and political issues** such as extractivism, violence against women, territorial defence, and democratic rights. Campaigns against healthcare privatisation, obstetric violence, monocultures, and environmental destruction helped strengthen alliances with feminist organisations, peasant movements, Indigenous authorities, and human rights defenders.

At the same time, important challenges remain. Expansion into countries such as Haiti and Cuba remains difficult because of political instability, repression, and logistical barriers. Financial sustainability is also fragile, with many activists and organisations continuing to self-finance their participation in regional activities.

## 6. Movement Building in Europe

The year 2025 marked an important period of consolidation, renewal, and gradual expansion for PHM Europe. While the movement remains unevenly developed across the continent, the region became visibly stronger in terms of geographical reach, political coherence, activist engagement, and collaboration between country circles. The expansion of active country circles, the creation of new working groups, and the increasing ability to mobilise around shared political struggles all contributed to strengthening PHM Europe as a regional movement.

The broader political context strongly shaped movement-building dynamics during the year. Across Europe, activists were confronted with overlapping crises: militarisation, austerity, climate breakdown, far-right mobilisation, anti-migrant policies, and the growing corporate capture of health systems. PHM increasingly positioned itself not only as a health advocacy network, but as part of broader struggles against neoliberalism, racism, fascism, colonialism, and ecological destruction. This **broader political positioning** helped attract new activists and strengthened alliances with social justice movements beyond the traditional public health sphere.

One important indicator of growth was the expansion of the regional network itself. By the end of 2025, PHM Europe counted 14 countries with active or emerging participation, including the reactivation or strengthening of circles in the **Netherlands, the United Kingdom, and Switzerland**. Active country circles generally involved between 10 and 40 regularly engaged activists, depending on organisational maturity and local political context.

The strongest and **most active country circles during 2025** were:

- Belgium
- France
- Italy
- Germany

- Greece
- The Netherlands

These circles demonstrated a relatively high level of organisational continuity and political visibility, organising campaigns, assemblies, political education activities, solidarity mobilisations, conferences, webinars, and coalition-building initiatives throughout the year.

**Belgium** played an important regional coordination role through strong links with solidarity movements and organisations such as Viva Salud. Activists connected struggles around migration, labour, and health with international advocacy spaces such as WHA78, while also participating actively in Palestine solidarity, anti-war mobilisation, and international solidarity work related to Congo, Cuba, and the Philippines. Participation in ManiFiesta further strengthened connections with broader labour and social justice movements. **France** emerged as one of the most visible movement-building spaces through the organisation of the **"Tour de la Santé"**, a travelling initiative combining political education, public engagement, and grassroots mobilisation across multiple locations. The initiative succeeded in bringing health justice discussions into broader public and activist spaces and demonstrated PHM's capacity to connect local organising with national political debates.

**Italy** played a particularly important role in strengthening work around comprehensive and radical primary healthcare. PHM activists and allied organisations organised a major international conference and workshop in Bologna focused on community-based healthcare, social clinics, and international cooperation between grassroots health movements. Italy also contributed actively to the dissemination and launch activities around the **7th Global Health Watch** (GHW7). In **Germany**, PHM activists strengthened political education and networking through webinars, petitions, and educational activities related to health justice, social medicine, and international solidarity. The development of the **German Platform for Global Health** also created new opportunities for broader collaboration with researchers, healthcare workers, and advocacy organisations.

The reactivation of **PHM Netherlands** represented another important development. Activities included a national PHM assembly, support initiatives for medical education in Palestine, and participation in the "Glass House for Gaza" solidarity initiative. This reflected a broader trend within the region in which Palestine solidarity became one of the strongest catalysts for movement growth and political convergence.

One of the clearest lessons of 2025 is that the movement grew strongest around **shared political struggles that connected health to wider questions of war, colonialism, inequality, and justice**. Palestine solidarity mobilisations created unprecedented collaboration between health workers, students, anti-racist organisations, humanitarian actors, and broader social justice movements. Across Europe, PHM activists participated in demonstrations, public statements, webinars, fundraising initiatives, and advocacy defending healthcare systems and humanitarian access in Gaza.

Another important factor behind movement growth was the increasing emphasis on **political education and collective analysis**. Regional webinars, assemblies, Public Pharma discussions, anti-privatisation activities, and preparations for future IPHU initiatives all functioned not only as educational spaces, but also as tools for activist recruitment, leadership development, and movement consolidation. The report repeatedly highlights that political education remains essential for deepening activist engagement and strengthening ideological coherence across diverse country circles.

Organisationally, PHM Europe operates as a relatively flexible and decentralised regional network. Country circles vary considerably in structure depending on national contexts. Some function through established NGOs and solidarity organisations such as Viva Salud, Medicus Mundi,, while others operate as informal grassroots

activist networks or broader coalition platforms linking students, healthcare workers, researchers, health organizations, trade unions, and community initiatives. At regional level, coordination currently operates through a **co-coordination model**, based on regional consultation and democratic nomination.

A particularly important development in 2025 was the strengthening of the **working group structure** within PHM Europe. By the end of the year, the region had consolidated several thematic working groups:

- Anti-imperialism and Health
- Public Pharma
- PR & Communication
- PHA Europe 2025/2026
- Political Education/IPHU

These working groups increasingly became the operational backbone of the regional network, helping distribute responsibilities, maintain continuity between assemblies, and create more regular spaces for collaboration between activists across countries.

At the same time, PHM Europe faces several important **challenges**. Activity levels remain highly uneven between countries, many circles continue to depend on a very small number of highly committed organisers, and financial precarity limits the sustainability of organising efforts. The lack of systematic funding for regional coordination, political education, translation, travel, and assemblies remains a major obstacle. In many contexts, volunteer exhaustion and burnout are growing concerns.Another challenge identified repeatedly is the limited engagement with Eastern Europe and less active countries. While the region expanded geographically in 2025, outreach and onboarding processes remain relatively weak and insufficiently structured.

One of the strongest lessons from 2025 is that PHM Europe becomes most effective when it acts as a **movement space connecting health to broader political struggles**, rather than limiting itself to technical health advocacy. Campaigns linking health to anti-militarism, anti-racism, food sovereignty, climate justice, migrant rights, labour struggles, and anti-imperialism generated the strongest mobilisation and alliance-building capacity. The region also learned that in-person exchange remains essential for long-term movement consolidation. While online coordination improved considerably during the year, activists repeatedly stressed the importance of regional assemblies, conferences, IPHU-style activities, and physical gatherings to build trust, political cohesion, and collective strategy.

## 7. Movement Building in East and Southern Africa

2025 demonstrated that PHM Eastern and Southern Africa (ESA) is evolving into a more politically coherent and strategically organised regional bloc within the global movement. Despite severe financial pressures, climate disasters, shrinking civic space, and the wider collapse of many civil society funding streams across Africa, the region succeeded in strengthening regional coordination, expanding collective political analysis, and consolidating country-level organising around a shared political agenda rooted in health justice, anti-neoliberalism, and decolonised primary healthcare.

A major milestone in 2025 was the formal establishment of the **PHM ESA Regional Steering Committee (RSC)**, which helped institutionalise more democratic and decentralised regional governance structures. The RSC created a clearer framework for collective decision-making and enabled stronger coordination between country circles across Eastern and Southern Africa. Through regular online assemblies, strategic meetings, and

cross-border exchanges, country circles increasingly shaped regional priorities collectively rather than operating in isolation.

The region also strengthened its integration into global PHM structures and campaigns. The participation of the regional coordinator in the PHM Global Steering Council (GSC) meeting in Rabat (Feb. 2026) contributed to ensuring that African perspectives on debt, austerity, climate injustice, and health sovereignty became more visible within global PHM discussions. At the same time, regional engagement with the Global Health Watch (GHW) processes and the implementation of the PHA5 Mar del Plata Call to Action helped connect local struggles to broader international debates on corporate capture, neoliberalism, and decolonisation.

The movement appears to be strongest in countries where PHM has succeeded in combining **grassroots organising, labour mobilisation, democratic community structures, and political advocacy** into integrated campaigns. **South Africa** is one of the region's strongest and most politically developed circles. PHM South Africa demonstrated a high level of organisational maturity through nationwide Health Assemblies, the revitalisation of Clinic Committees, strong community participation structures, and sustained campaigns around National Health Insurance (NHI), Community Health Worker formalisation, and democratic governance.

**Zambia** and **Malawi** also emerged as increasingly strong organising centres, particularly through their work on Community Health Worker unionisation and labour rights. In both countries, PHM successfully connected health justice struggles with trade union organising, debt justice, and anti-austerity advocacy. Partnerships with Public Services International (PSI) strengthened the movement's capacity to build sustainable labour alliances and formal organising structures among frontline health workers. **Kenya** played a particularly important strategic role in global health diplomacy and continental advocacy. By intervening directly in the World Health Summit Regional Meeting in Nairobi, PHM Kenya demonstrated the movement's growing ability to engage not only at community level, but also in high-level policy spaces traditionally dominated by governments, donors, and private actors. This marked an important evolution in the movement's political confidence and visibility.

Meanwhile, countries such as **Mozambique**, **Uganda**, and **Malawi** increasingly strengthened the integration between climate justice and health justice organizing. Their campaigns showed how climate disasters, outbreaks, infrastructure destruction, and health inequalities are deeply interconnected, helping PHM ESA build a stronger regional narrative linking environmental justice to public health struggles.

An important lesson from 2025 is that the movement grows strongest where it is rooted in **concrete community struggles and collective structures**, rather than isolated advocacy projects. Campaigns around Community Health Workers, Clinic Committees, local health governance, climate adaptation, and access to medicines proved particularly effective because they combined political education, direct organising, and tangible material issues affecting communities. Another key lesson is that **movement building and political education are inseparable**. The Global Health Watch launch, Health Assemblies, governance forums, social audits, and regional strategy meetings all functioned not only as advocacy tools, but also as spaces for consciousness-building and leadership development. In many countries, PHM increasingly positioned itself not simply as an NGO network, but as part of a broader ecosystem of labour, climate justice, feminist, and community-based struggles.

At the same time, the report makes clear that the movement continues to face significant structural weaknesses and pressures. The collapse of USAID funding and the wider contraction of civil society financing across Africa deeply affected organising capacity and co-financing structures. Many partner organisations downsized or disappeared, placing additional pressure on PHM country circles to sustain grassroots activism with very limited resources. Regional coordination was further complicated by internet costs, power cuts,

volunteer exhaustion, and the growing hostility of some governments towards independent civil society oversight and accountability work.

## 8. Movement Building in West and Central Africa

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## 9. Movement Building in South Asia

Movement building in the South Asia region continued steadily during 2025, with PHM strengthening coordination, political engagement, and regional collaboration across several countries. The region currently consists of six countries, with active PHM circles functioning in Nepal, Sri Lanka, Bangladesh, and Pakistan. Efforts to establish and reactivate circles in Bhutan and the Maldives continued during the year, although these processes remain challenging due to limited organizational presence and capacity.

Pakistan saw important developments in organizational strengthening during 2025. PHM Pakistan evolved from a relatively loose NGO-based network into a more cohesive national movement with stronger coordination between national and provincial levels. Particular attention was given to youth participation, grassroots inclusion, and linking local struggles with national advocacy processes. Digital communication tools, especially a national WhatsApp coordination network, played an important role in strengthening communication, mobilization, and rapid response across provinces.

In Nepal and Sri Lanka, regular monthly and periodical meetings remained central to sustaining the movement and maintaining engagement among activists and partner organizations. Both circles also focused strongly on political education and leadership development through the organization and preparation of National People's Health Universities (NPHUs). These spaces brought together activists, health workers, academics, and social movement actors to discuss the political economy of health, health rights, and strategies for movement building.

Regional collaboration also strengthened during the year through participation in the Nyeleni Forum held in Kandy, Sri Lanka, where activists from across South Asia engaged with broader movements working on food sovereignty, social justice, and systemic transformation. The 25th anniversary celebrations of PHM and the launch of *Global Health Watch 7* further created opportunities to reconnect national circles with PHM Global and reinforce a shared regional and international vision around the struggle for "Health for All."

## 10. Movement Building in India

Movement building remained a central priority for Jan Swasthya Abhiyan (JSA) during 2025, as the network marked **25 years since the first National Health Assembly** and the formation of the Indian circle of the People's Health Movement. Over the years, JSA expanded its organisational reach, deepened coordination across states, and strengthened alliances with health workers, trade unions, women's organisations, science movements, disability rights groups, youth activists, and broader democratic platforms.

JSA continues to function as a broad, decentralised national movement rather than a single organisation. Its strength lies in state-level networks and coalitions that work on local health struggles while contributing to national campaigns around Right to Health, opposition to privatisation, patients' rights, and strengthening public healthcare systems. During 2025, active organisational processes were reported from more than 20

states and union territories, including Andhra Pradesh, Assam, Bihar, Delhi, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Maharashtra, Rajasthan, Tamil Nadu, Uttarakhand, West Bengal, and others.

Several state units demonstrated particularly strong mobilisation capacity during the year. Andhra Pradesh organised large statewide anti-privatisation campaigns across multiple cities. Maharashtra emerged as an important centre for alliance-building between health workers' unions and community movements. Rajasthan continued to play a leading role on Right to Health advocacy, while Tamil Nadu, West Bengal, Bihar, and Uttarakhand all organised significant state-level campaigns, conventions, consultations, and grassroots mobilisations.

The movement also expanded organisationally at district and grassroots levels. Across states, JSA organised district-level meetings, workshops, training programmes, consultations, webinars, and planning exercises aimed at strengthening local committees and encouraging new leadership. A strong emphasis was placed on involving younger activists, grassroots health workers, and community-based organisations. In several states, dedicated training spaces and political education activities were organised around health rights, public health systems, privatisation, gender justice, and social determinants of health.

**Coordination** within JSA during 2025 combined national-level collaboration with decentralised state leadership. The preparation for the **National Convention on Health Rights** in December 2025 became an important process of organisational consolidation. The convention itself was made possible through coordinated work between more than 20 state convenors and state committees, thematic working groups, constituent networks, volunteers, and national co-convenors. This collaborative approach reflected the movement's collective and participatory organisational culture.

The National Convention in New Delhi also demonstrated the growing breadth of the movement. More than 550 participants from 24 states attended, including ASHA workers, nurses, doctors, students, trade union activists, researchers, women's organisations, and grassroots community leaders. Beyond policy discussions, the convention served as an important space for strengthening relationships between movements and generations of activists. Participation of activists linked to the first People's Health Assembly in 2000, together with younger organisers and volunteers, symbolised continuity and renewal within the movement.

**Communication** and public outreach also became increasingly important tools for movement building. During 2025, JSA expanded its use of blogs, webinars, social media, public statements, fact-finding reports, and regional media engagement. The launch of the blog Health on the Frontlines created a platform for documenting struggles, sharing analyses, and connecting campaigns across states.

Looking ahead, JSA appears to be entering a new phase of organisational consolidation and political visibility. The movement is increasingly linking healthcare struggles with wider issues of labour rights, environmental justice, caste and gender inequality, democratic accountability, and social justice. At a time when healthcare policy in India is increasingly shaped by corporate and market-oriented approaches, JSA's experience in 2025 demonstrated the continued relevance of broad-based people's movements defending health as a public good and a fundamental right.

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

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## 12. Movement Building in North America

PHM North America remained an active regional network in 2025, consisting of two country circles: PHM Canada and PHM-USA. While activist numbers remained relatively stable overall, Canada reported continued organisational strengthening and growth in its core membership, particularly around anti-militarisation, anti-privatisation, and LGBTQ+ solidarity work.

Both country circles function primarily as networks of individual activists linked to universities, NGOs, social movements, and public health organisations rather than formal membership organisations. PHM Canada counted around 12 active decision-making members and about 60 people connected through the wider network, while PHM-USA maintained a broader mailing list of around 200 subscribers and a coordination group of approximately 46 active organisers.

Coordination within the region remained collaborative and consensus-based. Both country circles held regular meetings, while regional coordination between Canada and the United States continued through a shared leadership structure and rotating representation on the PHM Steering Council.

Movement building in 2025 focused strongly on strengthening alliances and political collaboration. PHM activists worked closely with organisations such as Doctors for Global Health, Jewish Voice for Peace Health Advisory Council, Physicians for a National Health Program, Hesperian, and LittleSis. The region also explored opportunities for expansion, including discussions with PHM-Mexico and support for emerging organising efforts toward establishing a Caribbean PHM region.

## V. PHM Global Organisation

### 1. Global Secretariat

In 2025, the PHM Global Secretariat continued to be largely based in Latin America. The Secretariat was composed of: Román Vega Romero (Colombia – Global Coordinator); David Verstockt (Bolivia – Programme Manager and Finance Coordinator); Miguel Garcia (Colombia – Communications Officer); and Deepika Joshi (IPHU Coordinator). With the exception of Román, all continued to support PHM in a half-time capacity.

In mid-2025, Anneleen De Keukelaere (South Africa – GHG Coordinator) left the Secretariat, but continued to provide support to the GHG programme. Chiara Bodini (Global Health Watch Coordinator) and Leonardo Mattos (Brazil – HFA Coordinator and Public Pharma Global Coordinator) also left the Secretariat during 2025.

The Secretariat is responsible for the day-to-day functioning of the movement. This includes following up on decisions made by the Steering Council and the Coordination Committee. The global programme coordinators within the Secretariat oversee their respective programmes and also support other areas that may lack dedicated coordination. For example, David Verstockt has been assisting with the coordination of the Thematic Circle on War and Conflict (under the HFAC programme), while Deepika Joshi has been supporting the Political Economy of Health Circle (formerly the Trade and Health Circle).

In addition to the four global programmes mentioned above, PHM also runs a Public Pharma project. Alan Silva assumed Leonardo Mattos's role as Public Pharma Global Coordinator while continuing to coordinate the Europe region. Sara Gaspar served as the local coordinator of the Public Pharma project in Brazil. Both left the project in 2025, and Jan Wintgens subsequently joined as the Public Pharma Europe Coordinator.

### 2. Communications

In 2025, PHM's communications work continued to strengthen the movement's visibility, political messaging, and global outreach through web publishing, social media engagement, webinars, newsletters, podcasts, and multimedia campaigning. Throughout the year, communications linked immediate health crises with broader structural issues such as privatisation, militarisation, neoliberalism, gender injustice, and the social determinants of health.


One of the strongest communication priorities during 2025 was **solidarity with Palestine and defence of the Palestinian healthcare system**. PHM sustained an extensive global communications campaign supporting Palestinian health workers and communities under siege, combining fundraising appeals, political statements, webinar promotion, solidarity messaging, and frontline testimonies. At the beginning of the year, PHM successfully concluded its fundraising campaign for the Al Awda field hospital in Gaza, while continuing international outreach demanding an end to the occupation and genocide in Gaza and supporting initiatives such as The Hague Group.

PHM communications also played an important role in amplifying the **Global Sumud Flotilla** and related international solidarity efforts. Through articles, interviews, updates, and media statements, PHM highlighted the participation of health workers and activists attempting to break the blockade of Gaza and drew attention to attacks on healthcare systems, health workers, and civilians. These stories circulated widely across PHM's networks and allied media platforms, helping keep Palestine solidarity central within PHM's global messaging.

Another major communication theme developed in 2025 was **Public Pharma** and equitable access to medicines. PHM promoted its *Public Pharma Policy Brief* and organised outreach around the webinar *Public Pharma: A Path to Health Sovereignty and Global Solidarity*, advocating for publicly led pharmaceutical research and production systems as alternatives to profit-driven pharmaceutical monopolies.

PHM also continued to strengthen its communications around global health governance through the WHO Watch programme. During the **78th World Health Assembly** and other WHO processes, PHM

published policy briefs, critical commentaries, newsletters, and dispatches covering issues such as universal health coverage, mental health, health workforce shortages, traditional medicines, and substandard medical products.

The **PHM website** remained a central communications hub throughout the year, regularly publishing campaign materials, articles, calls to action, event announcements, solidarity statements, podcasts, and thematic analyses. Social media platforms amplified these messages through visual storytelling, anniversary campaigns, hashtags, and multimedia outreach. **PHM's 25th anniversary** became an important communication theme in late 2025, combining reflections on the movement's history with renewed mobilisation around Health for All.

This year, PHM-Exchange, the People's Health Movement's email list, was discontinued after serving as a key communication platform for our more than 4,000 members over the past 25 years. A number of technical and logistical challenges led to this decision.

After extensive discussion, we decided to repackage the communication previously shared through PHM-Exchange into a periodic newsletter while retaining the name "PHM-Exchange". This newsletter is being sent to all subscribers from our previous mailing list (including you), as well as to new subscribers. It is available in both English and Spanish.

Health for All Now!
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PHM Exchange: Issue #1- Nov 2025

*Español abajo*

Revolutionary greetings Miguel,

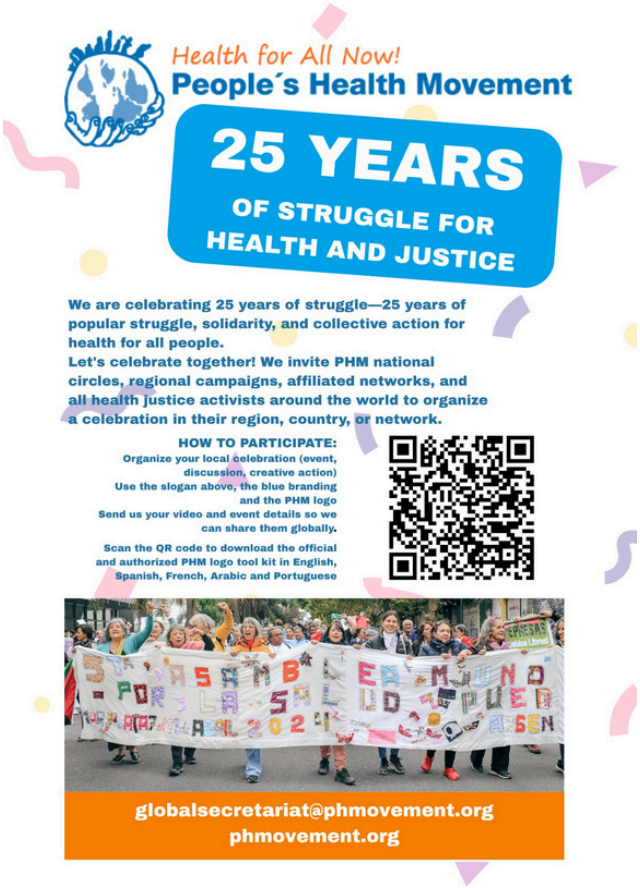
Welcome to the new edition of PHM Exchange- a newsletter from the People's Health Movement. PHM exchange is sent to our activists and colleagues who have joined us over the last 25 years!! We bring to you news from our PHM country circles and networks from around the world.

This year is special for us. We are celebrating 25 years of the People's Health Movement since we formally launched the movement at the first People's Health Assembly in Savar, Bangladesh, in 2000. Many of our country and regional circles are already planning events to mark this milestone. Please click below to know how you can join us in the celebrations. We will be happy to hear from you! https://phmovement.org/peoples-health-movement-25-years-struggle-health-and-justice

As before, we encourage you to share information, news, and updates of interest to PHM members worldwide by sending them to mediaphm@phmovement.org.

To subscribe, please click here:
https://actionnetwork.org/forms/sign-up-for-news-and-updates-from-the-peoples-health-movement

We look forward to PHM-Exchange continuing to keep us connected and united, especially in these times of multiple and urgent challenges, when our collective voices and influence are needed more than ever.




PHM also supported communications for the 3rd Nyéléni Global Forum held in Sri Lanka, which brought together more than 700 delegates from around the world. Communications work included promotion of the forum, podcasts, live coverage, and multimedia content linking food sovereignty, climate justice, and struggles for health and social justice. https://phmovement.org/nyeleni-global-forum




Internally, communications work focused on maintaining and expanding PHM's digital infrastructure and exchange. This included ongoing website maintenance, integration of Global Health Watch 7 into campaigns and advocacy, and revitalisation of newsletters such as People's Health Dispatch and PHM Exchange.

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PHM 2025

# StrongerTogether: A Global Movement for Health, Equity, and Peace

www.phmovement.org