The People's Health Movement

Strategic Plan: 2020-2025

Re-energizing Health For All for a New Global Context

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Re-energizing Health For All for a New Global Context

October 2020,

Developed by and for Peoples Health Movement

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Re-energizing Health For All for a New Global Context

"Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world – a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people's talents and abilities to enrich each other; a world in which people's voices guide the decisions that shape our lives…."

- PHM's Vision

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The People's Health Movement Strategic Plan: 2020-2025: Re-energizing Health For All for a New Global Context

Executive Summary

Conceived in 2000 by activists who were angered at the world's turning its back on its commitment to health for all by the year 2000 and wanted to do something about it, the People's Health Movement (PHM) has had two decades of activism toward *Health for All – Now*! PHM now has a presence in over 80 countries, with over 40 active country circles on six continents, 11 affiliated networks at the global level, and many more organisations working at regional and national levels. Over the last 20 years, PHM has continued to grow in size, scope, and complexity of work, driven by the passion of hundreds of volunteers, a small Secretariat, and a powerful message.

This strategic plan lays out PHM's goals and strategies for the next five years (2020-2025). With the *People's Charter for Health* as the guiding vision for health in an equitable world, PHM will use this Strategic Plan to unite activists across the movement, from country circles, regions, networks and global programmes.

Important shifts in the global context of the struggle for health over the last ten years include the threat to comprehensive primary health care; privatization of health services; shrinking welfare ; the growing climate crisis; worsening conflicts and displacements; the emergence of anti-democratic forces and authoritarian governments; he growing power of corporations; and the global economic crisis, high unemployment, increased food insecurity and other challenges resulting from the COVID-19 pandemic. At the same time, there has been growing and vocal people's movements around the world focused on responding to these issues and bringing a younger generation into activism.

How was this Strategic Plan developed?

The Strategic Plan is the culmination of PHM's direct involvement and research in advancing social movements, along with an extensive participatory process of discussions, interviews, written inputs and feedback from health activists within and outside the movement. Long-

standing PHM founders, young activists, alumni/ae of PHM programmes and friends of PHM in civil society and global health institutions all contributed their perspectives and understandings of how PHM can do its good work, better. A consultation across PHM's country circles around the globe yielded insights that define PHM's original vision in the *People's Charter for Health*, with a new lens for the coming five years. The result is a strategic plan grounded in a Theory of Change, with short-term goals and specific strategies and priority actions that reflect the values and principles of the movement, build on successes and resources, and identify opportunities for deeper impact on social change.

What does the Strategic Plan do?

The PHM Strategic Plan 2020-2025 outlines visions and short terms goals in two major areas: (a) Advancing the *Health for All* Agenda through Key Social Movement Strategies and (b) Renewing the *Health for All* Campaign through Thematic Areas. These goals bring together the work of PHM's global programmes, uniting activism toward PHM's vision. The plan then presents 9 strategies and priority actions to strengthen the movement organizationally and in pursuit of those goals. This summary details the longer term vision and the short term goals are in the body of the document.

Advancing the Health For All Agenda Through Key Social Movement Strategies

A. Increasing Power Through Movement Building

Vision: More governments recognise the Right to Health as a constitutional right, and that PHM contributes to a global movement towards an alternative egalitarian economic paradigm: and moving towards Health for All.

B. Creating Social Change Through Campaigns and Advocacy

Vision: PHM's campaigns and advocacy efforts are recognized globally and PHM is considered as an influential health movement, with world-wide participation.

C. Expanding the Base of Strong Advocates Through Capacity Building

Vision: PHM country circles, regions and global are able to intervene more effectively on health rights and health equity issues, and that many younger persons across the world share PHM values, analysis, and capacities to enact such interventions.

D. Spreading PHM's Vision Through Analysis and Knowledge Dissemination

Vision: The political economy perspectives and health equity are widely understood and regularly used to make decisions and measure progress within governance bodies and more generally. PHM's input is sought by decision makers, and PHM activists are regularly engaged with decision making processes in all sectors that influence health.

E. Global and National Policy Change Through Global Governance for Health

Vision: PHM along with other progressive civil society is able to influence WHO and other global health institutions so that they function more democratically, b) that policy makers and planners in LMICs are influenced by PHM to use a critical outlook on global policy dynamics and build their own position and alliances.

Renewing the Health For All Campaign through Thematic Areas

PHM developed the Health For All Campaign to serve as an umbrella for more specific activism around six priority social determinants of health, called Thematic Areas. The role of PHM is to facilitate a process amongst activists coming together under each thematic group to foster solidarity, exchanges, alliance building and joint intervention to influence policy at global and country level. Each thematic group has developed its long-term vision and ideas for short-term pathways to achieve this vision.

F. Advancing Equitable Health Systems

Vision: Governments accept their responsibility and keep their commitment to finance and organise health systems that deliver, equitable, good quality health

services with decent work, and act on social determinants of health and ensuring community participation, based on primary health care as defined in the Alma Ata Declaration.

G. A Just Global Trade Playing Field

Vision: Implementation of a "New International Economic Order" which incorporates positive discrimination in the regulation of trade, and investment relations in favour of low and middle-income countries that: guarantees decent livelihoods and useful employment for farmers, fisher people and workers, rather than driving global competition for cheap labour, low tax and environmental degradation; guarantees equity in access to decent work and living conditions, including across gender, ethnicity, refugee and migrant status, etc; and is oriented around an ecologically sustainable civilization, based on human rights, living well rather than corporate profit.

H. Ensuring Nutrition and Food Sovereignty

Vision: The creation of an equitable and fair food system based on the inalienable people's right to food and adequate nutrition; politicization of food and nutrition issues, i.e., increasing the political as opposed to technical communications drive on these issues; broad awareness and activism about the negative links between food and financial systems including about the undue corporate influence and flaws of current PPP and multi-stakeholder solutions; and successful resistance to the technical and individualized vision of nutrition by correcting misinformation fed to the public on how to make the food system more equitable.

I. The Imperative of Environment and Ecosystem Health

Vision: Recovery of the natural environment and ecosystem so that it can contribute to rather than detract from health.

J. A Focus on Gender Justice and Health

Vision: Creation of accountable and equitable health policies and health systems in the context of intersectional justice, and to enhance access to quality public healthcare, including sexual and reproductive healthcare that is premised on intersectional justice.

K. Building Advocacy Around War and Conflict, Occupation and Forced Migration and Health (War and Migration and Health)

Vision: Health rights of migrants and refugees are upheld

As part of implementation of the strategic plan, global programmes and thematic circles, working with the Secretariat and Coordinating Commission, will collaboratively develop pathways and milestones to reaching the goals.

Strategies and Priority Actions for Energizing the Movement

Nine strategies, each with defined priority actions, focus on needs and opportunities that could support achievement of the above goals and strengthen PHM's functions and impact. They are the drivers of the Strategic Plan, and will create underlying conditions for success: energize and increase activism through knowledge and inspiration, generate power through solidarity, and drive social change through mobilisation and organization.

ACTIVISM THROUGH KNOWLEDGE AND INSPIRATION

Priority action 1: Nurture a new generation of activists

Priority action 2: Re-ignite social and political consciousness for health

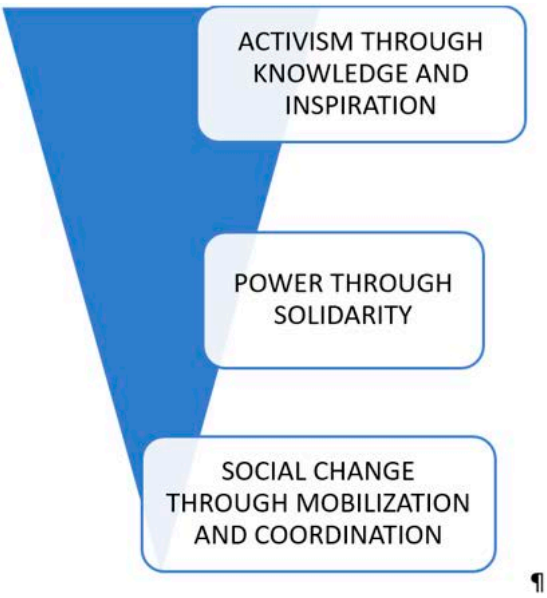
Priority action 3: Demonstrate optimism as a purposeful act of political resistance!

POWER THROUGH SOLIDARITY

Priority action 4: Converge with other social movements and support inclusionary structures and processes

Priority action 5: Support each other through resource mobilisation

Key Strategies and Priority Actions to Advance PHM's Goals



1. Nurture a new generation of activists
2. Re-ignite social and political consciousness for health
3. Demonstrate optimism as a purposeful act of resistance!

4. Build the movement and unite with others
5. Support each other through resource mobilisation

6. Balance responsiveness and focus
7. Go deeper for social change
8. Strengthen PHM structures, roles, and processes
9. Build communication and organisational systems for a 21st century movement

SOCIAL CHANGE THROUGH MOBILISATION AND COORDINATION

Priority action 6: Balance responsiveness to new challenges with focused goals and planning

Priority action 7: Develop and broaden stronger advocacy to better advance global governance for health

Priority action 8: Continue to clarify and strengthen PHM structures, roles, and processes

Priority action 9: Build coordination and communication systems for a 21st Century global social movement

As a globally recognized movement for health, PHM has a grassroots presence in nearly half the countries of the world as well as the attention of WHO and other global health institutions. Yet, the context for activism and social change is more challenging now than at PHM's founding in 2000. With the unifying goals, strategies and priority actions in this Strategic Plan, PHM sets high ambitions for the next five years, to realize *Health for All – NOW!*

The People's Health Movement 20 years on

The People's Health Movement (PHM), founded 20 years ago, is a global health and social justice movement that brings together grassroots health activists, academics, policymakers, and civil society organisations from around the world, particularly the Global South.[1] Created

Box 1. PHM's vision

"Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world – a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people's talents and abilities to enrich each other; a world in which people's voices guide the decisions that shape our lives…."

Objectives:

- To promote Health for All through an equitable, participatory and inter-sectoral movement and as a Rights Issue.
- To advocate for government and other health agencies to ensure universal access to quality health care, education and social services according to people's needs and not their ability to pay.
- To promote the participation of people and people's organizations in the formulation, implementation and evaluation of all health and social policies and programs.
- To promote health along with equity and sustainable development as top priorities in local, national and international policymaking.
- To encourage people to develop their own solutions to local health problems.
- To hold local authorities, national governments, international organizations and corporations accountable.

in 2000 in response to the failure of countries to achieve Health For All by 2000, PHM now has a presence in over 80 countries, with over 40 active country circle networks on six continents and hundreds of organisations and networks involved at regional and national levels.[2] Over the last 20 years, PHM has continued to grow in size, scope, and complexity of work, driven by the passion of hundreds of volunteers, a small Secretariat, and a powerful message. That success is due to the movement's enduring commitment to social justice values and principles, ability to communicate a powerful and inspiring alternative vision, hold space for a wide range of activists working on determinants of health and health for all, follow and nurture the energy of grassroot activists, and adapt to new contexts, opportunities, and challenges.

Sustained focus on values and principles

The values that underpin PHM include the right to health, equity, social participation, accountability towards people, solidarity, and empowerment. These values guide both the means and the goals of the movement, and are consistently reflected in PHM's analyses, declarations, demands, and the functioning of the movement.

Strengths and resources

In addition to its core strength in understanding and commitment to Comprehensive Primary Health Care, as per the Alma Ata Declaration, PHM offers unique value and power as a global health activist movement including:

- a global reputation for speaking truth to power, being bold, and often serving as the brave voice and conscience in the conversation;
- serving as an umbrella for cultivating relationships between and building capacity among activists;
- well-developed governance and operational structures and an infrastructure that create many opportunities for activists and networks to participate;
- global reach, with thousands of activists in over 80 countries, involving hundreds of networks and organisations;
- high quality global programmes that are consistently offered and increasingly sought;
- application of a political economy analysis frame to advance health for all, including root causes, interdependencies of factors, and solutions;
- a wide breadth of skills among activists, and an ability to connect different struggles and movements; and
- a platform with institutions from which PHM demands change, and consistent invitations to participate in global health events and initiatives.

Value of being part of PHM

PHM activists report that the value and advantages of being part of PHM country and thematic circles, global programmes, and affiliate networks include being part of a larger alliance of activists with shared values around health for all, a greater voice at the global level, solidarity and support sometimes under political pressure, capacity building opportunities, better understanding of the political economy and social determinants of health perspectives, and pooling resources – people's energy as much as physical or financial resources. Several PHM country circles emphasized that PHM gives progressive activists in health an organising network for participation, collaboration and a 'sense of belonging' in the face of state and commercial impediments to people-owned health. Without PHM, many activists said that they would have nevertheless formed a national network around health for all, but would have lacked solidarity with comrades in other contexts as well as a global perspective on the structural challenges to a people-centered health system.

Box 2. Activist perspectives on the value of being part of PHM

Country Circles described many benefits to being part of PHM, including:

To learn, to share, to grow together with a common vision for the future.

PHM gives content to our work. We are not alone, we are millions.

PHM has become our venue for uniting the different groups towards our analysis and action. The analytical documents being published by the PHM … have been very useful in presenting our campaigns to our constituents and targets. (PHM Philippines)

[PHM in UK] highlights issues that don't gain media attention and give potential activists a route to becoming activists…[PHM in countries] builds 'people' rather than just health workers and experts knowledge of health issues and social tools, as well as understanding the public's current understanding. (PHM UK)

And more concretely:

PHM brought a political economy analysis to discussions on NHI and mobilized opposition to proposed NHI changes that would have favoured compartmentalising funding streams for NHI in ways that were anti-equity. The initial proposal for the siloed funding streams appears to have been dropped, so we can claim that as a victory. (PHM South Africa)

Representation in the health space

PHM provides an alternative voice at important global meetings, including the World Health Assembly, WHO Executive Board meeting and the Prince Mahidol Awards Conference (PMAC). It has been actively involved in initiatives such as the WHO Commission on Social Determinants of Health (including contributing heavily to the Commission's Knowledge Networks and providing global coordination of the Civil Society Engagement Team), served on the International Advisory Group On Primary Health Care for Universal Health Coverage (40th anniversary of Alma Ata) and regularly serves on the PMAC planning committee. In other cases, it has participated in United Nations and other convenings, mobilised broad civil society responses, and written alternative declarations such as the alternative Astana statement, the alternative declarations at the World Conference on the Social Determinants of Health and the Global Conference on Health Promotion, and the Civil Society Assessment of The Political Declaration of the United National High Level Meeting on Universal Health Coverage. PHM also publishes regularly in journals and through various reports, and engages the media to counter dominant narratives. The movement organises its own events and projects, and creates its own spaces to bring power to health activists and advance critical policy analysis. PHM has hosted 4 People's Health Assemblies, published 5 editions of the Global Health Watch, organized the WHO Watch twice a year for many years, and guided dozens of capacity building courses through the International People's Health University for hundreds of activists and students, among other initiatives.

Adapting to change and balancing flexibility with focus

One of PHM's great strengths is the ability to adapt to new contexts and challenges and to balance the movement's various needs. Over the years, PHM has managed its growth while maintaining an inclusive culture, pivoted when needed to address emerging crises, incorporated new initiatives and ways of doing things, and survived in a context of scarce funding. To be effective at this stage in its lifecycle, PHM is increasingly balancing dual features of both a movement and an organisation: flexibility and structure. PHM's tremendous flexibility depends on the energy of activists in the movement and our collective ability to respond to emerging issues and contexts, including at the national and local levels. PHM has added new governance and operational structures for the global network, divisions of work and responsibilities, policies and procedures, programmes and initiatives, and planning approaches that recognize the unpredictability of financial resources. The movement has developed global programmes, conducted academic research on strategies for success, strengthened the governance structure for better representation and transparency, increased the use of electronic communications, supported activists at

global, regional, and country levels, and balanced global guidance with responsiveness to grassroots activists. PHM will retain that balance going forward, adapting to the circumstances and using its strong ideological base to guide actions and positions.[3] Despite all these achievements, PHM would like to be doing more, especially globally, to address the myriad issues threatening the achievement of health for all.

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[1] *"'Activist' in our usage refers to someone whose engagement in the 'struggle for health' (Sanders, 1985) reflects a personal commitment above and beyond any professional or institutional role." (Legge, Bodini, Baum, & Labonté, 2018). PHM activists include individuals, organizations, and networks; they are street activists, grassroots organizations, civil society and non-profit organizations and networks, academics, and government workers.*

[2] *Affiliated networks have long-standing, globally strategic relationships with PHM, and play some role in the governance structure (see People's Health Movement,* PHM Governance note on "Affiliated Organizations" and "Friends of PHM" *2020 for more on Affiliated organizations.*

[1] *For example, PHM recently developed a rapid response in the face of the COVID-19 pandemic, including webinars, public statements, discussions among country circles, development of national advocacy in several countries, and dissemination of critical analysis. This effort mobilised and organised activists and created greater public space to advocate for equitable access to care, protection of vulnerable populations, and equity.*

The Current Global Context of the struggle for health

As PHM launches this strategic plan, the movement is aware of a number of shifts in the global context of the struggle for health over the last ten years. These include that

- comprehensive PHC is threatened by a wave of privatization, now under the banner of Universal Health Coverage (UHC) which emphasises coverage rather than care and promotes private sector health service delivery as well as voluntary and publicly-funded health insurance schemes and other public private partnerships; this is a core issue for PHM's work;
- welfare and universal access to services is shrinking instead of expanding and public services that should be public are becoming corporatised, a companion to the above, but including groups beyond the health sector, such as labor unions, equity campaigns, etc.;
- the climate crisis is worsening, an issue for which some governments lead and others lag badly and even worsen the issue through loosening regulations;
- conflicts and displacements are becoming more critical, which has created a dangerous atmosphere for activists including from PHM in many places;
- anti-democratic forces and authoritarian governments are emerging, and corporations are becoming more powerful, resulting in shrinking democratic spaces and the undermining of global governance institutions such as WHO; and, most recently,
- the COVID-19 pandemic is creating pressures on health and social systems, creating a global economic crisis, high unemployment, increased food insecurity and other challenges.

There is a general sense that the struggle for health is on the defensive, and opportunities for achieving health for all are becoming more narrow (a longer discussion of these issues can be found in Appendix 1).

At the same time, there has been growing and vocal people's movements around the world focused not only on the specific issues above but also on resistance to neo-liberalism

and injustice; advancing social and economic rights including gender equity, financial inequity, racism, and other forms of discrimination and exclusion; and greater youth activism and leadership. These emerging and often rapidly strengthening movements offer a silver lining and hope for growing activism and future success, particularly if they join forces.

About the Strategic Plan

This strategic plan is intentionally ambitious, and designed to increase the energy of the movement as it enters its third decade of work, embedded in the current context of global health challenges. In particular, it focuses on the opportunity and need to expand and strengthen the movement's internal organisation, identify and pursue short-term (5-year) goals to complement its vision goals, and deepen the movement's impact for social change on critical issues.

The plan was developed through a participatory process among PHM's governance and operational bodies as well as activists at global, regional, and country levels (see Appendices for a description of the process, interviewees, and results of a survey among PHM country circles). It aims to maintain PHM's nature as a social movement with a strong vision, grassroots energy, and flexibility to respond organically to issues, while also incorporating more focus, accelerating movement building and activist inspiration, and investing in stronger infrastructure and management capabilities to strengthen the power of collective action and solidarity. The plan builds on PHM's Theory of Change (including five key social movement strategies)[4] and the movement's six Health For All Campaign thematic areas. It includes short-term (5-year) goals and a collection of 9 strategies to achieve the goals and strengthen the movement organisationally (see Figure 1).

Box 3. *Internal and global context challenges identified by PHM activists*

When asked about the biggest barriers to PHM progress in the participatory survey, PHM Country Circles responded with the following.

- TIME! More than any other factor, activists said that the demands on their time held back progress on the campaign for the right to health. Competing demands from paid employment leaves activists contributing to PHM after hours or on weekends. The lack of full-time activists for PHM significantly reduces engagement in the struggle for health.
- Insufficient and unpredictable financial resources to support core coordination/

management by Secretariat, key activities, etc.

- Communications and management resources to coordinate a large, diverse body
- Resources to build capacity among activists
- Connecting work happening and people across the movement
- Meaningful platforms to present the PHM perspective to different audiences
- Bringing full impact of efforts to bear
- Uneven development across priority areas of work
- Shrinking space for civil society, even in open, democratic societies
- Direct and indirect repression by the state against activism, including the inducement of fear among activists for speaking out
- Acceptance of a dominant, neoliberal view of health as a domain for the private sector, including by public policy makers.

Figure 1. Strategies and Priority Actions contributing to PHM Goals and Progress towards Health For All.

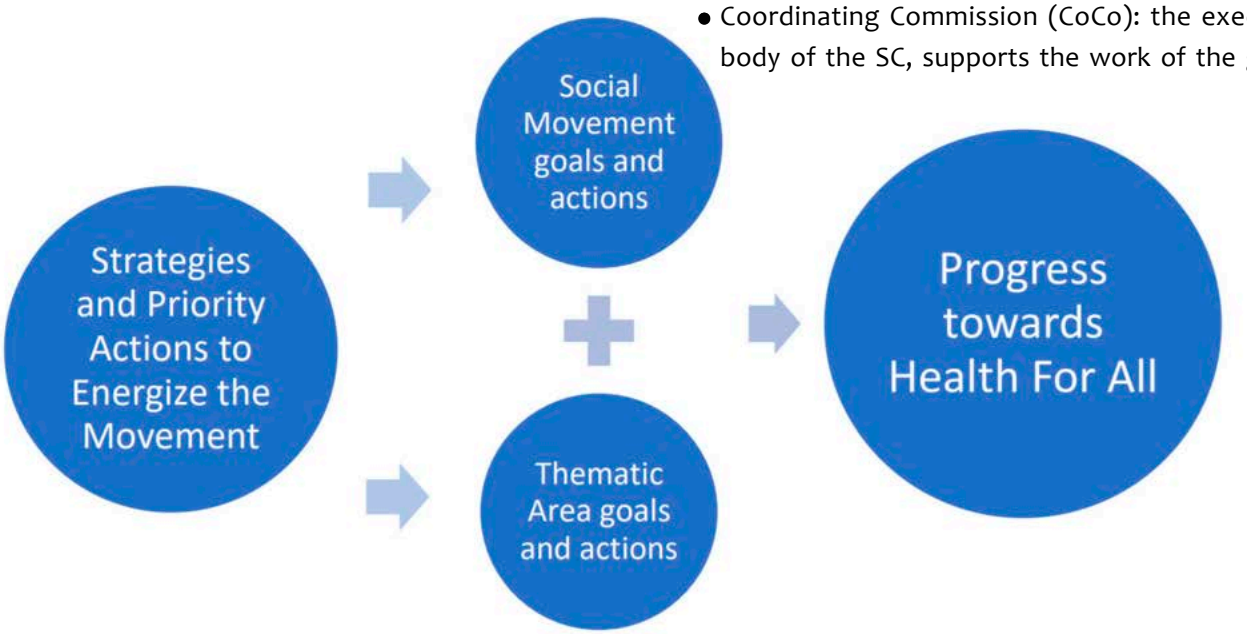
A Framework for PHM's goals

The framework shown in Figure 2 connects the global context in the struggle for health and PHM's values and principles (previously discussed) along with its governance infrastructure and broader resources, the long- and short-term goals for social movement strategies and Health For All thematic areas, and important organising and coordinating processes that form the basis of PHM as a strong social movement.

PHM's Governance and Operational Structures

PHM relies on a number of governance and operational structures to advance and coordinate its work, including:

- People's Health Assemblies (PHA's): PHA's, held approximately every five years, are an opportunity to gather activists to share experiences and plan PHM's campaigns and focus, anchoring the movement's commitment to activist-driven goals. PHAs are a founding space for the movement to re-gerenate the vision and support mutual accountability on its realisation.
- Steering Council (SC): PHM's principal decision-making structure assumes the responsibility to enact the mandate for action developed at the People's Health Assemblies ; provides strategic guidance to the movement, promotes the People's Charter for Health, develops positions and ensures fluent two way communications between the PHM and the region/network/program they represent.
- Coordinating Commission (CoCo): the executive body of the SC, supports the work of the global



secretariat within the framework set by the SC.

- Secretariat: the executive body of PHM; the Secretariat rotates periodically and is often decentralised in functions; it has been primarily hosted in India since 2019.
- Advisory Council: a group long-standing PHM activists who provide insight to and support the SC and CoCo, with chairperson as a member of the SC.
- Global programmes: includes the Global Health Watch, WHO Watch, International People's Health University, and Health for All Campaign; some initiatives have volunteer activists working on an ongoing basis, while other initiatives are more cyclical.
- Thematic circles: groups of PHM activists advancing work on specific thematic areas; PHM created the thematic circles in 2012 at PHA3, but they previously existed less formally as "issue groups"; the Circles are linked to the Health For All Campaign.
- Regional coordinators: regional coordinators support country circle development, communication and collaboration between countries, two-way communication between countries and global actions and structures, and strengthening representativeness and mutual accountability; some regions are assisted by regional committees, as in Latin America (People's Health Movement, *About the People's Health Movement* 2020).
- Country circles: This is the largest base of PHM's global network, comprised of PHM activists within a country; one person is usually selected by the group to coordinate communications internally for the country circle, as well as with the regional representative and other country circles.

Social Movement Strategies

PHM's theory of change is comprised of five social movement strategies:

- Movement building and networking, including various strategies directed to recruitment and retention, strengthening coherence, organisational and cultural development, resource mobilisation, networking and leadership;
- Campaigning and advocacy, including forms of action, sources of power and levers of influence;
- Capacity building for both individuals and organisations, including knowledge, skills, identity, and agency[2] for individuals and relationships, shared culture, division of labour, and leadership for organisations;
- Knowledge development and dissemination, including all the different ways in which a social movement collects and generates knowledge to inform strategy and practice; including both technical knowledges and the experiential knowledge, and

Box 4. PHM's Global Programmes

PHM supports a number of activities at global and regional levels that integrate the efforts of its Country Circles. They align generally, but not exclusively, with each of the social movement strategies, and include:

- People's Health Assembly, PHM's gathering of health activists that hosts over 1000 delegates from more than 70 countries.
- The Health for All Campaign (HFAC): a global organizing framework for different mobilization actions by social movements around the world.
- The International People's Health University (IPHU): PHM's principal capacity building program.
- The Global Health Watch (GHW): a critical alternative to the WHO's World Health report of which five reports have been published to date.
- WHO Watch: 'watching' and providing critical support to efforts at democratizing the World Health Organization (WHO) and providing a critical analysis of global health policy

- Engaging with global governance, including policy dialogue regarding pathways to health improvement, linked to strategies for challenging the configurations of power which control the prevailing structures of governance.

Domain 1: Global context	Domain 2: Inputs		Domain 3: Action Focus	Domain 4: Goals	
Background conditions	**Values and Principles**	**Strengths and Assets**	**Key Topics**	**Short term (5 year) goals**	**Long term goals**
				Social Movement Strategies	
InequitiesCorporate powerClimate crisisEnvironmental degradationAnti-democratic forcesDecline of democratic polityWorsening conflicts and displacements Welfare and universal access to services is shrinking Comprehensive PHC and health for all threatened by privatizationChanging global context due to the Covid-19 crisisPeople's movements against neo-liberalism and injustice	Right to Health Equity Participation Accountability towards People Solidarity Empowerment	Reputation and voiceGovernance Structure Operational Structure Roles as a movement/ network Infrastructure Capacities and skillsRelationships, partnerships and platforms Analytical Perspectives	**Movement Building**	• Strong and active country circles in increased number of countries and strong thematic groups that influence policies • PHM is a major global network, recognised as representing people's voices effectively at international platforms • Convergence and solidarities are created with the like-minded movements and organisations	• More Governments recognise the Right to Health as a constitutional right • PHM contributes to a global movement towards an alternative economic paradigm: more egalitarian, without exploitation, and towards Health for All
			Campaigning and advocacy	• HFA focuses on PHM priority thematic areas • HFA campaign provides a platform for solidarity, exchange among campaigns, and engagement with other social movements • Active PHM campaigns are advanced in multiple countries and regions	• PHM's campaigns and advocacy efforts are recognised globally and PHM is considered as one of the largest movements, with worldwide participation
			Analysis and Knowledge Dissemination	• Publications and electronic/social media are widely used to support activism at country and local levels • Progress among broader movements based on recommended solutions, with shared goals, messaging, etc. • PHM ideas and analyses are taught in universities • The GHW is cited as a source in hundreds of publications • PHM regularly publishes in a variety of outlets reaching different audiences	• Political economy perspectives and health equity are widely understood and regularly used to make decisions and measure progress within governance bodies and more generally • PHM's input is sought by decision makers, and PHM activists are regularly engaged with decision making processes in health
			Capacity Building	• A group of networked, trained volunteers available in most country circles, with regional representation	• PHM country circles, regions and global advance health rights and health equity issues • Younger persons globally share PHM values, analyses, and capacities, and intervene based on those values and strengths

			Global Health Governance	• WHO officials and country representatives meet with PHM around key GHG events to share views and positions • Most country circles include activists who are aware of the current politics of key GHG institutions • PHM has geographically diverse activists who contribute to critical analysis in their countries and regions	• WHO and other global health institutions function more democratically • Policy makers and planners in LMICs use a critical outlook on global policy dynamics • LMIC nations build their own alternatives and alliances on key issues that affect them
			Thematic Areas		
			Health systems	• A team of champions for primary healthcare and equitable healthcare systems exists in most country circles • Privatization efforts have failed in many instances due to public pressure related to PHMs activism • PHM has an accessible public repository of documents on these issues • Legal victories in more progressive/pro-poor laws and regulations to support comprehensive PHC and health equity	• Governments accept their responsibility and keep their commitment to finance and organize health systems that deliver, equitable, good quality health services with decent work, and act on SDoH and ensuring community participation, based on primary health care as defined in the Alma Ata Declaration
			Trade and health	• Progress implementing the sub-topic reform objectives • Progress in compulsory licenses, patent monopolies, alternative pro-people innovation, and fair trade agreements	• The implementation of a "New International Economic Order" including positive discrimination in the regulation of trade, and investment relations in favour of LMIC's
			Nutrition and food sovereignty	• Increased capacities of PHM cadres in food and nutrition work, including use of mass media and social media • PHM activities linked and joint actions developed with other organizations active in the food and nutrition area • PHM contributes to convergence and strengthening of broader struggles and provides inputs in its areas of expertise	• Creation of an equitable and fair food system based on people's right to food and adequate nutrition • Politicization of food and nutrition issues • Broad awareness and activism about the negative links between food and financial systems

Figure 2. A Framework for PHM's Goals

These strategies were explored deeply through PHM's research described in *The Contribution of Civil Society Engagement for Health For All* as well as a number of related publications. The analysis and concepts have already contributed to shaping PHM at the country level, in the development of PHM's global programmes, in developing capacity building materials such as a manual on movement building, in strategic and programmatic discussion at PHM's Steering Council meetings, and in the development of this strategic plan (Sanders, Bodini, & Sengupta, 2018).

Thematic Areas of the Health For All Campaign

PHM currently has six priority thematic areas, along with sub-themes (see Appendix 5), that comprise the Health For All Campaign:

- Equitable Health Systems
- Environment and Ecosystem Health
- Nutrition and Food Sovereignty
- Gender Justice and Health
- Trade and Health and
- War and Conflict, Occupation and Forced Migration and Health.

The themes were identified and agreed upon at PHA3 in 2012 and reaffirmed at PHA4 in 2018. The themes are intended to cross-cut each of the social movement strategies, and engage work at the global, regional, and country levels.

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[1] *This grounded theory was developed from a multi-year action research project examining the nature of civil society struggles when working to achieve Health for All (Sanders et al., 2018).*

Goals

While PHM has previously stated its vision in the space of thematic areas, the development of longer term goals for the social movement strategies as well as short-term, 5-year goals for both areas is new. The short-term goals are intended to support PHM activist and governance solidarity, collaboration, and focus moving forward. The section below provides for each social movement strategy and thematic area a short background of PHM's current work in that space as well as the long- and short-term goals developed through the strategic planning process by PHM activists coordinating the thematic circles, global programmes, and Secretariat, along with the Steering Council. It is expected that the short-term goals will be refined and operationalized through the implementation of the strategic plan.

Advancing the Health For All Agenda Through Key Social Movement Strategies

A. Increasing Power Through Movement Building

PHM's movement-building activities include: building and strengthening country circles; bringing in new activists, networks, and movements; building on the synergies between global and local activities and finding new pathways and creating opportunities for more activists to get involved in realizing the PHM's vision (People's Health Movement, *PHM Annual Report 2019* 2020).

The vision for Movement Building is that more governments recognise the Right to Health as a constitutional right, and that PHM contributes to a global movement towards an alternative economic paradigm: more egalitarian, without exploitation, towards Health for All.

The short-term goals focus on continued growth and strength at country and global levels, and linking with other movements to join forces.

Short-term goals for Movement Building

- PHM has strong and active country circles in an increased number of countries as well as strong thematic groups that play a role in influencing policies.
- PHM is a major global network working on health and health rights and is recognised as a network representing people's voices effectively at international platforms.
- PHM creates convergence and solidarities with like-minded movements and organisations, including through the work of thematic circles and global programmes.[5]

B. Creating Social Change Through Campaigns and Advocacy

PHM began with the Right to Health Campaign, which became the Health for All Campaign in 2012 at the Cape Town PHA3, and is an umbrella platform to house PHM's various campaigns. Campaigns focus on a wide variety of issues or at various levels (global, regional, country), but to understand them and coordinate PHM work better globally, these campaigns for Health for All take place under six themes (People's Health Movement, *About the People's Health Movement* 2020).

The vision for Campaigning and Advocacy is that PHM's campaigns and advocacy efforts are recognized globally and PHM is considered as one of the largest movements, with world-wide participation.

The short-term goals relate to connection to the thematic areas, the campaign as a movement building platform, and broad participation.

Short-term goals for Campaigns and Advocacy

- HFA focuses on PHM priority thematic areas.
- HFA campaign provides platform for solidarity, exchange among campaigns, engagement with other social movements.
- Active campaigns are advanced in multiple countries and regions.

C. Expanding the Base of Strong Advocates Through Capacity Building

Capacity Building is a critical part of movement building and strengthening, and PHM offers a number of capacity building opportunities and materials, including the IPHU. Other capacity building materials include the Global Health Watch, webinars, publications and other texts, and videos. Many emerging country circles or activists new to PHM find particular value in the resources, to become more familiar with political economy analyses and PHM's positions on issues, as well as skills building such as engaging in advocacy.

The vision for Capacity Building are 1) PHM country circles, regions and global are able to intervene more effectively on health rights and health equity issues, and 2) Many younger persons across the world share PHM values, analysis, and capacities to enact such interventions.

The short-term goal relates to ensuring capacity within country circles.

Short-term goals for Capacity Building

- A group of networked, trained volunteers are available in most country circles, with regional representation.

D. Spreading PHM's Vision Through Analysis and Knowledge Dissemination

The political economy analysis is the hallmark of PHM's approach to advancing Health for All, and infuses its analysis and framing of issues, and thus its vision, goals, approaches, and even the organisational culture. PHM activists release dozens, if not hundreds of publications, statements, etc. each year. The Global Health Watch, billed as an alternative to the WHO Report, signals priority and emerging issues related to achieving health for all, articulates a political economy critical analysis, and highlights country experiences and alternative solutions. It is produced every three years or so, and is an enormous effort from many contributors that consistently receives highly positive reviews.

The vision for Analysis and Knowledge

Dissemination is that 1) political economy perspectives and health equity are widely understood and regularly used to make decisions and measure progress within governance bodies and more generally and 2) PHM's input is sought by decision makers, and PHM activists are regularly engaged with decision making processes in all sectors that influence health.

Short-term goals for Analysis and Knowledge Dissemination relate to broader dissemination, utility of products for activism, products as a basis for linkages with other movements, teaching in universities, recognition of work through citations, and breadth of publication.

Short-term goals for Analysis and Knowledge Dissemination

- Publications and electronic/social media are widely used to support activism at country/local levels.
- Progress among broader movements based on recommended solutions to key issues, with shared goals, messaging, etc.
- PHM ideas and analyses are taught in universities.
- The GHW is cited as a source in hundreds of publications.
- PHM regularly publishes in a variety of outlets reaching different audiences.

E. Global and National Policy Change Through Global Governance for Health

Improving Global Governance is a critical strategy for achieving PHM's goal of Health for All, and many of PHM's activities and efforts are intended to influence governance, including activities reflected in the Analysis and Knowledge Dissemination section.

PHM's key global governance programme, WHO Watch, plays an important role in critical policy analysis of WHO documents, knowledge dissemination to other CSO's, and capacity building for "watchers" (participants) who actively advocate at the annual Assembly and Executive Board. One of the most important results of the annual initiative is the WHO Watch commentary, which provides a critical analysis of WHO documents and is sent to WHO delegates in every country prior to the Assembly, where they are adopted. Watchers then produce policy briefs for advocacy and intervene in the discussions through statements from the floor. The WHO Tracker has been developed as a tool for following particular issues across time and across governing body meetings. The Tracker comprises separate pages for each meeting, in each case structured around the official agenda. Under each agenda item are links to key documents, debate and policy decisions (see Appendix 4 for the specific activities related to the WHO Watch).

The vision for Global Health Governance includes that WHO and other global health institutions function more democratically policy makers and planners in LMICs use a critical outlook on global policy dynamics, and LMIC nations build their own alternatives and alliances on key issues that affect them.

Short-term goals relate to knowledge and capacity building around critical analysis within country circles, and more engaged action with global governance institutions.

Short-term goals for Global Health Governance

- WHO officials and country representatives meet with PHM around key Global Health Governance (GHG) events to share views and positions.
- Most country circles include activists who are aware of the current politics of key GHG institutions.
- PHM has a geographically diverse pool of activists who effectively contribute to critical analysis in their countries / regions.
- Country circles increasingly influence debates in Global Health Governance events.
- WHO Watch materials are a reference point and are looked forward to especially in LMICs.

Renewing the Health For All Campaign through Thematic Areas

PHM developed the Health For All Campaign as its central campaign and to serve as an umbrella for more specific activism around priority social determinants of health, called Thematic Areas. PHM's Thematic Areas and sub-themes have shifted over the years, depending on the focus of PHM activist interests, initiatives of global governance organisations, and the broader context of the struggle for health. In recent years, the Health For All Campaign has been used mainly as a platform for the thematic areas. Specific work within thematic areas is advanced through thematic circles, comprised of activists working in countries and regions as well as PHM's global programmes. The following section reviews each of PHM's Thematic Areas, current work in the area, and long- and short-term goals. Sub-themes for each area can be found in Appendix 5.

F. Advancing Equitable Health Systems

The Health Systems Thematic Area is one of PHM's strongest, with broad participation across countries and regions.

PHM's vision for Health Systems is that governments accept their responsibility and keep their commitment to finance and organise health systems that deliver, equitable, good quality health services with decent work, and act on SDoH and ensuring community participation, based on primary health care as defined in the Alma Ata Declaration. The short-term goals range from strengthening activism in country circles, to the impact of activism, to resources and legal victories.

Short-term goals for Advancing Equitable Health Systems

- A team of activists and champions for primary healthcare approach and equitable healthcare systems exists in most of our active country circles.
- Privatization efforts have failed in many instances due to public pressure related to PHMs activism.
- PHM has an accessible public repository of documents on these issues.
- Legal victories in more progressive/pro-poor laws and regulations to support comprehensive primary health care and health equity.

G. A Just Global Trade Playing Field

PHM has at times had a strong voice in analysis of the global trade regime, which often undermine the health of populations globally and particularly in LMICs.

The vision of the Trade and Health Thematic Area is the implementation of a "New International Economic Order" which incorporates positive discrimination in the regulation of trade, and investment relations in favour of low and middle-income countries that: guarantees decent livelihoods and useful employment for farmers, fisher people and workers, rather than driving global competition for cheap labour, low tax and environmental degradation; guarantees equity in access to decent work and living conditions, including across gender, ethnicity, refugee and migrant status, etc; and is oriented around an ecologically sustainable civilization, based on human rights, living well rather than corporate profit. The short-term goals focus on advancing the subtheme topics generally and compulsory licenses for medicines specifically.

Short-term goals for Trade and Health

- Progress implementing reforms related to the sub-topics objectives ((ecologically sustainable farming and fishing; intellectual property regulation reforms that ensure access locally manufactured medicines and treatments; pharmaceutical research and development reforms towards public funding and accountability; international investment reform away from corporate extortion and low tax; global and national reform of corporate regulation; reform of global supply chains to promote local and national production; and reform of the institutional structures governing global trade and the global finance architectures).
- Progress in issuing compulsory licenses for production of medicines including COVID and against patent monopolies, in support of

alternative pro-people innovation, and against LMICs accepting unfair trade agreements.

H. Ensuring Nutrition and Food Sovereignty

Nutrition and Food Sovereignty has historically been a very strong area for PHM, but with the loss of some activists in the space, PHM is working to re-energize the work.

The vision is the creation of an equitable and fair food system based on the inalienable people's right to food and adequate nutrition; politicization of food and nutrition issues, i.e., increasing the political as opposed to technical communications drive on these issues; broad awareness and activism about the negative links between food and financial systems including about the undue corporate influence and flaws of current PPP and multi-stakeholder solutions; and successful resistance to the technical and individualized vision of nutrition by correcting misinformation fed to the public on how to make the food system more equitable.

Short-term goals for Nutrition and Food Sovereignty

- Increased capacities of PHM cadres in food and nutrition work, including active use of mass media and social media to engage beyond PHM.
- PHM activities linked and joint actions developed with other organisations active in the food and nutrition area.
- PHM contributes to convergence and strengthening of broader struggles and provides inputs in its areas of expertise.
- Increased understanding of the political economy of food and nutrition among activists broadly.

I. The Imperative of Environment and Ecosystem Health

PHM has worked on environment and ecosystem health for a number of years. Activism on extractivism has the most momentum, and is especially strong in the Latin and North American regions, though activists in other regions are also involved in extractivism issues and the thematic area generally. PHM has recognized and is increasingly addressing the climate crisis, and expects that work to strengthen in the immediate and foreseeable future.

The vision of the thematic area is recovery of the natural environment and ecosystem and its contribution to health. The short-term goals relate to inclusion of more activists in the space and a more unified voice on the issues within PHM.

Short-term goals for Environment and Ecosystem Health

- Increased grassroots voice and activism within PHM to include more voices that expand vision beyond a European / WHO focus.
- Greater voice and activism among the younger generations, women, and indigenous peoples within PHM.
- Increased cohesion and ability to relate in a collective way within the thematic circle and among countries.

J. A Focus on Gender Justice and Health

The vision is to create accountable and equitable health policies and health systems in the context of intersectional justice, and to enhance access to quality public healthcare, including sexual and reproductive healthcare that is premised on intersectional justice. The short-term goals focus on integrating a gender and intersectional justice lens into PHM's broader work, and capacity building among activists.

Short-term goals for Gender Justice and Health

· Greater diversity and momentum of the Gender Justice and Health Circle for cross-movement conversations and movement building.

· Enhanced communication, sustained participation in the circle initiatives to build synergy on advocacy and solidarity efforts.

· Consolidation and regular capacity building and advocacy action initiatives to strengthen perspectives especially of young activists, researchers, advocates, etc.

K. Building Advocacy Around War and Conflict, Occupation and Forced Migration and Health (War and Migration and Health)

PHM's thematic circle on War and Migration and Health is still forming, and given the immediate challenges of those working in the space, sometimes moves forward unevenly and slowly. PHM believes this thematic area is a priority, not only as a determinant of health and the vulnerability of those affected, but also due to the level of conflict and displacement occurring around the world, with one in seven people in the world living in fragile or conflict-affected countries (Curtis, 2019), and almost 80 million people forcibly displaced (UN News, 2020).

The vision for the War and Migration and Health Thematic Area is that migrants' and refugees' health rights are upheld. The short term goals focus on strengthening PHM's work in the space to serve as an effective global voice on the issues.

Short-term goals for War and Migration and Health

- PHM is recognized as an important voice for healthcare rights of victims of war, refugees, stateless persons and migrant labour.
- PHM is seen as an important support to organisations working with these sections.
- PHM creates pressure for decreased militarization of public health.
- PHM highlights and advocates against breaches of civil liberties and the abuses of autocratic / authoritarian governments.

Advancing the Goals

As part of implementation of the strategic plan, the global programmes and thematic circles, working with the Secretariat and CoCo, will collaboratively develop milestones and pathways to reaching the goals, such as identifying outcomes, outputs, and activities. Those plans will be reinforced by and integrated with the strategies and priority actions presented in the next section.

[1] *Convergence includes the process of building consensus, understanding, trust and collaboration between different streams of anti-hegemonic activism (Legge, Bodini, Baum, & Labonté, 2018).*

Strategies and Priority Actions for Energizing the Movement

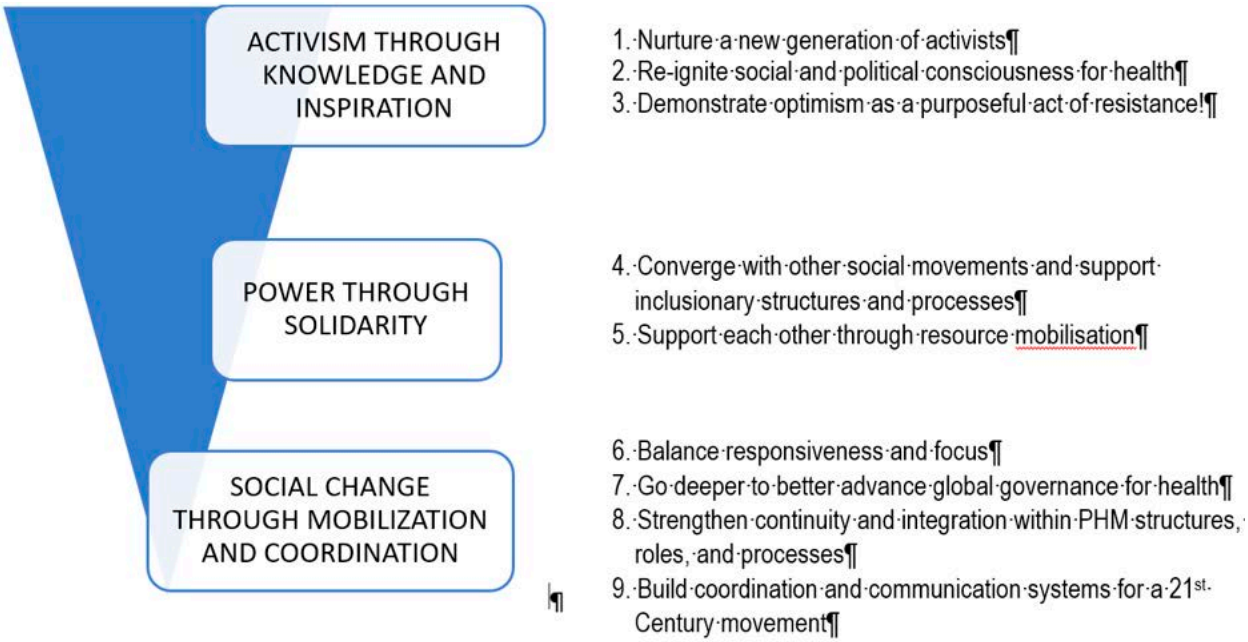
The following nine strategies and priority actions focus on needs and opportunities to re-energize the movement and effectively support achievement of the short-term goals presented above. Responsibility for prioritizing and implementing the priority actions falls mainly on the Secretariat, working with other PHM structures.

Figure 3. Key Strategies and Priority Actions to Advance PHM's Goals.

ACTIVISM THROUGH KNOWLEDGE AND INSPIRATION

Movements don't survive without renewal, growth, and passion. These strategies focus on building capacity for more, and more effective activists; energizing PHM's advocacy platforms and structures; and creating a positive shared vision for our collective future.

1. Nurture a new generation of activists



Key to achieving several of PHM's short-term goals is the ability to scale capacity building, use resources carefully, and recruit and build the movement through that engagement. Critical analysis using a political economy frame is one of PHM's greatest strengths. However, relatively few people in the civil society organizations or in policy circles understand, much less apply, such a frame to health issues. Capacity building in that space is therefore a high priority for building global, regional, and national resistance.

PHM offers a wide range of informal and formal capacity building opportunities and materials, ranging from easily disseminated materials such as text and videos/recordings to face-to-face, multi-day events such as the International People's Health University (see Appendix 6 for examples of existing materials that could be used to create a pipeline curriculum).

The IPHU has been especially successful in terms of depth of work, quality, and requests to participate, and has trained hundreds of people from around the world over the past few years. At the same time, the IPHU has largely been presented only in a resource intensive format of face-to-face training, reducing its potential to contribute to larger scale capacity building. Some early experiences with online IPHU's have had mixed success and lessons learned. Therefore, PHM will systematize its capacity building material to enhance scalability and resource stewardship, to prepare and engage a new generation of activists.

Priority actions include to:

- Organise capacity building offerings into a pathway for movement building. PHM will review its various offerings, sequence them, and identify priority gaps to develop a curriculum that moves from general and introductory issues (e.g. readings and videos about PHM and what a political economy lens is) to more focused discussions on specific thematic areas, to in-person trainings and development of collaborative work between home organisations and PHM. Early offerings will allow broad groups of activists and emerging activists to learn about PHM, while more advanced, resource-intensive offerings will be reserved for activists most likely to contribute to the movement's vision (as the WHO Watch currently does). Many of the materials regularly used in the IPHU, for example, would be interesting to a broader audience. Over time, PHM will develop new materials to respond to interests and new areas of work and translate materials to other languages.
- Scale access to introduce PHM to a larger audience. As resources are available, PHM will make capacity building offerings available online and on demand, including readings, videos, and other materials. Some IPHU core sessions, sessions related to specific thematic areas, and sessions on specialized skills for movement building or activism that are currently engaged in person might be useful as online videos, which would reduce time and resources needed for in-person trainings, expand exposure of the ideas to mass audiences, and provide a more accessible format to engender connection of activists with PHM as a social movement. PHM will also include PHM's other resources, such as the Global Health Watch as well as WHO Watch commentaries and access to the WHO Tracker to reach a wider audience. If resources permit, priority materials will be sourced from and translated into each of PHM's key languages (English, Spanish, French, and Arabic), rewritten for popular audiences or simplified messages (such as graphically based, simple language booklets), and supported with online discussions (e.g. by using new releases of the Global Health Watch for online discussions of issues). PHM will encourage country circles and affiliates to promote the collection through listserves, on their own websites, and through newsletters for movement and capacity building within their contexts.
- Develop and share a core curriculum for the IPHU and connect those using PHM materials to teach. While IPHU facilitators need to be rooted in PHM to effectively lead the sessions, having a shared core curriculum would increase potential for offering the training in different regions, countries, and languages, and on different thematic areas. In response to requests from country circles, PHM will

prioritize live and in-person training and mentoring for activists from emerging country circles, the Global South, movements for PHM convergence; workers within governmental institutions; and other key targets. To the extent that PHM includes many academics and professors in public health, medicine, policy, and other fields who use PHM materials such as the Global Health Watch to teach in their classes, it may be useful to connect them to share their teaching methods and resources.

2. *Re-ignite social and political consciousness for health*

The Health For All Campaign (HFAC) is where broad groups of PHM champions come together, including all regions and thematic areas, and connect PHM's global activism with local activism. Activists use their local experience to inform a global narrative, which is then reflected back in local campaigns and actions to provide a common frame and focus for issues. The HFAC is advanced through PHM's Secretariat, individual thematic circle work, and global programmes. Critical issues facing PHM relate to campaign momentum and focus, activist inspiration and participation, and effective facilitation and coordination to bring efforts together.

Priority actions include to:

- Use the Strategic Plan launch to energise the thematic circles. The thematic circles will have coordinated launches through virtual platforms, inviting current and past PHM activists and networks, and creating space for new activists. The launch will highlight the strategic plan and short-term goals for specific thematic areas, and continue thematic circle conversations to confirm or revise the goals and how best to achieve them. The circles will identify milestones and activities for achieving goals, the need to establish any sub-groups to organise and carry out the work, point persons responsible for helping move work forward, and near-term deliverables such as policy products, communication materials, or events.
- Strengthen HFAC coordination. Working with the Global Secretariat, thematic circle coordinators will connect plans across circles and global programmes, ensure space and processes for all participants to make active contributions, actively publicize the Health For All Campaign and its goals, and connect the HFAC to other movements' campaigns as appropriate. The Secretariat would also help thematic circles leverage opportunities for resource mobilisation and volunteer mobilisation that would be necessary for carrying out their activities and enhancing their effectiveness and impact.

3. *Demonstrate optimism as a purposeful act of political resistance!*

The current global health context is daunting and challenging, and activists (and their audiences) often need an inspirational vision for an alternative future to complement the critique of the present systems. Inspiration and a positive, supportive organizational culture is critical to preventing burnout and for activist retention and expansion.

- Actively highlight and promote solutions and alternatives that go beyond problem analysis and theory to real solutions that motivate people. PHM has historically referenced alternative policies and solutions as well as communities living and demonstrating core values of PHM in their daily life. Currently, the Global Health Watch 6 is planned to incorporate such examples throughout the chapters, and Buen Vivir[6] is often used as an example of a paradigm shift for envisioning a better world. Going forward, PHM will actively seek and highlight more such examples from communities that are developing alternative systems to ensuring health for all, including through self-sufficient, equitable health systems; alternative economic structures that de-emphasize consumerism and support de-growth; and environmental sustainability, including following the progress and narratives of Buen Vivir advocates.
- Support a sense of belonging among old and new PHM activists. Inspiration comes from inside the movement, too, often through small gestures that build the group as a collective and also recognize achievements. For instance, PHM can build

community by sharing and teaching new activists traditional protest songs that are often sung at PHM events and gatherings. Sharing songs and slogans can support bonding and an intense solidarity, enhancing a sense of belonging, especially for those new to a group.

POWER THROUGH SOLIDARITY

Solidarity takes many forms that extend beyond tight networks working closely with each other. This is especially true in our current global context, where underlying shared values present opportunities to reimagine partnerships built on a broader network, the need to ensure inclusionary structures and processes for partners in the work, and the value of efficient processes for mobilizing resources when needed.

4. *Converge with other social movements and support inclusionary structures and processes*

The complexity and range of global and regional challenges affecting people's health requires a broad tent of engaged activists with shared values who recognize their common struggle. PHM needs to actively cultivate external partnerships and support inclusionary structures and processes (especially for thematic circles) to support the participation of a variety of PHM activists beyond those in country circles. Those activists could be important contributors, but don't always have a clear path for working with PHM. They include individuals (such as academics), regional and global networks, and groups that work at a national level but may not be able to easily work through country circles.

Priority actions include to:

- Pursue convergence with other like-minded social movements. PHM recognizes its common struggle with a number of global social movements, and will work to identify important groups with whom to collaborate and move toward convergence, in support of achieving Health For All.[7] There are large global movements gaining strength that could benefit from PHM's expertise in the health impact of SDH, in a political economy perspective/analysis, and in its on-the-ground presence in many countries. In return, PHM could benefit from their campaigning strength and expertise in specific areas of work. Examples of spaces where PHM could seek convergence opportunities include movements focused on the climate crisis, displacing the consumption/growth economic model, labor unions, landless, human rights, migrant rights, women's rights and intersectional rights, racial equity, poverty, anti-corporate and anti-neoliberal groups, leftist ideologies, and peace and democracy, to name a few. Appendix 7 identifies several networks or organisations PHM might consider for convergence, to be revisited in implementing the strategic plan. The PHM Coordinating Commission will identify additional global and regional social movements with strong alignment for exploration, with an emphasis on groups led from the Global South. Key to these reciprocal relationships will be PHM's ability to demonstrate the value of the collaboration, whether in providing critical analysis for their use, applying a health lens to the issue to highlight interconnectivity, serving to connect movements to country level partners, or synchronize and develop aligned messaging for joint campaigning and advocacy.
- Promote inclusionary processes and structures. PHM will focus on two methods of ensuring inclusionary processes in particular: communications and participation pathways. The participation of some PHM's affiliated organisations has waned lately whether due to competing demands or the challenges of maintaining effective communications within a global movement. Of the affiliated organisations interviewed for this plan, all indicated a strong interest in engaging more with PHM.

In terms of communications, too often, new listserves are created and former members of a group are inadvertently left off, which unnecessarily contributes to attrition in the movement. PHM will use ICT tools (see strategy 9) to ensure past and current PHM activists actively receive communications on their topics of interest. This list should include, but not be

limited to, current and past networks and activists from the PHM listserve, past Assemblies, IPHU and WHO Watch participants, GHW contributors, etc. The outreach will begin with announcing the new strategic plan and inviting activists to join (or re-join) PHM thematic and country circles (see strategy 2).

In terms of participation pathways, PHM will consider appropriate ways for activists to participate in the thematic circles other than through affiliation with country circles. While country circles would remain the main form of engagement and communication, PHM's focus on strengthening the thematic circles, including by engaging more regional and global networks as well as networks focused on a specific thematic area (who may not want or need to be part of a country circle), suggests a need for a more flexible participatory structure. This flexibility would support growth and connection to new (and new types of) networks and organisations.

5. *Support each other through resource mobilisation*

PHM is a movement largely driven by volunteers who dedicate thousands of hours of work each year to advance Health For All. Their passion, expertise, and willingness to step forward when needed has kept the movement alive for over two decades, expanding to new countries and developing new initiatives. PHM activists have an enormous breadth of skills and experiences, but it can be difficult at times to identify specific activists for a needed task or role. At the same time, PHM has made a significant impact on health for all with few financial resources, which largely go to support the small Global Secretariat of 4-5 people as well as travel, lodging, and publishing expenses for PHM's global programmes. As the movement implements this strategic plan, it will need to find ways to mobilise additional volunteers as well as financial resources. Creating a way to engage more volunteer activists will give current volunteers much needed support and a respite, and help train activists as part of succession planning.

- Mobilise and energise volunteer activists. PHM has an amazing team of volunteer activists that drive the movement, but opportunities are sometimes missed if the right person for the right need at the right time can't be identified. Embedded within its building of a 21st Century movement (see strategy 9), PHM will develop a database with fields to capture key skills of PHM activists and networks that are needed on either an ad-hoc or regular basis. These skills include language translation, design and layout of paper and electronic material, media and video skills, IT and social media skills, communications skills, advocacy and organizational skills and capacity building skills relevant to a social movement, as well as areas of expertise and interest in coordinating PHM work or serving on committees. Such a system would bring a larger group of PHM activists into PHM's work as a movement. PHM will also raise up and regularly recognize the hard work of PHM activist volunteers through its website and other means.
- Develop a comprehensive funding strategy. PHM governance and operational structures will work together to prioritise strategic plan actions and workplans and develop a timeline for implementation, including the personnel (volunteer, Secretariat, etc.) and a budget for financial needs and flexibilities. PHM's fundraising committee will share the priorities with likely donors, map overlapping interests, and make specific recommendations for funding proposals to the Steering Council, including proposals for funding core and Secretariat needs, global programmes, thematic areas, and regional efforts. [8] Discussions will be held with Friends of PHM (affiliates who have agreed to provide funding support) to clarify funding expectations over a 3-5 year period[9]and explore the potential for crowdfunding as a fundraising approach.[10] This process should help create a comprehensive funding strategy and engage a larger group within PHM to secure needed resources.

SOCIAL CHANGE THROUGH MOBILISATION AND COORDINATION

As a twenty-year old social movement with no intention of slowing down, PHM is ready to do the work to ensure its longevity and impact. This includes adapting to new ways of working that plan for the future and longer-term efforts, and supporting organisational effectiveness in an ever-changing technological context where advocacy, campaigns, resistance, and influence have increasingly moved into a virtual space.

6. Balance responsiveness to new challenges with focused goals and planning

As a social movement, PHM follows the energy of its activists, often pivoting its work to respond to emerging crises and demonstrating the flexibility to support new approaches and pathways for advocacy. At the same time, activists are committed to ambitious social change, which requires longer-term focus and dedicated energy to make real progress in resisting, providing alternatives to dominant narratives, and influencing policies and systems. The movement is increasingly recognizing ways to balance these competing needs, including the development of the short-term goals in this strategic plan. The People's Health Assembly plays an important role in participatory planning. The Assembly is the primary convening of the movement and occurs roughly every 5 years. Historically, it has brought together several thousand PHM activists in a multi-day celebration of solidarity, learning, and engagement in the struggle for justice. The Assembly functions as a relationship affirming event, planning meeting, capacity building opportunity, knowledge sharing effort, and momentum building experience. It culminates in a renewed set of priorities and demands that set a vision for health for all in a current context.

PHM's planning process will regularly include the following features:

- Develop goal-focused annual work plans, yearly review of progress, and participatory renewal of the strategic plan through the People's Health Assembly. The PHM Secretariat, working with the various PHM governance and operational bodies, will identify goal-related milestones and success indicators, as well as priority actions to develop a work plan for next year. Each year after, the process will include leading a participatory assessment of progress, barriers, and lessons along with opportunities to continue or improve progress; and developing new annual workplans for SC review and approval. Workplans will include donor obligations and a budget based on secured funding, and indicate priority work if additional funding becomes available. At the end of the 5-year period, PHM will review progress in achieving goals, identify the challenges experienced, and consider next steps in the preparation for the PHA. According to financial resources available, the PHA will be timed and structured to serve as a participatory event to inform the next strategic plan.
- Incorporate emerging issues. When new priority areas emerge, the Coordinating Commission and Steering Council, working with relevant thematic circle and global programme coordinators as well as leading country-level activists, have the responsibility determine how to best incorporate the issues into PHM's work and structures, including developing identifying thematic circle "homes" or new circles and supporting collaboration among relevant networks and external movements. Although both the climate crisis and pandemics were already identified as sub-topics within PHM's thematic areas, they are now being identified as priority topics for greater investment. Climate crisis advocacy has advanced particularly in Latin America, where a number of efforts by PHM activists and indigenous groups are underway and progressing (People's Health Movement, *PHM Annual Report 2019*). In relation to pandemics and COVID-19 in particular, PHM country circles and networks have hosted several webinars on equitable access to testing, treatment, and other technologies, and PHM is leading a grant-funded effort to pursue that work, managed under the leadership of the Trade and Health Thematic Circle.

7. Develop and broaden stronger advocacy to better advance global governance for health

PHM's knowledge and governance work is generally recognized for its high quality and important critical analyses, and enormous energy and resources go into these products. At the same time, it is possible that extending the efforts a little might create greater impact, and provide a better payoff for resources invested. Strategy 1 outlined an action to "take the next step" for capacity building by creating a pathway, based on PHM's existing resources, that would expand and scale movement building. This approach of building on existing resources and programs can also be applied to both the WHO Watch and Global Health Watch. PHM will pursue three approaches to going deeper: focusing on global governance institutions beyond WHO, bringing the WHO Watch activities to country-level advocacy, and better connecting the more academic analyses of the Global Health Watch to grassroots activism and action.

- Increase and expand attention to PHM's global health governance work beyond a focus on WHO.[11] The WHO Watch is the most recognized global health governance project within PHM. However, PHM's interventions in global governance include through interventions at United Nations convenings and global policy-oriented academic conferences like PMAC, analyses and reports, active development and endorsements of alternative declarations and statements, and participation in coalitions initiated by other CSOs such as G2H2, to name a few. The short-term goals outlined previously also imply greater attention and activities focused on non-WHO global governance institutions. This work can occupy a considerable part of the working time of the Secretariat and even the CoCo. There are already protocols for issuing or endorsing statements, but given the wide variety of expertise required, it remains a challenge. Therefore, PHM will create a global program coordinating group around Global Health Governance, in which the WHO Watch is one of several focus areas/activities focused on achieving PHM's 5-year goals and emerging priorities.
- Extend WHO Watch activities to strengthen governance and accountability at country levels. PHM recognises the connection between global and national health governance efforts, and that resistance and progress are most successful when the levels are engaged together. The WHO Watch currently engages WHO Member State delegates through electronic dissemination of the commentaries prior to the annual WHO Assembly as well as face-to-face engagement at the Assembly by watchers using policy briefs and making statements from the floor (although the latter may change with COVID-19 and new restrictions on civil society). It is not clear what the impact of the commentary is, though at least one country has reported appreciation and its use in preparing interventions. In order to strengthen the potential impact of these considerable resource—considerable in both effort required and quality produced—PHM will more intentionally use the WHO Tracker as a virtual advocacy tool, introducing the resource to new audiences and advocates and support mobilisation around its recommendations. PHM will also pilot an initiative to tie the WHO Watch resources to country-level advocacy and accountability. WHO Watch coordinators and a few country circles will engage WHO Member delegates before the Assembly to discuss PHM's recommendations and after the Assembly to discuss outcomes, and work between Assemblies to incorporate issues into local campaigning.
- Popularize and translate the Global Health Watch for stronger advocacy, movement building, and governance accountability. PHM will add to the publication and launch of the book with development of summaries suitable for popular audiences, including in different languages and formats. PHM will also host online discussions with activists about the book's messages, implications for and examples of country-level advocacy and action, and experiences of activists in different countries. Such conversations would support country circle capacity and movement building, enrich local launches of the publication, support

PHM solidarity across countries, and strengthen the connectivity between PHM's conceptual work and advocacy efforts on the ground.

8. *Continue to strengthen continuity and integration within PHM structures, roles, and processes*

- As PHM has grown, the efforts, workload, and complexity of coordination has increased, along with expectations. Recognizing the duality of PHM as a social movement and a network, PHM has managed to institutionalize some key structures and functions without losing its social movement heart. PHM's governance structures have made significant progress in the last five years in ensuring diversity, consistency of processes, accountability, and transparency.[12] Now, with the recent transition of the Secretariat after ten years in one place as well as the loss of two founding activists in the movement, the importance of ensuring continuity and institutional memory has become more evident. A second need for strengthening PHM processes relates to a long-standing recognition to better connect work between PHM at the global, regional and country levels as well as greater interaction across countries and regions. Greater interaction, and even integration, among and across thematic areas and global programmes is also a work in progress.

Priority actions include:

- Develop a PHM Handbook. To improve onboarding guidance for PHM staff and volunteer activists as well as general transparency and consistency, the handbook will collect existing PHM governance and operational policies as well as information on roles, responsibilities, current representatives/ coordinators, and resources. Additional information will be documented including Secretariat responsibilities and accountability structures; guidelines for succession planning for key staff and volunteer roles; information on the ICT system and various resources and processes; thematic circle operations and links to best practices; guidelines for country circle functions, including establishing new and renewing existing circles, communication expectations and other responsibilities, and links to resources; and a refreshed mandate for the Advisory Council to address their role working as a collective advisory structure, communications with the SC and other PHM groups, and processes for engaging roles in fundraising, mentoring, and bridge building with other movements and networks..[13] This comprehensive and living handbook will support PHM's institutional memory and enhance continuity and coordination of work across groups and time.
- Support more vertical and horizontal collaboration among PHM structures through inclusive and accountable processes, structures and platforms.[14] This strategic plan presents a number of opportunities to enhance all of these areas of mutual exchange and collaboration. PHM activists indicated that short-term goals are one way to inspire passion and motivate collective engagement, and the priority actions emphasise and provide specific guidance on enhancing internal engagement. For example, improved vertical integration should emerge from capacity building of PHM activists(strategy 1), enhanced representation of country participation in implementing the HFAC to align the global frame with their own national context and struggles (see strategies 2 and 7), and better transparency regarding roles and processes (strategy 7) along with coordination and communication systems (strategy 9). Support for horizontal collaboration is similarly built into various strategies, especially through strengthening the HFAC (strategy 2), development of work plans (strategy 6) bringing governance actions to the country level (strategy 7), and more facile communication and outreach (strategy 9).

9. *Build coordination and communication systems for a 21st Century global social movement*

Given PHM's growth, scale, and goals, PHM is ready to implement more comprehensive information, communications, and technology systems. Increased

restrictions on large in-person gatherings related to the COVID-19 pandemic and concerns about carbon footprints due to the climate crisis reinforce the need to invest in virtual experiences and resources. To continue to grow the movement, PHM needs to reach new audiences including a broader cross-section of activists and the broader public, which includes expanding its online presence significantly. Further, as global governance institutions and other activists increasingly utilize ICT tools, PHM will need to demonstrate adeptness as well as adequate resources and skills to effectively collaborate, communicate, mobilise, advocate, and translate resistance actions to a virtual context. Other benefits of investing in ICT tools include enhancing PHM's institutional memory, efficiency, audience/outreach for movement building, coordination management, inclusivity and transparency.

Priority actions include:

- Utilize information management and coordination tools for improved program management. PHM will adopt a system to improve information management, retrieval, and access. PHM has two priority information management needs: a database of PHM activists and partners, and programme management tools.
    - Database of PHM activists and partners.[15] Database creation and maintenance can be resource intensive, so it will start simply, using existing listserves of activists and partners to create searchable files with names, contact information, and basic fields regarding participation in various PHM groups and interest areas. It would expand as resources are available, and eventually include activists, resource persons, and partners, as well as their geographic locations, languages spoken, and specialized skills, among other information. The database would support more inclusive and consistent communication outreach, efficient mobilisation of volunteers with specific skills, vendor management, outreach to friendly partners within governance institutions or other external groups, and increased outreach between activists to share experiences and learning.
    - Programme management software. The Secretariat will explore software options and costs to better coordinate administrative activities and implementation of the strategic plan and workplans going forward. The software should be accessible by those coordinating work, including the Secretariat, various coordinators, and SC/CoCo members. Benefits could include enhanced planning processes and tracking of progress for annual goals and workplans, clearer responsibilities and contacts for specific efforts, greater ability and accountability for meeting deadlines, more effective interactions and solidarity between circles and other groups, efficient hand-offs of work between groups, more participatory and transparent planning processes, and support for budgeting.
- Develop and implement a communications strategy. The building blocks of the PHM's communication strategy are the communication strategies (articulated or implied), as well as platforms and tools of our country circles/regional committees, thematic circles, and global programmes. The PHM websites, listserves, and social media platforms are the primary platforms for delivering regular communications and sharing information with activists and general public and mobilising around urgent issues. Platforms, media, and tools need to be incorporated into a single organic vision and integrated to support an efficient and effective communications strategy. The communications strategy should aim to integrate PHM's four key languages (English, Spanish, French, and Arabic) facilitate communication across languages. Such a communications strategy requires full time staff, supported by the global coordinator and by a team of voluntary activists from different regions, who are passionate about this task. Program coordinating teams and thematic circles also need to invest in this. Given the importance and

resources needed, the communications strategy needs to be supported by careful mobilization of voluntary and financial resources and will likely require several years to implement. Key elements for such a strategy are below.

- Email listserves. Currently, email listserves are decentralized and updated primarily manually. In order to automate generation of listserve messages and maintain up-to-date lists including regional listserves, thematic listserves, programmatic listserves, etc, a platform such as a customer relations management platform will be identified that can link to the database.
- Websites. PHM has a main, global website as well as several programmatic and regional websites. These resources should be better connected, with improved navigation and a more robust, organized, and searchable resources section. The resources section should include declarations and statements, published articles, training resources, recorded webinars, reports, etc. It will encourage viewer interaction such as topic-specific listserve signups integrated into the email communications platform and/or database, and a calendar with direct links (when applicable) to sign up to participate in events. Benefits could include greater traffic to, and value of visiting the website, leading to greater engagement. An internal page, not publicly available, will house resources such as the PHM handbook and work-plans and organizational archives. This would contribute to greater institutional memory and transparency/continuity, and efficiency in locating information.
- Social media and creating synergy between communication platforms. PHM uses a number of social media platforms, including Facebook, Twitter, WhatsApp, Youtube, Zoom and other webinar/virtual conferencing software, etc. To enhance their effective use, PHM will develop guidelines on what should be posted where, and how the platforms connect and guide visitors to resources and participation.
- Maintenance. PHM will regularly review of its servers, listserves, websites, and social media platforms and developing a process and guidelines handbook for their consistent and efficient use and upkeep.
- Learning and creating agile systems. PHM will explore the successes of other global movements with mass bases in terms of how they have made the most of ICT tools with few resources, and identify the systems they use. This should lead to innovative approaches to the communications strategy and ongoing quality improvement.
- Addressing the digital divide. PHM will work to ensure that activists in key roles have access to the hardware and software, as well as the comfort and skills to use ICT tools effectively. PHM will incorporate requests for resources to implement the communications strategy, including closing the digital divide, into global, regional, and country-level funding proposals as either core/Secretariat support or as part of the needs of programmatic proposals. Proposals should include funding to provide hardware and software access for PHM networks and in-country activists as appropriate and whenever possible.

Final thoughts

The challenges facing the attainment of Health For All are as significant as they have ever been. PHM is positioned and ready to continue commitment to that vision through the goals, strategies, and priority actions outlined in this strategic plan. The movement will build on its reputation, global and in-country networks, infrastructure, and most of all the work of its passionate activists to re-engergize the movement and grow into a greater space. With new approaches to making the most of its resources along with some new investments, the movement will work to maintain a balance of nimble responses to new challenges and a focused approach to achieving the goals needed for Health For All.

[6] *Buen Vivir ("good living") emerged as a response to the traditional strategies for development and their negative environmental, social, or economic effects.*

[7] *Convergence is more than building the movement with additional activists. It is an intentional process of joining movements together for greater voice and power. The best opportunities for convergence exist when values and visions generally align, but there is some advantage to collaboration. The advantage may be a highly organized movement, greater numbers of activists, new geographic reach, different relationships for influence, or sharing/transferring important skills such as critical policy analysis or a political economy perspective. The best opportunities for convergence occur when groups work at the regional or global levels. Other networks or movements that work on a small scale or address areas that are already well-developed in PHM's work may also be important to connect with but would resemble a more traditional relationship with PHM rather than a convergence relationship.*

[8] *In recent years, program funding has been easier to secure than core funding. For example, raising funds for IPHU's has been relatively easy. Thematic Circles are having some success, for instance, the Trade and Health Circle will contribute to and help lead grant-funded work to promote equitable access to COVID-19 technologies.*

[9] *See People's Health Movement,* PHM Governance note on "Affiliated Organizations" and "Friends of PHM" *2020 for more information on this agreement.*

[10] *Crowdfunding has been also discussed during the meeting of the steering council and coordinating commission but never been seriously attempted. One of the suggestions made during the last few years is to have a consultant to help in in building infrastructure and strategies crowdfunding.*

[11] *Although PHM engages other global governance institutions, none receive the amount of focus that WHO does. WHO is the legitimate global health governance body, though for decades there have been others in that space, including the World Bank and the Gates Foundation, which arguably have more power and influence on health than WHO.*

[12] *Since its last evaluation in 2010, PHM has significantly increased diversity of representation on the Steering Council to include more women, youth, and Global South representatives. Recently, the Committee Against Sexual Harassment (CASH) was set up with a mandate to address internal PHM complaints and provide sensitisation on issues of sexual harassment (People's Health Movement,* About the People's Health Movement *2020). PHM will continue to ensure diverse representation including in leadership positions, intentionally create space for new Council members, and actively support their representation of PHM externally.*

[13]*Although the Council's official mandate is significant, the group has been somewhat inactive. The original mandate of the Advisory Council includes ensuring PHM upholds the values and works within the framework of the People's Charter for Health; contributing to the conceptualizing and development of position papers and policies; promoting the vision of PHM and raising PHM positions and voice within global, regional and country meetings and fora; assisting in networking and forming links between PHM and other like-minded movement and networks; and seeking and notifying the Secretariat about fundraising opportunities*

[14] *Vertical communication and coordination refers to connectivity between Global, Regional, and Country levels of work. Horizontal communication and coordination refers to connectivity among PHM's global structures (e.g. thematic circles and global programmes), regions (e.g. sharing experiences and resources), and countries (e.g. especially within regions or among Country Circles working on similar issues at the country level).*

[15] *PHM's 2010 internal policy document "Restructuring of PHM's Governance Mechanism: Principles and Process" directs the development of a database of country circles and Country Contacts to support PHM's governance work.*

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Interviews

(Interviewee, position in PHM, home institution, country)

1. Erika Arteaga, PHM Co-Coordinator of the Ecosystem and Environmental Health Thematic Circle, Escuela de Medicina en Universdad San Francisco de Quito, Ecuador
2. Fran Baum, PHM SC Co-Chair, Flinders University, Australia
3. Susana Barria, PHM Strategic Planning Coordinating Committee and Global Health Governance Coordinator, Public Services International, India
4. Chiara Bodini, PHM Strategic Planning Coordinating Committee, University of Bologna, Italy
5. Wim de Ceukelaire, PHM Financial Host, Viva Salud, Netherlands
6. Martin Drewry, Health Poverty Action, United Kingdom
7. Deborah Gleeson, PHM Co-Coordinator of the Trade and Health Thematic Circle, La Trobe University, Australia
8. K.M. Gopakumar, Third World Network, India
9. Jessica Hamer, Health Poverty Action, United Kingdom
10. Ron Labonté, PHM Lead for the Global Health Watch 2021, University of Ottawa, Canada
11. David Legge, PHM Coordinator for the WHO Watch, La Trobe University School of Public Health, Australia
12. Bridget Lloyd, PHM former Secretariat Coordinator, University of Cape Town, South Africa
13. Dieter Müller, Medico International, Germany
14. Sarojini Nadimpally, PHM Coordinator of the Gender Justice and Health Thematic Circle, SAMA, India
15. Shulakshana Nandi, PHM Strategic Planning Coordinating Committee and PHM SC Co-Chair, Uma Medical Related Institute, India
16. Juliana Nantaba, Open Society Foundation, United Kingdom
17. Amulya Nidhi, PHM Co-Coordinator of the Ecosystem and Environmental Health Thematic Circle, JSA, India
18. PHM Advisory Committee Members
19. Kumanan Rasanathan, World Health Organization, Cambodia
20. Julia Robinson, PHM SC North America Representative, Health Alliance International, USA
21. Tim Reed, Health Action International, The Netherlands
22. Patti Rundall, International Baby Food Action Network, United Kingdom
23. Imad Sabi, Open Society Foundation (and formerly with Oxfam-Novib), United Kingdom
24. Claudio Schuftan, PHM Coordinator of the Food and Nutrition Thematic Circle, Vietnam
25. Thomas Schwarz, Medicus Mundi International, Switzerland
26. Hani Serag, PHM former Secretariat Coordinator, University of Texas Medical Branch, USA
27. T Sundararaman, PHM Strategic Planning Coordinating Committee and PHM Secretariat Coordinator, India
28. Mauricio Torres, ALAMES, Colombia
29. Belinda Townsend, PHM Co-Coordinator of the Trade and Health Thematic Circle, Australian National University, Australia
30. Ana Vraèar, PHM SC Europe Representative, Organization for Workers' Initiative and Democratization, Croatia
31. Maria Hamlin Zuniga, PHM Latin America Regional Coordinator and Advisory Committee Liaison to the Steering Council, CISAS, Nicaragua.

Appendix 1. The Current context of the struggle for health (from PHM 2019 Annual Report)

Growing inequities and power of transnational corporations. PHM's work takes place against a continuing background of worsening wealth and income inequities, increased power of transnational corporations, undermining of national sovereignty, and shaping of global and national policies to favour corporate interests and at the cost of people's livelihoods and health.

The climate crisis is worsening environmental degradation and much talk but no action on the climate crisis. Even the insufficient targets of the Paris declaration for developed countries are nowhere near realization. Led and encouraged by the USA there is a general retreat from the modest commitments at greenhouse gas emissions and climate mitigation strategies that were agreed upon earlier. Climate change and environmental vulnerabilities sit on top of, and magnify or exacerbate all other structural vulnerabilities - and health inequities are one of the most affected.

The emergence of anti-democratic forces is a third alarming context, with the decline of democratic polity across nations and the rise of authoritarian semi-fascist forces, accompanied by the spread of war and conflict and state failures. War and violence, rising inequity and environmental catastrophe are the three big drivers of an ever-increasing international migratory flow. Instead of galvanizing people against capitalism, which is the root cause of all three drivers, these migratory flows are the trigger for further rightward economic shifts inter-linked almost invariably to nativist, xenophobic politics. Such hyper-nationalism and bigotry has led to ever-newer forms of exclusion and more violent forms of discrimination. The increasing reversal of democracy threatens every aspect of social life, and undermines every democratic governance and legal institution that acts as check on executive power. Health activists working with PHM in countries under authoritarian rule and who are often in the fore-front of the fight for equity and justice are particularly under threat.

Worsening conflicts and displacements particularly affect the Middle East and North Africa region, which are witnessing more ongoing conflicts than ever before and the highest level of displacement in the last seventy years. In many of these nations there is a break down of health systems and social services, leading to a reversal of health gains which has particularly affected most vulnerable population groups, including women, children, and the elderlies. Most parts of the Middle East and North Africa region and all conflict-affected countries are facing public health challenges such as the poliovirus outbreak in Syria and cholera in Yemen.

Welfare and universal access to services is shrinking instead of expanding. One of the major problems of neoliberalism in economic policy combining with nativism and exclusion in the political sphere is the discrediting of social welfare and the principle of universal access to basic public services. The impacts of such a political shift are extremely adverse to- health equity and the creation of equitable health systems. Across nations domestic health budgets are constrained, overseas development aid to support health services is down to a trickle, and peoples are now more vulnerable than ever to sudden sweeping epidemics of communicable disease and a growing burden of non-communicable illnesses.

Universal Health and comprehensive PHC is threatened by wave of privatization. The loud rhetoric and persistent calls to Universal Health Coverage that the world -witnessed in 2019, culminating in the UN high level meeting on UHC must be viewed against this backdrop. As far back as 2012,- the third international People's Health Assembly in Cape Town had been one of the first voices warning against UHC becoming another approach to legitimizing privatization and the use public expenditure to expand markets and build monopoly control for the corporate sector. Yet in nation after nation national insurance schemes and public private partnerships are doing precisely this. And they are legitimized by a new public discourse on health and healthcare that is sponsored and disseminated by the global health institutions, almost all of whom are now ridden with corporate influence. Our vision of comprehensive primary health is receding over this wave of privatization.

Finally, there is growing and vocal people's movements against neo-liberalism and injustice. All of these contextual factors have made the tasks of the PHM more challenging but even more necessary and urgent. Across nations, there is also a push-back, as working people and all sections of the population who are affected adversely voice their protest and try to organise and resist these developments. Organisations that constitute the PHM country circles are quite often partners and participants in these protests, or express their solidarity in a number of ways. But further the PHMs are called upon to complement these protests and resistance by the critical analysis of the developments in health and social policy, by capacity building of activists and peoples movements engaged in the struggle for health equity and health rights, and by their interventions on global health governance. Together these interventions contest the public discourse that legitimizes privatization and contribute to initiate a public discourse that supports action for health in all policies, that supports building equitable health systems and that encourages people to mobilise for their health rights.

Appendix 2. The strategic plan development process

This strategic plan is the result of a facilitated participatory process based on synthesizing existing PHM plans and discussions as well as emerging ideas. Development of the strategic plan included a strong participatory process, working primarily with PHM's existing structures of regional representatives, country circles, global programmes and thematic groups. The purposes of the participatory processes were (a) to ensure that a diversity of views inform the strategy and improve its overall quality, (b) to prepare PHM activists globally for collective action, and (c) to enhance solidarity and shared ownership around the final strategic plan.

Information was sourced from documents; interviews with PHM activists including Steering Council and Coordinating Commission members; Coordinators and representatives of thematic and country circles, global programmes, and regions; Secretariat Staff; and activists from affiliate and non-affiliate networks, as well as donors and global health governance institutions.

Building on PHM's Theory of Change, a strategy framework was developed that combines the "why" of PHM's work (values), the "how" of PHM's work (the Theory of Change strategies) and the "what" of PHM's work (priority health issues), and key context issues in global health as well as specifics of PHM's management and resources. The plan elements represent both priorities and emerging ideas for strengthening the impact of PHM's work, including how to greater connect PHM's various areas of work—both vertically (from the global to country levels of PHM's work) and horizontally (across key priority issues and various activities). The 5-year goals (as well as activities, outputs, and outcomes included in an expanded version of the framework) were developed by global programme and thematic circle coordinators, along with the Secretariat, Steering Council, and CoCo representatives.

A first draft was submitted in early June to the Coordinating Commission for discussion and feedback.

The participatory process also included an extensive survey of PHM country circles related to priorities, needs, current campaigns and country-level focus, and other issues. This process took place from May through July. The facilitators prepared materials to guide discussions within country circles regarding country priorities, mechanisms for movement building and engagement with global programmes/themes. Materials were prepared in English, French, Spanish and Arabic. The country engagements depended on activists at the regional level, including the PHM regional coordinator as well as regional committees (where functioning), to work with the facilitators in customizing and conducting interactions with the country circles. A few country circles were consulted for follow-up discussions. The Strategic Planning Country Discussion Guide included materials for activists to use in providing their inputs to the strategy, and in some cases countries have indicated that they will continue to use the Guide to help frame their national-level work. The English version of the Guide (survey instrument) is shown below.

A revised draft of the plan, incorporating results of the Coordinating Commission inputs, development of the framework goals, and Country Survey, was submitted to the Steering Council, including regional representatives and to the thematic circle coordinators in early August for final comments and revisions. Many inputs were received from the Coordinating Commission members in a consolidated form on a dynamic google document format, as well as from others who sent it directly. These have been further incorporated leading to this final draft.

Appendix 3. Country circle survey instrument, responding countries, and selected results.
Appendix 3A. Instrument

1. PHM country circle profile and background information

1.1. Kindly provide the name of your country and the year your PHM country circle was formed.
Country:..... Year when PHM country circle was formed:.....

1.2. Is there a lead person for your country circle?

1.2.1. If so, kindly provide the person's name, email and phone/WhatsApp/Signal number.

1.2.2. If not, explain how your country circle operates.

1.3. How often does your country circle meet? (Monthly, quarterly, infrequently, only when necessary for events/ activities, other)

1.4. How many local organizations are represented in the regular PHM country meetings?

Type of organization	# in PHM circle	Names of organizations
Local/national NGOs		
Community-based organizations		
International NGOs		
Academic/research institutes		
Other		

1.5. How many PHM activists regularly attend country/local meetings or PHM activities in your country (i.e., number in the 'core PHM group', separately for women and men)?
# of Women:..... # of Men:.....

1.6. Kindly list the names and genders of the PHM activists who contributed to this survey response.

S.N.	Name	Gender
1		
	Add more lines as appropriate	

2. Engagement globally

2.1. How many PHM activists from your country attended PHA4 in Savar, Bangladesh, in 2018?
# of Women: ..... # of Men:.....
How many remain active at the country level, and what was the benefit from their PHA4 participation?

2.2. How many PHM activists from your country attended previous PHAs (PHA-1, 2 or 3)?
# of Women:..... # of Men: .....

2.3. Have any PHM activists from your country engaged in other PHM global activities, such as IPHUs, WHO Watch, the PHM Manual for Building a Movement, or contributing to GHWs? If so, how has that work benefitted your country circle? Or, if their involvement has not had significant meaning for the country circle, briefly describe why not.

2.4. How often does your country circle communicate with your PHM regional coordinator? What does your country circle gain from the regional coordinator? What would you like the regional coordinator to be doing – or in other words what is your expectation of regional coordination, and what could be improved?

2.5. How often does your country circle communicate with other PHM activists globally, or in other countries? What are the main issues for those discussions?

2.6. How could the PHM Global Secretariat better support your team's work (aside from raising money for you) or support PHM's success generally? What should the Global Secretariat do differently to support your PHM country circle or your region? Do you have any specific expectations of the global secretariat?

2.7. Is there any expectation of regional or global office providing you with additional financial resources or raising this for you?

2.8. How could the PHM Global Secretariat/Steering Council make a better impact at global level. Which global activities/ interventions of theirs are perceived as making an impact at the global stage. What could they do better in their global interventions?

3. Local activism

3.1. What types of activism has your country circle engaged in, during the past year (2019)?

3.2. How often does your country circle conduct national-level activities or events?

3.2.1. Or events locally?

3.3. Describe the most important activities your country circle conducted in 2019.

3.4. Which best describes the nature of your country circle? Choose one of the options below:

a. We are a network of civil society organizations and/or people's movements who choose to be coordinated by a secretariat and or coordinating committee and/or rotating coordinator.
b. We are a network of civil society organizations but the coordination role and much of membership and activity is with one organization in recent years.
c. We are a registered civil society organization under the name of PHM in our country.
d. We are a registered civil society organization under our own name- but in global and regional levels we are the PHM representative for our country.
e. We are a group of individuals who are unregistered but together we play the role of PHM for our country circle
f. Any Others- describe

3.5. Is PHM of your country legally registered with its own bank account, and annual report and funds? If not, is there a financial host or how are funds raised for a PHM activity?

3.6. Who are the main allies or partners that your country circle works closely with?

Type of ally/partners	**Name(s) of allies and partner organizations**
Other activist networks	
Other civil society (NGOs, universities, etc.)	
Outside your country?	
Donors and foundations	
Your government (nationally or locally)	

3.7. What do you think is the greatest success that PHM has had in your country?

3.8. What is the main barrier to progress for PHM in your country (besides funding)?

3.9. What would you like to see better for your country circle in the next five years?

3.10. If your country circle has a strategy or workplan, kindly list the top goals (3-5)

and provide a copy of that document.

a. Goal #1:
b. Goal #2:
c. Goal #3:
d. (Add additional lines as necessary)

3.11. If PHM did not exist, what would be different about your work or in your community? Please comment about the value that PHM adds to your country team's work.

4. Country priorities

4.1. What are the main issues that your country (not the PHM country circle) faces with regards to health for all?

4.2. Which of these country priorities has your PHM country circle been able to engage in, and which ones have you had challenges? What are the main barriers to achieving more for meeting the national priorities?

4.3. What issues does your PHM country circle plan to focus on for the next 5 years?

5. Strategic Plan feedback on the draft

5.1. Kindly prioritise the top 3 priorities for your PHM country circle over the next five years. Choose your own country priorities or select from the health topics below. Also provide a comment about how relevant and achievable these are for your country circle.

Sample health topics for next 5 years	**Top 3 priorities for your country**	**Comments**
Food and Nutrition Sovereignty		
Trade and Health		
War, Conflict, Migration and Health		
Environment and Ecosystems		
Gender Justice and Health		
Health Systems		
Specific focus on health workers		
Primary Health Care & UHC		
Corruption in health system		
Global Health Governance		
Climate Change		
Pandemics		
Buenvivir / living well in balance with oneself and the environment		
Other (specify below)		

5.2. For the list of draft strategic goals (below), kindly indicate the priority that your country circle, with only 1 Top Priority.

Draft Strategic Goal	Priority for your country			Comments
	Top	Medium	Low	
Adopt more specific objectives (e.g. specific things we want to accomplish in 5 years related to PHM's health topics and subtopics)				
Adopt a more formal planning process to achieve the goals that directly involves country circles				
Change/strengthen/reform PHM's Global governance and/ or how its bodies work				
Strengthen PHM's communications systems and internal coordination or management				
Focus on building a Movement for Health, with new activists and health partners in countries				
Work with other large social movements outside of health (e.g. climate change, women's rights, etc)				
Strengthen collaboration between Global Programs and thematic circles) across the movement				
Focus on health governance beyond WHO				
Offer more skills and training opportunities for PHM activists and recruits				
Re-energize the Healthfor All Campaign				
Develop smaller campaigns focused on more specific topics				
Create new knowledge on people's health from a country or local perspective				
Contribute to a political economy critique of current health and health systems				

5.3. Looking forward, what is your country circle's view on the following:

a. What are the biggest challenges you see for PHM in the next 5-10 years?
b. Are there new topics that PHM should be addressing?
c. Name something that is part of your vision for PHM in 5 years?

5.4. What other recommendations/comments do you have for the strategic plan?

5.5. Would your country circle be able to review and comment on the draft strategy framework and/or the logic model? If so, kindly provide the email contact for the person/group who will coordinate that review.

Appendix 3 B. Country circles that responded to the participatory survey

Latin American Continent

Southern Region
- Argentina
- Uruguay
- Paraguay
- Chile

Andean region
- Ecuador
- Bolivia
- Peru
- Colombia
- Venezuela

Brazilian Region
- Brazil

Mesoamerican Region
- Mexico
- Guatemala
- El Salvador
- Honduras
- Nicaragua
- Costa Rica
- Dominican Republic

North American Region
- Canada

European Region
- UK
- Scotland
- Germany

West and Central Africa Region
- Ghana

East and Southern Africa Region
- Kenya
- Uganda
- Tanzania
- Zambia
- South Africa
- Zimbabwe

South Asia and India Region
- India
- Nepal
- Pakistan

South East Asia and Pacific Region
- Australia
- Japan
- Papua New Guinea
- Philippines

Active country circles that did not respond at all or in time (*) to be included in the analysis.

North American Region
- United States

European Region
- Spain (including Catalonia)
- France
- Belgium
- Italy
- Croatia
- North Macedonia
- Greece
- Turkey
- Sweden
- Norway
- Denmark

West and Central Africa Region
- Democratic Republic of Congo
- Benin
- Cameroon
- Togo
- Sierra Leone
- Gabon
- Mali
- Nigeria

East and Southern Africa Region
- Ethiopia
- Burundi
- Djibouti
- Malawi
- Mozambique

South Asia Region and India
- Bangladesh
- Sri Lanka

South East Asia and Pacific Region
- South Korea

Mid East and North African Region
- *Egypt
- Tunisia
- *Palestine
- Morocco
- *Yemen
- Lebanon
- Jordan

Appendix 3C. Main findings from the survey of PHM country circles

The Country Circle Survey was an important component of the participatory process for the strategic plan, along with interviews and discussions with and feedback from the Secretariat, CoCo and SC. The survey was developed quickly with relatively fast responses needed, in a context of extreme pressure on health activists in their day-to-day work due to COVID-19. Response by almost half of PHM country circles, and a majority of more active Circles, is a testament to their passion for PHM and interest in participate in the strategic planning process. All survey responses reported in this document were collected in a seven-week period spanning June – August 2020. Additional responses are expected, particularly from the MENA region, and the global secretariat will take on the role of managing this data in the future.

The following highlights of responses from the survey inform the strategic plan, providing a sense of priorities, perspectives, experiences, and expectations. The data should be seen as qualitative more than quantitative, due to

- differences in data collection (e.g. joint submissions in some regions generate collective views rather than those of individual country circles; when Circles submitted jointly, the data is reported as submitted, representing the number of Circles in the group),
- differences in understanding of who is part of PHM (e.g. some respondents reported large numbers of organizations as being part of the country circle, even among still-emerging country circles), and
- because respondents did not always adhere to the instructions (e.g. several countries marked more than the requested number of priorities).

South East Europe, Latin America South Region, and Mesoamerica submitted joint responses of several country circles, which likely supported several countries to meet the deadline, but also made interpretation of priorities a bit more complex. Findings 1, 2, 16, and 17 reflect revised analyses of the tables in the Strategic Plan Appendix 3c, in order to better reflect County Circle numbers in regions rather than responses, since 3 groups submitted joint responses.

The facilitators have done their best to represent the responses in ways that are useful for understanding the relation to development of the strategic plan.

This presentation of the top-level findings can be refined over time, as a few country circles have taken the survey tool as a means to reorganize themselves apart from providing feedback for the strategic plan. The facilitators will provide the full data collected to the PHM global secretariat, as a database for further development. Some information that was collected but not presented here will be helpful if PHM decides to develop an activist database.

Survey Question (SQ) responses that informed the strategic plan. The list below indicates how (and which) responses to survey questions are represented in the tables and comments that follow. Some survey questions less relevant for informing the strategic plan and are not reflected here, though they will be useful during plan implementation and will be passed to the Secretariat for its use and dissemination, as appropriate.

Findings and Survey Questions informing them:

Finding 1: 1.1
Finding 2: 1.2
Finding 3: 1.4
Finding 4: 2.1
Finding 5: 2.3
Finding 6: 2.4
Finding 7: 2.5
Finding 8: 2.6, 2.7
Finding 9: 2.8
Finding 10: 3.4
Finding 11: 3.6
Finding 12: 3.7
Finding 13: 3.8
Finding 14: 3.9
Finding 15: 3.11
Finding 16: 5.1
Finding 17: 5.2
Finding 18: 5.3a
Finding 19: 5.3b
Finding 20: 5.3c
Finding 21: 5.4

Finding 1: PHM country circle survey responses by region

(response to Survey Question (SQ) 1.1)
This table provides perspective on participation and regional representation in the survey.

Region	**Countries represented in survey**	**Total number of country circles in the Regions**	**Response rate for the region**
Africa	7	22	32%
Europe	6	15	40%
Latin America	14	16	88%
North America	1	2	50%
MENA	0	7	0%
South Asia	3	5	60%
SEAP	4	12	33%
Total	35	79	44%

Notes:

1. With only one response from West/Central Africa, the totals for sub-Saharan Africa are combined as 'Africa'.
2. South Asia includes India for the purpose of this survey, although India is treated as a PHM region.
3. Similarly, Brazil is included in the Latin American region.
4. No country circle in the Middle East/North Africa (MENA) region responded in time for the drafting of the Strategic Plan. We have now received responses from Egypt, Yemen, and Palestine, though some translations are still needed.
5. A number of other countries had indicated they would respond but have not yet submitted their responses, including Morocco, Tunisia, France, USA, Djibouti, Malaysia, and Spain. Longstanding country circles that did not respond included Bangladesh and Italy.
6. Feedback from countries that did not respond in time for the analysis were reviewed and will be used to inform implementation of the plan but are not represented in the data here.

In total, 35 PHM country circles are represented in the survey responses, equal to 44% of PHM's 79 country circles (and a higher percentage of well-developed country circles). In the survey responses, Europe and the MENA region are underrepresented due to low or non-response rates from those regions. Africa is more represented by its Anglophone

countries, despite the survey being circulated in French across West Africa. There is modest overweighting from Latin America and South Asia, which along with East/Southern Africa had higher response rates.

Additionally, one-third of the responding country circles formed in last 10 years. Many of the non-respondent CCs are also newer or emergent, suggesting significant growth of PHM country circles in the last 10 years, if they can mature to stronger Circles.

Finding 2: Assessment of the strength of PHM country circles

(response to SQ 1.2)

This table provides additional information on characteristics of those who participated.

	Country Circle 'Strength'			
Global…	Small	Medium	Strong	Total
North	6	2	1	9
South	4	18	4	26
Total	**10**	**20**	**5**	**35**

The number of responses from Circles in the Global South was about three times the number of responses from the Global North. Among PHM country circles participating in the survey, there was a general balance across those that could be characterized as small, medium or strong, based on the number of activists, the range of activities reported, and the length of time the circle has been active. Responses from the Global South were more likely to be from medium-strength or strong circles than those from the Global North.

Finding 3: Average number of scheduled meetings per year, and local organizations in the country circle

(responses to SQ 1.4)

This table provides a sense of regional engagement levels, reflected as regular meetings and depth of country circle organisations.

Region	Country circles reporting	Avg # scheduled country circle meetings / year	Avg # local organizations in the PHM country circle
Africa	7	4	18.3
Europe	6	9	2.0
Latin America	14	2.5	7.8
North America	1	-	-
SEAP	4	2.3	8.3
South Asia	3	0.7	11.0

Of note, the average number of local organizations in country circles within a region may mask a wide range. Also, in terms of scheduled meetings, South Asia includes India (which operates as a region of its own with semi-autonomous

state-level circles) as well as Nepal and Pakistan, which are still gaining strength as country circles.

Finding 4: Numbers of activists who attended PHA4 and % still active

(response to SQ 2.1)

This table should give a sense of the participation in and value of PHAs in movement building.

Region	Country circles reporting	PHA4 participants	% still active after PHA4
Africa	7	37	84%
Europe	6	11	69%
Latin America	14	24	92%
North America	1	0	n/a
SEAP	4	22	100%
South Asia	3	106	56%
Total	**35**	**200**	**67%**

Activists who participated in PHA4 remain likely to continue their work with PHM in their home countries, nearly two years later. This underlines the passion of PHM activists. The primary reason for drop out is lack of time for health activism, or in other terms competing pressure from paid employment. Disagreement with PHM's ideals has not been cited as a reason for attrition.

Implications for the strategic plan: possibly that finding the sweet spot of where a group is on the spectrum of "emerging CCs/activists" and "established CCs/activists", and ensuring a balance at PHAs, could be useful criteria for allocating resources for best movement building.

Finding 5: Participation by Country Circles in PHM Global Programmes/activities

(response to SQ2.3)

Region	Country circles	Participation in PHM Global Programmes				
		IPHU	WHO Watch	GHW	Others	All
Africa	7	7 (100%)	5 (71%)	3 (43%)	2 (29%)	1 (14%)
Europe	6	5 (83%)	3 (50%)	-	-	-
Latin America	14	14 (100%)	9 (64%)	9 (64%)	-	-
North America	1	1 (100%)	1 (100%)	1 (100%)	1 (100%)	1 (100%)
SEAP	4	2 (50%)	2 (50%)	1 (25%)	1 (25%)	1 (25%)
South Asia	3	3 (100%)	2 (50%)	1 (33%)	1 (33%)	1 (33%)
Total	35	32 (91%)	22 (63%)	15 (43%)	5 (14%)	4 (11%)

Nearly all country circles have activists who participated in one or more IPHUs; the three that did not report an IPHU alumna/us were all new circles. Next in order was participation in the WHO Watch, followed by GHW (either drafting or launching the reports). Other programmes with lower rates of participation by country circles included the PHM evaluation,

critical health research, and the *Building a Movement for Health* manual.
Only four country circles reported engagement in all PHM global programmes, including South Africa and India, where the PHM global secretariat has most recently been based, as well as Canada and Australia where senior PHM activists reside. A low response rate from Europe masks that region's high participation in all PHM global programmes.

Notably, country circles in Africa were supported in their engagement by the (former) Africa outreach coordinator position, which has fallen vacant in early 2020. Similar support to Latin America (and perhaps MENA, not shown for lack of a response) may be of assistance to circles in those regions.

Finding 6: Communication with Regional Coordinators
(response to SQ 2.4)

Most country circles reported frequent interactions in regional committees and/or with the PHM regional coordinator. The variability in the performance and engagement of the regional representatives can be resolved with an agreed terms of reference that still allows flexibility to each representative to respond to the character and needs of the region.

Finding 7: Country Circle communication with other Country Circles
(response to SQ 2.5)

Discussions across country circles are more frequent when there is an active regional coordinator who coordinates regular (monthly) teleconferences with country representatives. The topics of these discussions vary by regions. In Africa and Asia, the topics include COVID-19, UHC, movement building, health workers, access to medicines, gender justice and decentralization. In Europe and Latin America, health sector privatization and climate change were mentioned more frequently. PHM may take advantage of this diversity by helping regions learn from each other about topics and activist methods.

Finding 8: PHM Country circles expectations of the Global Secretariat
(response to SQs 2.6, 2.7)

The Secretariat and country circles both expressed interest in identifying expectations of the Global Secretariat.

#	Type of expectation (ordered by # of PHM country circles expressing each request)
Communications and information	
12	Spanish translation of materials (including website)
9	Stronger communications and use of participatory webinars (and better website)
4	Videoconferencing facility (with live/recorded discussions of the SC and CoCo)
Capacity development and sharing best practices for country circles	
7	Capacity development (help activists engage with thematic circles and IPHUs)
6	Best practices and evaluation of PHM's work
Support to country circles' activism	
4	Voicing country issues and support for position papers by country circles (draft, disseminate)
4	Information, materials and tools for activists (easier than what PHM has already)
4	Mentorship and motivation (agenda-setting, position papers)
2	New country circles – unsure of what to request from Global Secretariat
1	Movement Building

Open-ended feedback from PHM country circles about their expectations of the PHM Global Secretariat was grouped into five categories: Communications/information, Capacity development and sharing best practices, Support to country circles' activism, Other, and Funding. Specific recommendations are listed within each of these categories, along with the number of country circles that cited each idea.

Finding 9: Areas for the Global Secretariat/Steering Council to make a better impact at the global level.

(Response to 2.8)

Areas for strengthened impact by the Global Secretariat (grouped by #1 and #2 priorities)	
#1	Global programmes (WHO Watch, GHW, IPHUs) and linking to countriesWebinars on current and future issues in healthStronger position papers on global health issuesImprove visibility of PHM, using social media and being vocal in discussions
#2	Support for whistle-blowers and activistsInfluence at WHA and high-level meetings on healthCommunicate in other languages (Spanish, French)Link IPHU with other social movements (on race, climate change, etc.)Lead civil society space in global discussionsGet more involved in Latin America and its specific issuesPrioritize Universal Health CARE and Gender JusticeDefine and coordinate global campaigns on health for allMore active involvement in global institutions not just WHO (World Bank, IMF, EU, etc.)

The table outlines suggestions for the Global Secretariat to make are stronger impact are presented as top priorities and secondary priorities, based on country circles' perspectives. Stronger, proactive communications was a common thread in many suggested actions, as well as multi-language versions of key materials and the PHM website resources.

Finding 10: Structure of PHM country circles (2020)

(response to SQ 3.4)

Region	Formalized network	Incipient network	Informal network	Total
Africa	3	2	2	7
Europe	-	-	6	6
Latin America	8	1	5	14
North America	-	-	1	1
SEAP	1	-	3	4
South Asia	2	1	-	3
Total	14	4	17	35

Definitions:

- Formalized network is a network of civil society organizations and/or people's movements who choose to be coordinated by a secretariat, coordinating committee and/or rotating coordinator.
- Incipient network is a network of civil society organizations but the coordination role and much of membership and activity is with one organization in recent years.
- Informal network is an unregistered group of individuals or a single CSO that plays the role of PHM for our country circle.

Across PHM, country circles in Latin America, Africa and Asia were more likely to create formalized networks, while circles in Europe, North America and Australia were largely informal.

Finding 11: Country Circle's main allies

(response to SQ 3.6)

Indicates number of country circles with these kinds of allies (not part of the country circle)

- 30 civil society (NGOs, Universities, etc)
- 15 Activist networks
- 14 Donors and foundations
- 10 International organizations and groups in other countries
- 7 Government

Finding 12: PHM's greatest success in different countries

(response to 3.7)

- PHM's greatest successes in countries are reported as:
- Movement building and bridge building among sectors and parts of society, and raising community voice;
- Helping maintain and support a strong progressive voice (including critical analyses, marches, and resistance efforts);
- Health policy influence; and
- Helping build the reputation of country circle civil society groups.

Finding 13: Main barriers to progress for PHM in countries (shown as Box 2 in strategic plan)

(response to 3.8)

- Time for activists to deeply engage with PHM
- Insufficient and unpredictable financial resources to support core coordination/management by Secretariat, key activities, etc.
- Communications and management resources to coordinate a large, diverse body
- Resources to build capacity among activists
- Connecting work happening and people across the movement
- Meaningful platforms to present the PHM perspective to different audiences
- Bringing full impact of efforts to bear
- Uneven development across priority areas of work
- Shrinking space for civil society, even in open, democratic societies
- Direct and indirect repression by the state against activism, including the inducement of fear among activists for speaking out
- Acceptance of a dominant, neoliberal view of health as a domain for the private sector, including by public policy makers.

Finding 14: Focus on country circle strengthening in 5 years

(response to SQ 3.9)

Country circles indicated that they would like to see Circle strengthening in the following ways:

- Movement building, especially with grassroots and youth; expansion to other areas of the country; improving external communications; and stronger internal commitment and dedicated activists
- Capacity building, especially for advocacy skills
- Strengthening the organisational (country circle) structures: Registration/Incorporation (and membership fees); creating a local Secretariat with a full time coordinator and administrative office; improved internal communications
- Strengthening clarity of vision, goals/focus, strategic and operational plans
- Securing funding
- Strengthening visibility, including holding national events and creating safe platforms for NGOs
- Greater policy influence and supporting a strong response to COVID-19
- Better participation with and connection to PHM Global, including PHM global programmes, better communications with the Secretariat, and some funding

Finding 15: Value-add of PHM at country level

(response to SQ 3.11)

Country circles indicated that being part of PHM has added value to their work in the following ways:

- Being part of PHM creates the ability to help create a global shared vision, with shared analysis and focus/ demands across countries and regions; it provides connection to a progressive global movement, and supports bringing together global perspectives on issues as well as different country perspectives, experiences, and actions; it provides access to a global network of activists who share into an take from the global network
- PHM provides a strong, progressive voice for equity and justice that is critical of a private market for health;
- PHM helps highlight issues that don't gain media attention and gives potential activists (including academics and anyone with a passion for the issues) a route to becoming activists
- PHM creates a convening space to bring together, share learning and plans, and build power and solidarity among activists, grassroots orgs, ngos; among struggles outside of but related to health (incl. housing, employment, gender rights, racism)
- PHM's work provides greater understanding, engagement, and dissemination of critical analyses, integration of SDH, greater capacity for policy analysis and advocacy
- PHM supports a platform for community voices and coordinated responses (e.g. as seen with recent COVID-19 work)

Finding 16: Thematic priorities that country circles named as one of their top three for the next five year

(response to SQ 5.1)

This table provides insight about thematic priorities among country circles, indicating activist energy for specific issues. They are grouped according to thematic areas by color.

Health priority for next 5 years	**# responses**	**% of PHM country circles**
Primary Health Care & UHC	**29**	**83%**
Health Systems	**13**	**37%**
Corruption in health system	2	6%
Pandemics	4	11%
Specific focus on health workers	3	9%
Gender Justice and Health	**20**	**57%**
Food and Nutrition Sovereignty	**12**	**34%**
Buen Vivir	**11**	**31%**
Environment and Ecosystems	8	23%
Climate Change	3	9%
Trade and Health	8	23%
Global Health Governance	5	14%
War, Conflict, Migration and Health	2	6%
Other	4	11%

This table shows the tabulation of health priorities named as one of their top three by PHM country circles. The list includes PHM thematic areas, concepts from PHM's global programmes, and issues raised in discussion with PHM activists.

The top priority from the country responses was Primary Health Care, including interactions with UHC, which was selected as among the top three priorities by 83% of PHM country circles. The second highest priority was Gender Justice and Health, with 57% of country circles identifying that as a priority. Other issues that were ranked by at least 30% of country circles include Health Systems (37% of responses), followed by Food and Nutrition Sovereignty (34%). Buen Vivir, with 31% of country circles, was prioritized by a few country circles in Europe and Southeast Asia as well as in Latin America (though it was not unanimously cited within Latin America). Together, the Climate Change issue and the Environment and Ecosystems thematic group were prioritized by 27% of country circles (with one country circle prioritizing both topics).

The War, Conflict, Migration and Health topic is likely underrepresented in the survey, as several of the countries where the issue is most critical did not provide survey responses at the time of analysis. This raises a question about what kind of support different groups need, and what level of critical mass is needed, to effectively work with PHM.

Other responses varied in their number of responses, and no priority received zero responses. Other priorities added by country circles included racism and health, indigenous people's health and the effect of Brexit on health (specific to one country).

Finding 17: Priorities for strategic plan focus
(response to SQ5.2)

This table indicates top priority for what country circles want to see reflected in the strategic plan.

Topic to be included in the Strategic Plan	Highest priority* (# of Circles)	% of Circles	Within top 3 priorities (# of Circles)	% of Circles
Specific objectives in the strategy	**17**	**49%**	**25**	**71%**
Linking with other social movements	4	11%	**23**	**66%**
Communications & Coordination	4	11%	**20**	**57%**
Movement Building	**12**	**34%**	**16**	**46%**
Capacity development for PHM activists	4	11%	11	31%
Political-economy critique of health	4	11%	11	31%
Re-energizing the Health for All Campaign	4	11%	11	31%
Health governance beyond WHO	0	0%	11	31%
Developing smaller campaigns	4	11%	10	29%
PHM's internal collaboration (across thematic circles and global programmes)	3	9%	10	29%
PHM's internal governance	2	6%	10	29%
Formal planning process	1	3%	9	26%
Create new knowledge locally	3	9%	9	26%

*****adds up to more than the number of country circle respondents because some respondents included more than one or three priorities for the two questions.

Note: the percentages are based on the country circles that identified each topic as a priority for the strategic plan.

Among the country circles' expectations from the PHM strategic plan, all thirteen strategy components were named as among the top three expectations by at least a quarter of PHM country circles. The top ranked expectation was for 'Specific Objectives in the PHM Strategic Plan', which was listed as a top three priority by 71% of country circles and as the #1 priority by nearly half of country circles (49%). The next highest expectation from country circles was 'Movement Building' (46% of country circle responses as a top 3 priority, and 34% of countries' #1 priority). Over half of the country circles responding cited alliances with other social movements (23 country circles; 66%) and internal PHM communications and coordination (20 country circles; 57%) as among their top 3 priorities from the PHM Strategic Plan.

The priorities generally support the current focus of the strategic plan, though relatively fewer country circles prioritized formal planning and internal collaboration, which interestingly are related. Formal planning and internal collaboration in the strategic plan are largely a function of global (not country level) PHM efforts, related to Secretariat and global programme/thematic circle functions. This may reflect lack of interest in or time for participating at the global level, or reflect a genuine sense of where PHM should invest. This may also reflect a desire by country circles to see a motivating call in the strategic plan through its specific objectives, but also to retain their autonomy as country-based movements.

Implications for strategic plan: We may need to more clearly identify what formal planning and enhancing internal

collaboration should look like, in terms of value to and necessity for achieving PHM's other priorities (e.g. setting, and presumably achieving specific objectives, which was the highest priority), commitment to/interest in participating as activist volunteers at the global level (e.g. active participation in the thematic circles).

Finding 18: Biggest challenges for PHM in the next 5-10 years

(response to SQ 5.3a)

Challenges for PHM Global

- Movement building: bringing in more and younger activists; creating a mechanism/plan for attracting young activists, retaining current activists (problem of attrition)
- Resource mobilisation, including supporting regional activities, country circles
- Maintaining PHM's independent voice in the context of dwindling funding
- Maintaining a strong Secretariat in light of dwindling financial support, including country circle access to consistent administrative support and sustaining the campaigns
- Global leadership renewal, including bringing in younger leadership and ensuring diversity
- Holding PHM's space in a context of many organisations working in heallth equity/ justice; positioning the movement within the wider context and how PHM's work contributes to change.
- Capacity building of PHM activists
- Make the thematic circles easier to engage and more inviting

Challenges for PHM country circles

- Funding to support established and emerging country circles
- Governance, coordination and leadership development and infrastructure for country circles
- Bringing in young and committed activists who share the same analysis
- Support or maintain a balance between community knowledge/input and academic analysis
- Finding a balance in communicating complex system analysis and easy popular language and presentation
- Rethinking civil society activism in a world in change, especially concerning global health shifts, like the weakening of multilateralism. How to advocate in this context?

Issue related challenges

- Private market of health and rising dependency of state on private market
- How to bring shift of resource utilization from military to health and education
- Privatization of health care
- Corporate takeover of health care
- The COVID-19 Crisis: health systems strengthening and access, worsening inequalities, relation to neoliberalism, lessons for next pandemics
- Clean and safe environments for all
- Tackling the negative vs positive responses to COVID-19 to avoid further exacerbating of inequalities.
- Domestic violence, gender-based violence

Social/political context challenges

- Oppression to speak out any analysis that doesn't fit the government's/those in power 's narrative.
- Fake news and difficulty to push for a narrative based on in-depth analysis and science
- Instant gratification culture where long-term engagement in a longer struggle might seem useless
- Post COVID-19 economic crisis and impact on poverty and inequality
- Rise of fundamentalism and fascism. Freedom of expression is being suppressed and human rights are being violated.
- Facing the multinational attack on people's health empowered by big funders and capturing of multi-lateral forums and bodies (like the UN agencies)
- Progressive erosion of civil society spaces by increasingly autocratic governments.

Finding 19: New topics PHM should be addressing

(response to 5.3b)

- Pandemics, COVID-19 and a post-COVID society (and other emerging diseases, health crises, emergencies)
- Climate Change, including just economic transition to sustainables for energy; how will we live on the planet (e.g. displacement, adaptation)
- Issues of community minorities, marginalized populations, indigenous people's rights
- Rational use of health science, research and technology for the benefit of people (rather than tools of exploitation adding financial burden to the people)
- Racism and White Supremacy (E.g. Colorism, Brahmanism)
- Mentorship for emerging country circles
- How are we all going to live on our planet in coming years?
- Degrowth economics
- A campaign for mental health some international organisations are very neo-liberal on this issue; demand will increase due to the pandemic
- Solidarity with international movements/ campaigns (Black Lives Matter, Trans rights, Disabled rights, women and queer peoples' rights.)
- Police abolition and the impacts of this on health
- Use of traditional and ancestral medicines.
- Reorganisation of socio-political system towards an egalitarian economic order
- Digital health

There was significant support for pandemic/COVID-19 issues and climate change. Other topics were mentioned only once or twice. Two country circles responded that PHM should not try to address anything new. One said PHM must keep its distinct niche and be flexible to embracing other Global challenge as they emerge.

Finding 20: Vision for PHM in 5 years

(response to SQ 5.3c)

- Making the right to health real
- Formalization of PHM as a network and of country circles
- PHM-Secretariat serving the movements on the ground and not vice a versa.
- Stronger movement with greater public and grass roots understanding of what PHM stands for
- PHM taking active positioning on governments abdication of its responsibility to people's health and denouncing them
- Young generations will be much involved in PHM-Activities, programs, and leadership roles;
- Robust strategic plans by each country for their regions
- Advocacy, Activism and greater involvement in activities which will help realise 2020 UHC vision
- Accumulation of strength. Greater activity in a more militant manner
- More importance to noncommunicable diseases and the commercial determinants of health and neoliberalism
- Degrowth as the new economic model for high income countries

Finding 21: Recommendations for the strategic plan

(response to SQ 5.4)

Content-related recommendations

- Re: Movement building: how we coordinate; communicate internally, externally, and between regions; create a central hub for collating and sharing experiences and approaches from a range of countries; maintain a voice for equity; create a more participatory movement, connecting at different levels, within countries, across regions and globally; organise alongside other movements in solidarity
- Goal of expanding to 120 countries including all of Latin America
- Build better communication processes for supporting bottom-up (not top-down) decision-making (including reflecting on the development of this strategic plan); Stronger communication between levels (global, regional, country) and among regions
- Address topics including equitable access to health care and SDH, access to medicines, health cooperation, gender based violence and HIV, COVID-19 for vulnerable populations; Cover issues within the country-levels and addressing emergencies such as COVID-19.
- Address how to support country circles with small grants
- Financial mobilisation strategy
- Communications, including Global PHM keeping contact through digital and social media
- Translate website into Spanish and French
- Plan to hold global assembly to develop a proposal for action on the post pandemic situation and the "new Normal"
- Ensure decisions are based on reality of people in different regions
- Increase opportunity for PHM activists to engage at global level

- Address governance issues and inclusive approaches to succession planning
- How to support country circles to be well-established with the financial, human and material resources to lead major advocacy campaigns, and to build capacity of local CSOs in advocating and monitoring change

Process related recommendations

- Support a process for all countries per regions to review the plan
- Publish publicly and share widely to secure resources; launch in regional circles

Appendix 4 WHO Watch

The WHO Watch programme includes five phases:

i) commentary on the EB/WHA documents, and sharing with the official country delegations,

ii) 2-3 months to orient the watchers with the aims of the watch, the functioning of the WHO and its government bodies, and develop a background understanding of key issues,

iii) a face to face capacity building workshop for watchers to engage, critically analyse, develop a collective understanding, prepare statements and policy briefs in collaboration with like-minded organisations;

iv) intervening in the governing body meeting of the WHO through advocacy with country delegations, submission of oral and written statement and a running commentary through the skype channel, and

v) reporting from the Watch, for instance through popular articles for a non-expert audience, and developing the PHM tracker and Newsletter Updates.

Appendix 5. PHM's Thematic Areas and sub-themes

Equitable Health Systems

- Privatization- Corporate Control- the politics of UHC
- Primary Health Care, Universal Health care, Health Systems Strengthening
- Strengthening and funding the public health system
- Health Workers
- Health rights and its violations
- Epidemics and Pandemics- Causes, Consequences and Responses through an Equity Lens and denouncing military solutions
- Impact of social determinants of health (SDoH) on health systems
- Public Participation / Community voice in Health Systems

Trade and Health

- Ecologically unsustainable farming and fishing, and industrial oil dependent 'cheap' food
- Reform of intellectual property protection towards ensuring access medicines and treatments locally manufactured
- Reform of pharmaceutical research and development away from dependence on patent protected profits and towards publicly funded, publicly accountable R&D
- International investment reform away from corporate extortion and low tax;
- Reform of corporate regulation globally and nationally
- Reform of global supply chains with a view to promoting local and national production
- Reform of the institutional structures governing global trade and the global finance architectures.

Nutrition and Food Sovereignty

- Human rights learning and actions around right to food issues;
- Political economy analysis of food and nutrition issues;
- Holding Big Food and Big Soda accountable (food waste and food safety, taxation of ultra processed foods, food labelling); and
- Nutrition and social protection.

Environment and Ecosystem Health

- Mining and health

- Climate change and health
- Repression of anti-extractive activists
- Extractivism and gendered violence
- Understanding extractive capitalism and health
- Silicosis
- Agro-toxins

Gender Justice and Health

- Address gender and intersectional justice
- The Right to Health and Health care
- Sexual and Reproductive Health and Rights (including the areas of safe abortion, gender based violence, mental health, etc.)
- Gender Justice in Conflict
- Pandemics and other Public Health Crisis.

War and Conflict, Occupation and Forced Migration and Health

- Political, socioeconomic, and environmental (including climate change) determinants of migration;
- Detention of migrants, including child detention and family separation, and its immediate and latent consequences;
- Right to health and health care in situations of war and conflict;
- Right to health and human rights of refugees and displaced persons;
- Right to health of migrant labour- international and within nations.

Appendix 6. Examples of PHM's capacity building materials and opportunities

Key Declarations

- Alma-Ata. (2005). Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Retrieved August 5, 2020, from https://www.who.int/publications/almaata_declaration_en.pdf
- People's Health Movement. (2000). The People's Charter for Health. Retrieved March 10, 2020, from https://phmovement.org/the-peoples-charter-for-health/
- Protecting the Right to Health through action on the Social Determinants of Health A Declaration by Public Interest Civil Society Organisations and Social Movements Rio de Janeiro, Brazil (18th October 2011) (https://phmovement.org/wp-content/uploads/2019/07/Alternative-Civil-Society-Declaration.pdf)
- Promoting Health for All and Social Justice in the Era of Global Capitalism A call to action by the People's Health Movement at the 8th Global Conference on Health Promotion Helsinki, Finland - 14 June 2013, People's Health Movement https://phmovement.org/wp-content/uploads/2019/07/Declaration-on-8th-GCHP.pdf
- People's Health Movement. (2018). Alternative Civil Society Astana Statement on Primary Health Care, October 28, 2018. Retrieved August 5, 2020, from https://phmovement.org/alternative-civil-society-astana-declaration-on-primary-health-care/
- People's Health Movement. (2018). Declaration of the 4th People's Health Assembly (PHA4). Retrieved April 06, 2020, from https://phmovement.org/declaration-PHA4/

Guidebooks and tools for movement building and activism

- People's Health Movement Cape Town (Ed.). (2019). *Building a Movement for Health*. Brussels, Belgium: Viva Salud. Retrieved March 8, 2020, from https://www.vivasalud.be/en/
- Right to Health Assessment Tool (under review by PHM)
- Country circle self-assessment Tool (under review by PHM)

Resources from PHM Global Programmes

- People's Health Movement. (2019). International People's Health University. Retrieved July 06, 2020, from https://iphu.org/
- WHO Watch. (2020). WHO Tracker. Retrieved August 02, 2020, from https://who-track.phmovement.org/
- Reports and declarations from People's Health Assemblies
- Global Health Watch. GHW is a rich source of analysis and critique, reporting from the Global South, and reframing of issues and solutions. Individual chapters are available online, including for past editions. Below is an example of the content of the Watch, now in its fifth edition.

  GHW 5 Contents:

Section A: The global political and economic architecture

A1: Sustainable Development Goals in the age of Neoliberalism

A2: 'Leave No One Behind' — are SDGs the way forward?

A3: Advances and Setbacks towards a Single Public Health System in Latin America

A4: Structural roots of Migration

Section B: Health systems: current issues and debates

B1: Universal Health Coverage: Only About Financial Protection?

B2: Revitalizing Community Control in Primary Health Care

B3: Healthcare in the US: Understanding the Medical-Industrial Complex

B4 : Contexualizing the Struggle of Health Workers in South Africa

B5: The 'new' Karolinska hospital: How PPPs undermine public services

B6: Access to Healthcare of Migrants in the EU

B7: Informalisation of Employment in Public Health Services in South Asia

Section C: Beyond healthcare

C1: Climate Change, Environmental Degradation and Health: Confronting the Realities

C2: Gendered approach to Reproductive and Sexual Health and Rights

C3: Health Reforms in Chile: Lack of Progress in Women's Sexual and Reproductive Health and Rights

C4: Trade Agreements and Health of Workers

C5 : Public Health in the Extractive Sector in East and Southern Africa

C6: The War on Drugs: From Law Enforcement to Public Health

Section D: Watching

D1: Money Talks at the World Health Organization

D2: Private Philanthropic Foundations: What do they mean for Global Health?

D3: Management Consulting Firms in Global Health

D4: GAVI and Global Fund: Private Governance Structures Trump Public Oversight in Public Private Partnerships

D5: Investment Treaties: Holding Governments to ransom

D6: Framing of Health as a Security Issue

D7: Politics of Data, Information and Knowledge

D8: Access and Benefit Sharing: The Pandemic Influenza Preparedness Framework

D9: Total Sanitation programs at the cost of human dignity

Section E: Resistance, actions and change

E1: Social Movements Defend Progressive Health Reforms in El Salvador

E2: Contestations Concerning Management of Severe Acute Malnutrition in India

E3: People living with HIV in India: The Struggle for Access

E4: Community engagement in the Struggle for Health in Italy

Websites

1. PHM Website: www.phmovement.org
2. WHO Watch Tracker
3. International People's Health University

Social Media

1. PHM Exchange Listserve: phm-exchange@phm.phmovement.org (3498 subscribers on 6 March 2020)
2. Twitter: @phmglobal (4,288 followers on 6 August 2020)
3. Facebook: https://www.facebook.com/peopleshealthmovement/ (4930 likes & 5167 followers on 6 August 2020)

Youtube videos

The following is a sampling video titles available on Youtube by or about PHM. It is not a complete reference, nor does it include videos produced by affiliates and PHM activist organisations.

- Message from Halfdan Mahler to People's Health Movement (2008)
- Dr. Amed Senjupta (Amit Sengupta), People's Health Movement (2012)
- Fran Baum: Is capitalism good for our health? (2013)
- Ayush and Public Health—Speech delivered by Dr Ravi Narayan (2014)
- People's Health Assembly Day 3 July 18, 2012 Cape Town (2012)
- People's Health Assembly – North America (2017)
- People's Health Assembly Day 6 July 11, 2012 Cape Town (2012)
- Origins of the People's Health Movement (interview with David Sanders) (2014)
- Global Health Crisis (interview with David Sanders) (2014)
- Health For All Now! The 3rd People's Health Assembly (2015)
- People's Health Movement joins Madre Tierra Una Sola Salud (2017)
- Claudio—what are your hopes for the People's Health Assembly? (2018)
- Claudio—what are your alternatives? (2018)
- Neoliberalism and the global struggle for access to health (2019)
- Nutrition and Health Policies in Nepal—Arun Uprety (part of public health discussion series) (2019)
- Statement by People's Health Movement Healthcare in Nairobi County (2019)
- Reflections on the 4th World People's Health Assembly in Bangladesh (2019)
- Participante – People's Health Movement (2019)
- People First Webinar Series: Dr. Sundararaman, Global Coordinator, People's Health Movement (2020)
- Covi19 World Health Assembly—A People's Assessment (2020)
- Corporate Interests are Determining US Response to COVID-19 (interview with Hani Serag) (2020)
- Fatal Outbreak of Corona Virus: Perceptions and Politics of Pandemic in Global Health (2020)
- Revisiting David Sanders' Works and Life: An Obituary to the Pioneer of the People's Health Movement (2020)
- Urgent Medical Support is Required for the Migrant Labourers (2020)
- Chiara Bodini from People Health Movement asks to AXA to Divest! (2020)

Resources from Latin America

Equipo Comunicandonos. The PHM-LA Communications Team has assembled a robust archive of video, audio, and written materials available in Spanish and some in English. The materials are housed on a highly searchable website at https://archive.org/search.php?query=EQUIPO+COMUNICANDONOS&page=2.

Materials include interviews, discussions of critical analyses, community-and grassroots driven declarations and perspectives, reports on meetings, etc. These are critical resources for their regional work, and with translation, also offer important opportunities to build bridges between regions, connect PHM-LA better to PHM's global work, and broadening PHM's resources in terms of all of the social movement strategies and thematic areas.

Appendix 7. Examples of Global/regional movements, networks, and leading CSOs for potential convergence with PHM

Name	Size	Description
La Via Campesina	150 organizations in 70 countries; represents 200 million farmers	Latin American movement that brings together peasants, small and medium-size farmers, landless people, women farmers, indigenous people, migrants and agricultural workers. It defends small-scale sustainable agriculture as a way to promote social justice and dignity. It strongly opposes corporate driven agriculture and transnational companies that are destroying people and nature. It is an autonomous, pluralist and multicultural movement, independent from any political, economic or other type of affiliation.
350.org	The 2009 international day of action saw over 5,000 separate climate justice events in 181 countries.	International campaign dedicated to building a movement to unite the world around solutions to the climate crisis that science and justice demand. Mission is to inspire the world to rise to the challenge of the climate crisis – to create a new sense of urgency and of possibility for our planet."
Friends of the Earth International	76 national member groups, 5,000 local activist groups, and 2 million members and supporters globally	Campaigns on urgent environmental and social issues. We challenge the current model of economic and corporate globalization, and promote solutions that will help to create environmentally sustainable and socially just societies.
Climate Action Network (And Climate Action Now International)	Worldwide, 550 NGOs	Network to promote government and individual action to limit human-induced climate change to ecologically sustainable levels. Climate Action Now International works on the inside in support of international negotiations.
Climate Justice Action		A transnational non-hierarchical direct action network that serves as a resource base for exchange of experiences ... in order to be a tool for movement building. We consider ourselves part of the broader movements for climate and social justice. CJA commits to having regular electronic and face-to-face organizational and strategy meetings to link our struggles.
Amnesty Inat'l	7 million members globally	Amnesty International is a global movement of people who take injustice personally. We are campaigning for a world where human rights are enjoyed by all. We investigate and expose the facts, whenever and wherever abuses happen. We lobby governments, and other powerful groups such as companies. Making sure they keep their promises and respect international law. By telling the powerful stories of the people we work with, we mobilize millions of supporters around the world to campaign for change and to stand in defence of activists on the frontline.

The Pan African Climate Justice Alliance (PACJA	1000 organisations in 48 African Countries	A consortium that brings together a diverse membership drawn from Grassroots, Community-based organizations, Faith-based Organizations, Non-Governmental organizations, Trusts, Foundations, Indigenous Communities, Farmers and Pastoralist Groups with a shared vision to advance a people-centered, right-based, just and inclusive approach to address climate and environmental challenges facing humanity and the planet.
CorpWatch	Research group	CorpWatch works to promote environmental, social and human rights at the local, national and global levels by holding multinational corporations accountable for their actions. We employ investigative research and journalism to provide critical information on corporate malfeasance and profiteering around the world to foster a more informed public and an effective democracy.
Global Witness	100 staff and offices in London, Washington DC, and Brussels, along with a global network of partners and allies.	Mandate is to provide accurate, timely and easily accessible articles, reports and data on violations by multinational corporations to activists, media, the general public and policy makers. Campaigns encompass oil, gas and mining, conflict resources, forests, land and environmental defenders, and corruption and money laundering. Investigations are known for their meticulous attention to detail and are months and sometimes years in the making, using skills and techniques to uncover evidence including secret filming, satellite imagery and drone footage, data analysis including artificial intelligence and cloud computing to analyse the real owners behind UK companies, and anonymous sources.
Our World is Not for Sale (OWINFS)	251 organizations across the Global South	The “Our World is not for Sale” (OWINFS) network is a loose grouping of organizations, activists and social movements worldwide fighting the current model of corporate globalization embodied in global trading system. OWINFS is committed to a sustainable, socially just, democratic and accountable multilateral trading system. OWINFS grew out of the international campaigns against the Multilateral Agreement on Investment (MAI) and the World Trade Organization (WTO). Linkages are also made between all the various pieces of the corporate-driven trade agenda, from the WTO to regional and bilateral agreements.
Global Campaign Against Corporate Impunity	over 250 social movements, CSOs, trade unions and affected communities	The Global Campaign is a peoples global structural response to unaccountable corporate power which provides facilitation for dialogue, strategizing, exchanging information and experiences, acting as a space for visibility of resistance and deepening of solidarity and support for struggles against TNCs. The campaing proposes an International Peoples Treaty and is advocating for a UNHCR binding treaty on TNC violations of human rights.

CSO network against RCEP	Around 40-50 groups from the 16 countries negotiating the pact	Loose network of organisations opposing the Regional Comprehensive Economic Parnership in Asia. Mostly functions as a list-serve
Plataforma América Latina Mejor sin TLC	Around 20 national platorms and regional networks from Latinoamerica	Regional platform that campaigns and advcates against free trade agreements.
CSO alliance against TPP	Around 30-40 groups from the 12 countries negotiating the pact	Loose network of organisations opposing the Trans-Pacific Parnership and now CPTPP in Asia and Latin America. Mostly funcitons as a list-serve
Seattle to Brussels Network	More than 50 CSO from Europe	Network of development, environment, human rights, women's and farmers' organisations, trade unions, social movements and research institutes from Europe formed in the aftermath of the World Trade Organisation's (WTO) 1999 Seattle Ministerial to challenge the corporate-driven trade agenda of the European Union and European governments.
Global alliance for tax justice	5 regional tax justice networks, which collectively represent hundreds of organisations.	A movement of civil society organisations and activists, united in campaigning for greater transparency, democratic oversight and redistribution of wealth in national and global tax systems. The constituents are Red de Justicia Fiscal de America Latina y el Caribe (RJF-ALC), Tax Justice Network Africa (TJNA), Tax and Fiscal Justice Asia (TAFJA), Tax Justice Europe (TJE), FACT Coalition (USA) and Canadians for Tax Fairness.
Public Services International	700 affiliated trade unions in 154 countries, representing 30 million members.	A Global Union Federation struggling for workers rights and access to quality public services for all (since 1907. PSI brings together unions of workers in health and social services, water and electricity utilities, as well as national, regional and local governments and intergovernmental organisations.

Abbreviations

CoCo: Coordinating Commission

CPHC: Comprehensive Primary Health Care

GGI: Global Governance Initiatives

GHG: Global Health Governance

HFAC: Health For All Campaign

LMICs: Low and Middle Income Countries

PHA: People's Health Assembly

PHC: Primary Health Care

PHM: People's Health Movement

SC: Steering Council

SDH, SDoH: Social Determinants of Health

UHC: Universal Health Coverage

WHO: World Health Organisation