Physicians for Reproductive Health

FISCAL YEAR 2027 – 2031 STRATEGIC FRAMEWORK

BUILDING PHYSICIAN POWER. DRIVING CHANGE. SUSTAINING THE MOVEMENT.

A LETTER FROM PRH

A DEFINING MOMENT FOR PHYSICIAN LEADERSHIP

For more than three decades, Physicians for Reproductive Health has organized, trained, and amplified physician voices who understand that providing excellent medical care is inseparable from advocating for the conditions that make that care possible.

Today, that work is more urgent—and more expansive—than at any point in our history.

Across the country, political interference is reshaping the practice of medicine. Abortion bans constrain clinical judgment and endanger patients. Transgender people and their providers face escalating political attacks. Immigrant communities encounter surveillance and fear that make accessing health care more difficult. Pregnancy outcomes are increasingly scrutinized and criminalized. At the same time, misinformation is undermining public understanding of reproductive health care and eroding trust in medical evidence.

These threats are interconnected, and they demand more than a series of individual responses.

They demand power.

Physicians bring a distinctive form of power to this work. They care for patients affected by harmful policies. They understand the clinical consequences of political decisions. They are trusted messengers in communities, newsrooms, courtrooms, legislatures, and medical institutions. And when physicians are trained, connected, organized, and equipped to act together, they can become an extraordinary force for change.

PRH's next five years are about realizing that potential at a much greater scale.

We will expand our national physician network and create clear pathways for physicians to move from interest to action and leadership. We will align that community around a bold policy and advocacy platform. We will strengthen physicians' ability to influence public narrative, policymaking, elections, and the broader medical profession. We will deepen partnerships with movements whose struggles for bodily autonomy and justice are inseparable from our own. And we will make the long-term investments in people, technology, evaluation, financial sustainability, and organizational infrastructure necessary to sustain this work for decades.

This strategy represents an evolution in how PRH understands our role. We will continue to train and amplify extraordinary individual physician advocates. But our ambition is larger: to build a durable national infrastructure for physician power in service of reproductive health, rights, and justice.

We invite our partners, supporters, and fellow movement leaders to build it with us.



Dr. Jamila Perritt
President & CEO

THE MOMENT WE ARE IN

THE CASE FOR ACTION

The conditions shaping sexual and reproductive health care in the United States have changed dramatically.

Physicians are increasingly being asked to practice medicine in settings where political ideology—not medical evidence, patient need, or clinical judgment—determines which care is available. Federal and state policy changes have created uncertainty and risk for patients and providers and have emboldened attacks on abortion, contraception, gender-affirming care, maternal health, and other essential services. These harms disproportionately affect Black, Indigenous, Latine, and other communities of color; immigrants; people with low incomes; LGBTQIA2+ communities; and people already facing systemic barriers to care.

The consequences extend far beyond whether a single service is legally available. Pregnant people are increasingly subjected to surveillance and criminalization. Families are navigating health systems shaped by inequity and fear. Transgender people face coordinated efforts to restrict their health care and their ability to participate freely in public life. Immigrant communities encounter policies that can make seeking medical care feel dangerous. Abortion bans compound an existing maternal health crisis. Misinformation about reproductive health is deliberately used to confuse the public, stigmatize patients and providers, and justify harmful policy.





These challenges are not separate. They are manifestations of a broader struggle over bodily autonomy, political power, and whose expertise and experiences are allowed to shape our laws and institutions.

FIVE CONDITIONS SHAPING THIS STRATEGY

→ Political interference in health care

Physicians increasingly practice in an environment where laws and political ideology constrain clinical decision-making and limit patient autonomy.

→ Criminalization and surveillance

Pregnancy outcomes, abortion care, immigration status, gender identity, and other aspects of people's lives are increasingly subject to surveillance and to criminalization.

→ An information crisis

Mis- and disinformation are eroding public understanding of reproductive health and trust in medical evidence.

→ Interconnected attacks

Abortion restrictions cannot be separated from attacks on transgender people, immigrant communities, racial justice, maternal health, and bodily autonomy.

→ A fragmented physician community

Thousands of values-aligned physicians want to act but lack the training, infrastructure, relationships, and coordinated opportunities needed to translate their expertise into sustained power.

WHY PHYSICIANS. WHY PRH. WHY NOW.

Yet this moment also presents a profound opportunity. Across specialties, geographies, and generations, physicians are asking how they can do more. They are speaking publicly about what they see in their exam rooms. They are testifying before legislatures, engaging with journalists, educating their communities, supporting litigation, and advocating within their professional associations. Courts, policymakers, the media, movement organizations, and the public continue to seek credible medical voices to explain what policies mean for real people and real care.

PRH has spent more than thirty years preparing physicians to fill that role. Since 1992, our physician advocates have brought clinical credibility to some of the most consequential reproductive health debates in the country—from legislative testimony and media advocacy to legal briefs and public education. PRH bridges frontline medical experience and public policy in ways few organizations can.

The opportunity before us now is to move beyond activating physician voices, one moment at a time.

Hundreds of thousands of physicians across the United States could join a much larger community advocating for reproductive health, rights, and justice. Many want meaningful ways to act but lack access to training, community, coordinated advocacy opportunities, or an organization that helps them translate their professional expertise into sustained public leadership.

PRH will build on its role as an advocacy home.

Over the next five years, we will build the systems needed to identify these physicians, connect them to one another, strengthen their advocacy skills, organize them around shared priorities, and mobilize their collective expertise where it can make the greatest impact.

MEDICINE

+

ADVOCACY

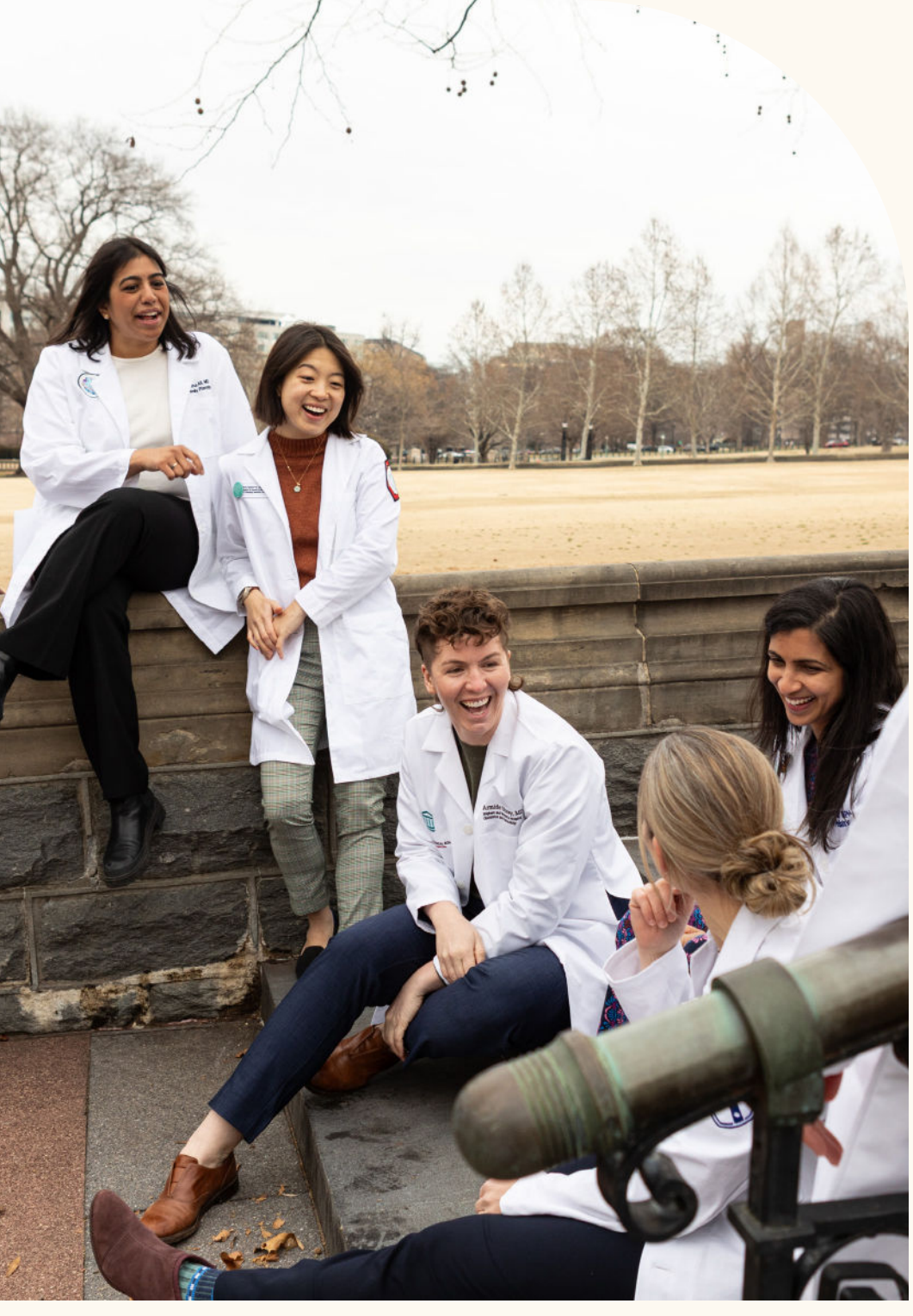
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COMMUNICATIONS

+

LEARN AND ADAPT

PRH occupies a distinctive position at this intersection. Our strategy for FY2027 – 2031 is designed to organize that credibility into power.



PRH TODAY

A FOUNDATION FOR COLLECTIVE POWER

Physicians for Reproductive Health has built a national community of physician advocates with the expertise, credibility, and commitment to advance reproductive health, rights, and justice. Through leadership development, advocacy, communications, and movement partnerships, we have cultivated a foundation of trusted voices and relationships nationwide.

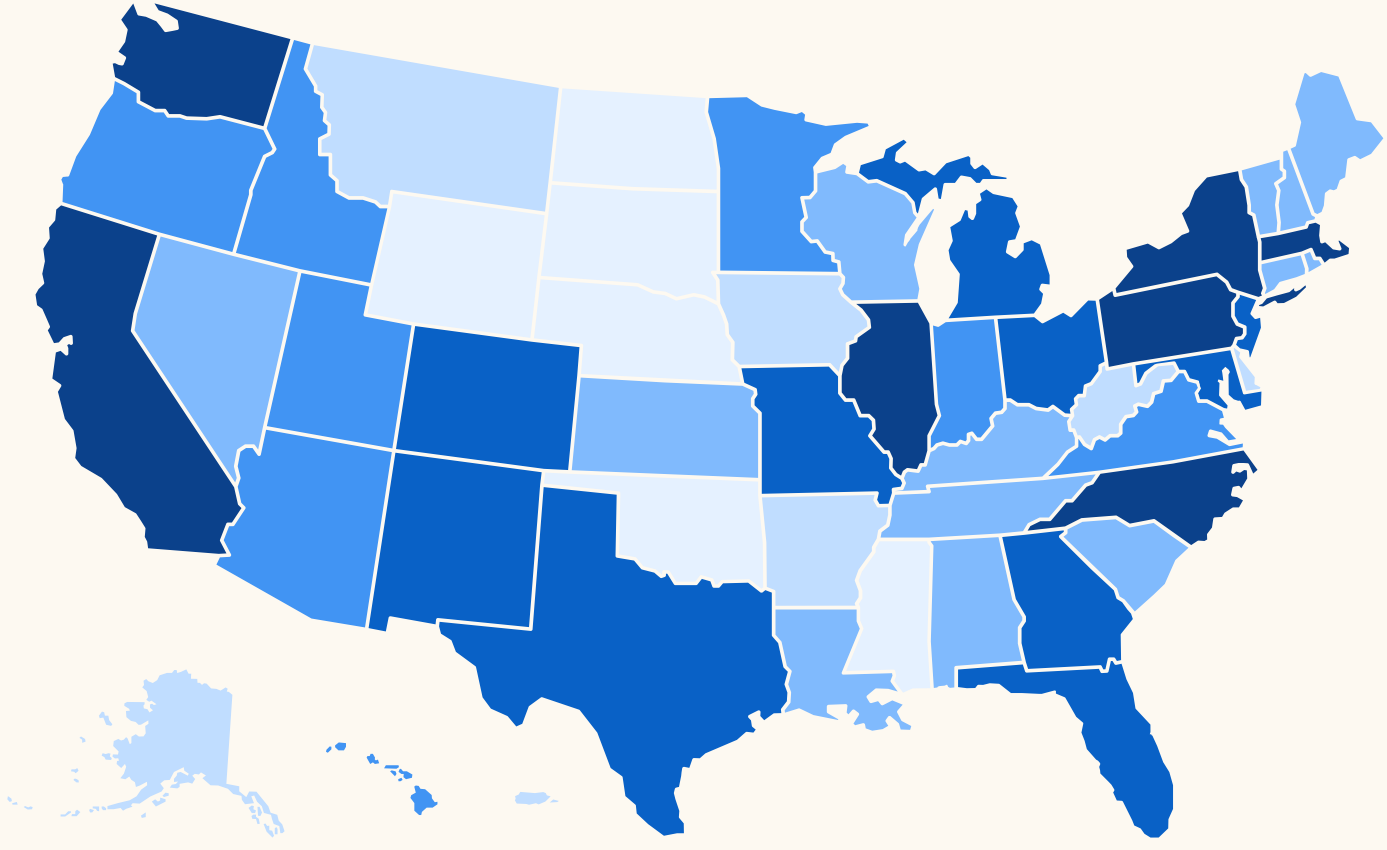
Our next chapter focuses on connecting these strengths more intentionally. By investing in infrastructure, leadership pathways, and coordinated opportunities that bring physicians together, we will turn individual physician leadership into sustained collective power.

30+

Years of physician advocacy leadership

Today, PRH's work is supported by a 6.87 million annual operating budget and 21 full-time staff, providing an organizational foundation for the next chapter of our strategy.

OUR NATIONAL PHYSICIAN COMMUNITY



PHYSICIAN LEADERSHIP

592

Leadership Training Academy alumni

GEOGRAPHIC REACH

46

U.S. states and jurisdictions represented

MOVEMENT PARTNERSHIP

15

Active movement and medical association partnerships

MEDICAL EXPERTISE

9

Medical specialties and subspecialties represented

Data as of October 2026. Geographic reach includes Washington, D.C., and Puerto Rico.

OUR NORTH STAR

Our Mission

Physicians for Reproductive Health organizes, mobilizes, and amplifies the voices of medical providers to advance sexual and reproductive health, rights, and justice. Our programs combine education, advocacy, and strategic communications to ensure access to abortion care and equitable, comprehensive health care.

Our Vision

A just and equitable world where all people are free to make their own decisions about their bodies, families, and futures.

Our Theory of Change

Trained, organized, and connected physician advocates are powerful change agents who shift narrative, influence policy, build power, and expand access to comprehensive reproductive health care. Our strategic plan grows from that belief.

For decades, PRH has demonstrated the impact an individual physician can have when equipped with the skills and opportunities to advocate. The next stage of our work is to multiply that impact by building the connective tissue among those individual advocates.

We are moving from a model centered primarily on training and amplifying individual physicians toward one that also organizes physicians as a national advocacy constituency.

That means knowing who is in our network and how they want to participate. It means creating pathways for engagement that extend far beyond a single training experience. It means coordinating physician action through a focused platform. It means developing leaders who can influence medical institutions, public narratives, policymakers, and political systems. And it means building an organization capable of sustaining that infrastructure over time.

BY 2031, PRH WILL BE POSITIONED TO:

- Build and sustain a larger, more diverse national network of physician advocates.
- Move physicians from connection to meaningful advocacy and leadership.
- Establish new avenues for political engagement through a connected 501(c)(4).
- Organize our network around a focused policy and advocacy platform.
- Increase the reach and influence of trusted physician communicators.
- Deepen partnership across interconnected justice movements.
- Build the financial and organizational infrastructure required to sustain physician advocacy for the next generation.

THE STRATEGIC FRAMEWORK

THREE AMBITIONS. SIX STRATEGIC PRIORITIES. ONE VISION.

Our six strategic priorities are not independent programs; together, they form an interconnected strategy for building physician power.

BUILD PHYSICIAN POWER

1. Expand and mobilize a national network of physician advocates.
2. Build political power through a connected 501(c)(4).

DRIVE CHANGE

3. Advance a focused policy and advocacy platform.
4. Change the narrative through trusted physician voices.
5. Build power across movements.

SUSTAIN THE MOVEMENT

6. Build the organizational and philanthropic infrastructure for lasting impact.

OUR LONG-TERM AMBITION

Physicians organized as a durable force for reproductive health, rights, and justice.

> “PRH has given me the resources, support, and community to advocate for my patients and community in ways I never thought possible.”
>
> **DR. STEPHANIE MISCHELL (FAMILY MEDICINE AND REPRODUCTIVE HEALTH, NJ) C/O 2022**

BUILD PHYSICIAN POWER

First, we will strengthen the network itself. PRH will expand beyond the physicians already connected to our Leadership Training Academy (LTA) and develop multiple entry points for values-aligned clinicians who want to engage in reproductive health advocacy. We will create clearer pathways for physicians to deepen their involvement over time, invest in a stronger alumni and organizing infrastructure, and create opportunities for physicians to exercise leadership within PRH and the broader medical community. At the same time, we will explore and establish new tools for political engagement through a connected 501(c)(4), enabling physician expertise and advocacy to reach arenas where our current structure limits participation.

DRIVE CHANGE

A larger network matters only if it is organized toward a purpose. PRH will focus physician advocacy on a clear policy and advocacy platform and create coordinated opportunities for physicians to influence policy, litigation, communications, and public understanding. We will strengthen physicians as trusted messengers capable of reaching audiences across traditional and emerging media, while deepening partnerships with movements advancing immigrant justice, maternal health, transgender rights, and other interconnected struggles for bodily autonomy.

SUSTAIN THE MOVEMENT

None of this can happen without the infrastructure to support it. PRH will strengthen the philanthropic, technological, operational, governance, evaluation, and organizational systems needed to sustain strategic growth. We will diversify revenue, pursue long-term investments, build an endowment and a planned giving program, strengthen board engagement, improve data and evaluation, and develop the organizational resilience necessary to thrive amid an unpredictable political and philanthropic environment.

PRIORITY 1

BUILD AND MOBILIZE A NATIONAL NETWORK OF PHYSICIAN ADVOCATES

OUR AMBITION

PRH will build on its role as an advocacy home for physicians committed to reproductive health, rights, and justice—expanding across specialties and creating meaningful pathways to learn, connect, advocate, organize, and lead.

PRH's Leadership Training Academy has demonstrated what happens when physicians receive the training, confidence, community, and support needed to become public advocates. Fellows and alumni have testified before legislatures, spoken with journalists, educated their communities, supported legal advocacy, and emerged as visible leaders in reproductive health and justice.

Our next challenge is scale.

There are far more physicians who share these values than PRH can currently reach through a single cohort-based program. Some may be ready to testify or serve as media spokespeople. Others may be willing to sign a letter, attend a training, advocate within their institution, participate in a digital action, meet with an elected official, mentor another physician, or contribute financially to the movement. Every form of engagement matters.

Over the next five years, PRH will build a broader physician network that allows people to enter at different points, participate in ways that match their experience and capacity, and deepen their advocacy over time. Rather than viewing physicians primarily as participants in individual programs,

we will increasingly see them as members of an organized community whose collective expertise, relationships, geographic reach, and leadership can be mobilized strategically.

WHAT WE WILL BUILD

1. Build the Infrastructure for a National Network

PRH has built deep relationships with physician advocates over more than three decades. Next, we'll develop the data and organizing infrastructure needed to understand and engage those physicians as a national network.

We will invest in technology, staffing, and evaluation systems to understand where physicians live and practice, their specialties and expertise, the issues they care about, the relationships they bring, and how they want to participate.

This infrastructure will help PRH move from individual accounts of engagement to a measurable understanding of our network's collective strength, growth, and influence.

2. Create Pathways for Engagement

Not every physician will engage with PRH in the same way. We will create multiple entry points and meaningful opportunities for physicians to deepen their involvement based on their interests, experience, and capacity.

A physician might first connect with PRH through a conference, a digital campaign, or an educational resource. Over time, they may engage in advocacy, develop new skills, mentor peers, organize other physicians, or assume public leadership.

The goal is not simply more activity. It is sustained, strategic engagement that builds collective power.



YSICIAN
NT PATHWAY

opportunities. Sustained leadership.

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p. Public Communications.
Institutional Change

3. Reimagine the Leadership Training Academy

The LTA will remain one of PRH's signature investments in physician leadership. Over the next five years, we will strengthen its role within a broader national advocacy network.

Our focus will include:

STRATEGIC RECRUITMENT

Reach physicians across geographies, specialties, communities, and areas of expertise most relevant to PRH's policy and advocacy priorities.

DEEPER LEARNING

Expand in-person engagement, strengthen expectations for participation, and connect training more directly to policy, communications, and movement-building opportunities.

LEADERSHIP ACROSS GENERATIONS

Engage alumni and movement partners as faculty and mentors, connecting emerging advocates with experienced physician leaders.

Our goal is not simply to graduate more fellows. It is to build a sustained pipeline of physician advocacy leadership.

4. Build a Lifelong Alumni Community

Graduation from LTA should mark the start of a deeper relationship with PRH—not the end of a training program.

We will strengthen the infrastructure that keeps alumni connected, engaged in advocacy, and equipped to lead throughout their careers.

As a physician, I've seen firsthand how systems can either support or hinder access to care. The LTA program helped me find my voice in those conversations—it made me a better clinician, communicator, and advocate. The skills and mentorship I received continue to shape the way I approach my work and my responsibility to advance equity in maternal health.

DR. MAURA JONES PULLINS (OBGYN, NC) C/O 2025

This includes three areas of investment:

CONNECTION

Regional groups, class-year networks, issue-based communities, and local gatherings.

LEADERSHIP

Mentorship, alumni faculty roles, recruitment committees, peer training, and opportunities to help shape advocacy.

COLLECTIVE ACTION

Coordinated advocacy opportunities, dedicated alumni support, and an annual physician advocacy convening aligned with PRH's policy and advocacy platform.

Together, these investments will make alumni engagement a sustained organizational practice rather than a series of individual opportunities.

What Success Looks Like by 2031

- PRH will maintain a far deeper understanding of the physicians in our network and how their engagement is evolving.
- We will see measurable increases in participation across our advocacy ladder and stronger geographic, specialty, and issue-area representation.
- Leadership Training Academy alumni will remain actively connected through regional, class year, issue-based, and national structures.
- Physicians who have never participated in LTA will have meaningful ways to learn, advocate, and lead with PRH.
- Physicians across specialties will increasingly see PRH as their reproductive health, rights, and justice advocacy home.



PRIORITY 2

BUILD POLITICAL POWER

OUR AMBITION

PRH will establish a connected 501(c)(4) organization to expand the ways physicians can influence the political conditions that shape reproductive health, rights, and justice.

PRH has long understood that medical evidence alone does not determine public policy. Physicians can explain the consequences of abortion bans, challenge misinformation about contraception, describe how anti-trans policies affect patients, and demonstrate how immigration policy affects access to care. But evidence ultimately operates within systems of political power.

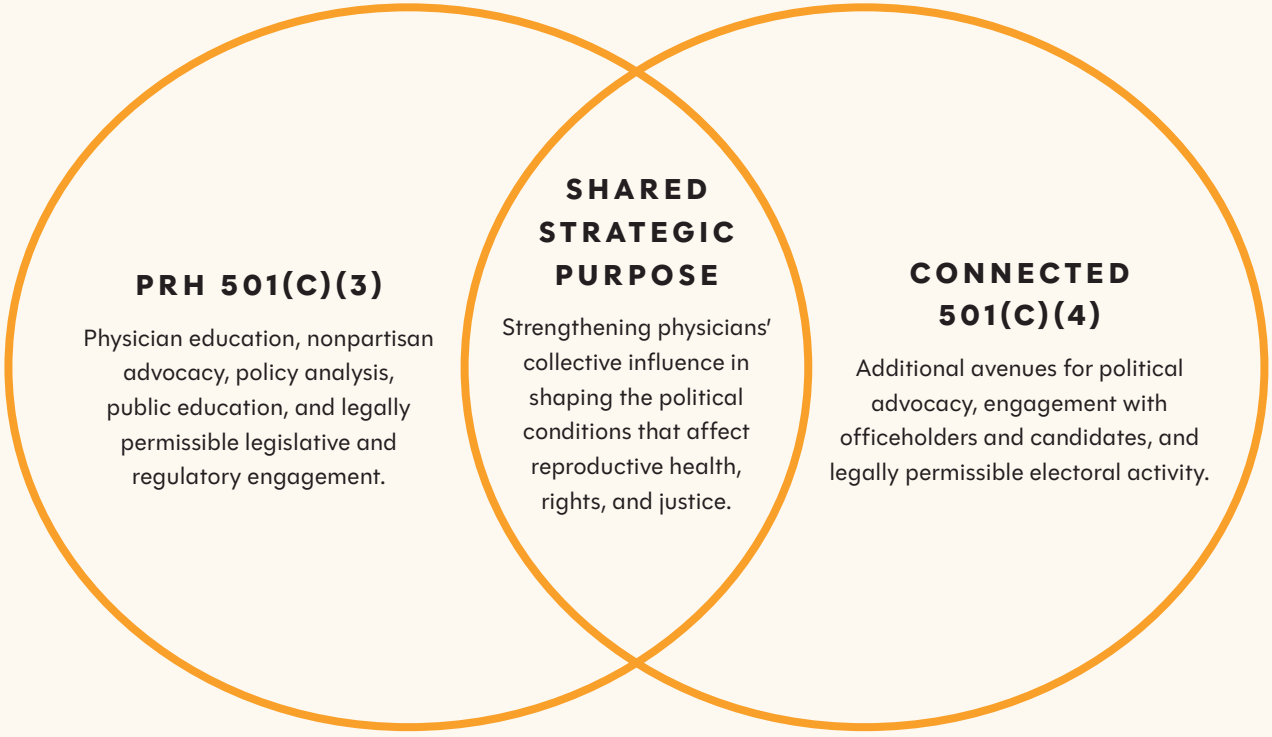
If PRH is serious about achieving meaningful policy change, our strategy must include the capacity to engage those systems more fully. A connected 501(c)(4) organization would create additional avenues for educating and engaging candidates and officeholders, responding to political misinformation, mobilizing advocates around electoral moments, and ensuring that physicians can more fully participate in shaping the political environment in which reproductive health policy is made.

WHAT WE WILL BUILD

A Sustainable Organizational Foundation

PRH will approach the creation of a connected 501(c)(4) deliberately. Before launch, we will determine the financial investment needed to build a strong, sustainable organization rather than a minimally resourced entity. We will develop a dedicated fundraising strategy, cultivate donors interested in political power building, establish governance and bylaws, recruit board leadership,

COMPLEMENTARY CAPACITIES. SHARED STRATEGIC PURPOSE.



Each entity will operate within its applicable legal requirements, with appropriate governance, funding, and cost-sharing arrangements.

determine appropriate shared structures and cost allocation for the 501(c)(3) and 501(c)(4), and identify staffing, technology, communications, and administrative needs.

Our goal is to build infrastructure capable of lasting—not merely establish an entity on paper.

Political Engagement Infrastructure

The connected 501(c)(4) will create new opportunities to identify and engage officeholders and candidates whose decisions can influence reproductive health policy. PRH's policy and advocacy platform will provide a clear framework for those conversations, while physicians explain the medical consequences of harmful policy and the possibilities offered by bold, evidence-based alternatives.

Mobilizing Physician Political Power

By mapping the leadership roles, policymaker relationships, constituency affiliations, influence over professional organizations, and expertise relevant to priority issues among our LTA alumni, broader physician network, and Board of Directors, we will identify individuals who hold authority, have relationships with policymakers, belong to important constituencies, influence professional organizations, or possess expertise relevant to priority issues. That information will enable PRH to deploy physician leadership more strategically and prepare the network for meaningful engagement during the 2028 election cycle.

Expanding Influence Within Medicine

Political power also resides within professional institutions. Medical associations and specialty organizations shape professional standards, public policy positions, clinical guidance, and the political voice of medicine. PRH will identify opportunities for physician advocates to influence these institutions and assume greater leadership within them, prioritizing strategic organizations where focused engagement can advance reproductive health, rights, and justice.

What Success Looks Like by 2031

- PRH will have established a sustainably resourced, connected 501(c)(4) capable of complementing the work of our existing organization.
- Policymakers and candidates will increasingly recognize PRH as a leading source of physician expertise on reproductive health, rights, and justice.
- PRH physicians will have meaningful opportunities to engage around elections and political accountability.

Ultimately, this priority is about ensuring that physician expertise is not merely heard within political systems—it has the organized power to help change them.

PRIORITY 3

TURNING MEDICAL EXPERTISE INTO POLICY CHANGE

OUR AMBITION

PRH will formalize and implement a focused policy and advocacy platform that aligns our physician community, advocacy strategies, communications, and partnerships with a clear set of priorities.

An expanding physician network creates extraordinary possibilities—but only if that network knows what it is being organized to accomplish. PRH's Policy and Advocacy Platform will provide that focus.

The platform will articulate the issues where PRH's physician expertise, organizational relationships, and advocacy capacity can make the greatest impact. It will help us decide where to invest limited resources, provide a common framework for physician advocates, and help partners and policy-makers understand the policy vision PRH is advancing.

The platform will not be a static set of organizational positions. Instead, it will serve as the foundation for coordinated action.

> "Physicians for Reproductive Health gave me the language, the tools, and the community to understand that advocacy is not separate from clinical medicine — it is an extension of it. As a pediatrician working in reproductive health, I occupy a space that some find unexpected, but PRH helped me see that advocating for reproductive healthcare access is inseparable from advocating for the health of children and families. The training and support I received through PRH fundamentally shaped how I practice, how I lead, and how I show up for my patients and communities — and because of PRH, I understand that my voice is one of the most powerful tools I have."
>
> DR. TRACEY WILKINSON (PEDIATRICIAN, IN) C/O 2012

A FOCUSED POLICY AGENDA

Our initial platform will address abortion care, including abortion later in pregnancy, mifepristone mis- and disinformation, and self-managed abortion, as well as gender-affirming care, contraception, maternal health, family policing, and immigrant access to sexual and reproductive health care.

Across these areas, racial justice, youth justice, and decriminalization will serve as cross-cutting commitments rather than stand-alone priorities. This reflects a core understanding of our strategy: health policies do not affect communities equally, and reproductive health advocacy cannot be separated from the systems that determine who is surveilled, criminalized, excluded, or denied autonomy.

The platform will be reviewed regularly so PRH can respond to changes in law, medicine, politics, and community needs while maintaining strategic focus.

Turning Policy Priorities into Action

A focused policy platform enables PRH to concentrate the collective expertise, credibility, and influence of our physician network where they can make the greatest difference. Rather than treating physician engagement as a series of individual actions, we will organize advocates around shared priorities and sustained strategies to influence policy, the policy narrative, legal outcomes, and the broader conditions that affect access to care.

Our goal is not merely to increase physician engagement; it is coordinated physician power that drives meaningful policy and systems change.

For each priority issue, PRH will translate policy analysis into the knowledge, training, communications resources, and coordinated opportunities physicians need to act. Depending on the issue, that work may include legislative and regulatory advocacy, testimony, legal interventions, public education, media engagement, coalition campaigns, and rapid response.

By connecting these activities through sustained campaigns, PRH can mobilize physicians around shared policy goals rather than relying primarily on individual moments of advocacy.

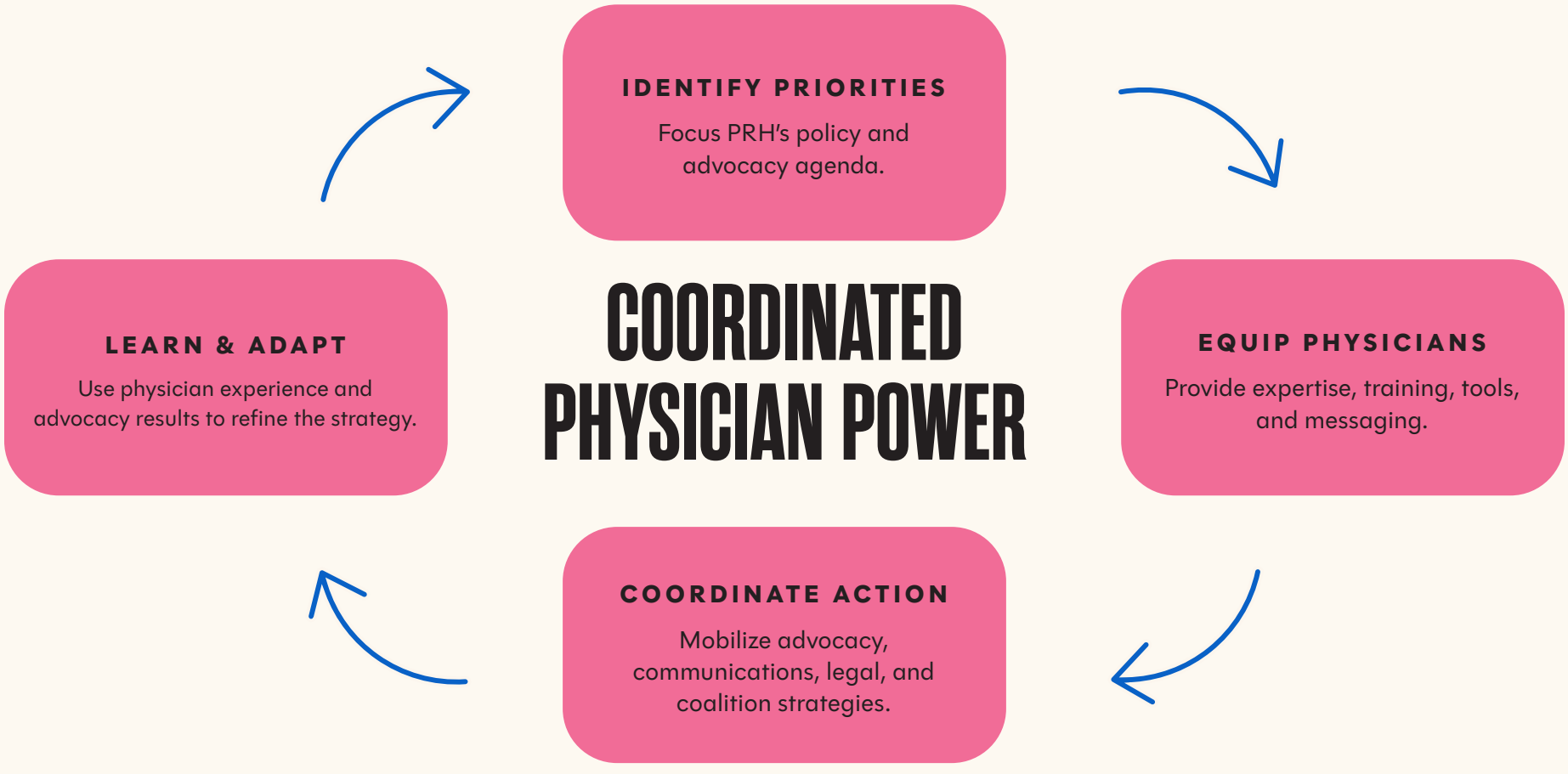
Developing Physician Expertise for Sustained Advocacy

PRH's policy priorities will shape how we prepare future advocates. The Leadership Training Academy and alumni programming will develop both foundational advocacy skills and deeper expertise connected to our priority issues and campaigns.

Where specialized expertise is needed—including physicians prepared to serve as expert witnesses in pregnancy criminalization cases—we will intentionally develop that capacity within the network.

This approach creates a reinforcing relationship between policy strategy and physician leadership: our priorities guide training and advocacy opportunities, while physicians' clinical experience and advocacy inform how the strategy evolves.

From Policy Priorities to Collective Action



What Success Looks Like by 2031

- PRH's physician network will be organized around a shared policy and advocacy platform.
- PRH will lead or make meaningful contributions to sustained advocacy, communications, and legal campaigns connected to its priority issues.
- Physicians will have clear, coordinated pathways to participate in those campaigns.
- Policymakers, advocates, and movement partners will increasingly recognize PRH as an organization that mobilizes medical expertise in support of policy and systems change.

PRIORITY 4

CHANGING THE NARRATIVE THROUGH TRUSTED PHYSICIAN VOICES

OUR AMBITION

PRH will build a diverse national network of skilled physician communicators who can reach audiences across an evolving media landscape and shape public understanding of reproductive health, bodily autonomy, and the policies that determine access to care.

Physicians have long been trusted sources of health information. But trust alone is not enough in a communications environment increasingly shaped by misinformation, AI-generated content, fragmented media, political polarization, influencers, and rapidly evolving digital platforms.

The challenge facing PRH is broader than correcting inaccurate information. We must help physicians become effective public communicators who can connect medical evidence to values, lived experience, and the core tenets of freedom, dignity, autonomy, and justice central to reproductive health access.



WHAT WE WILL BUILD

1. Expand Communications Leadership Across the Network

PRH already provides physician advocates ongoing opportunities to strengthen their skills in media interviews, values-based messaging, social media, digital security, personal branding, effective writing, ethical storytelling, and intersectional advocacy.

Over the next five years, we will build on that foundation by more intentionally integrating communications training and skill-building into the physician engagement pathway—creating opportunities for advocates to grow as communicators over time, develop specialized areas of expertise, mentor and learn from peers, and take on greater leadership as trusted public messengers.

This approach will help us build a larger, more diverse bench of physician communicators prepared not only to respond to individual media moments but also to advance sustained narratives aligned with PRH's policy priorities.

2. Develop a Distributed Network of Messengers

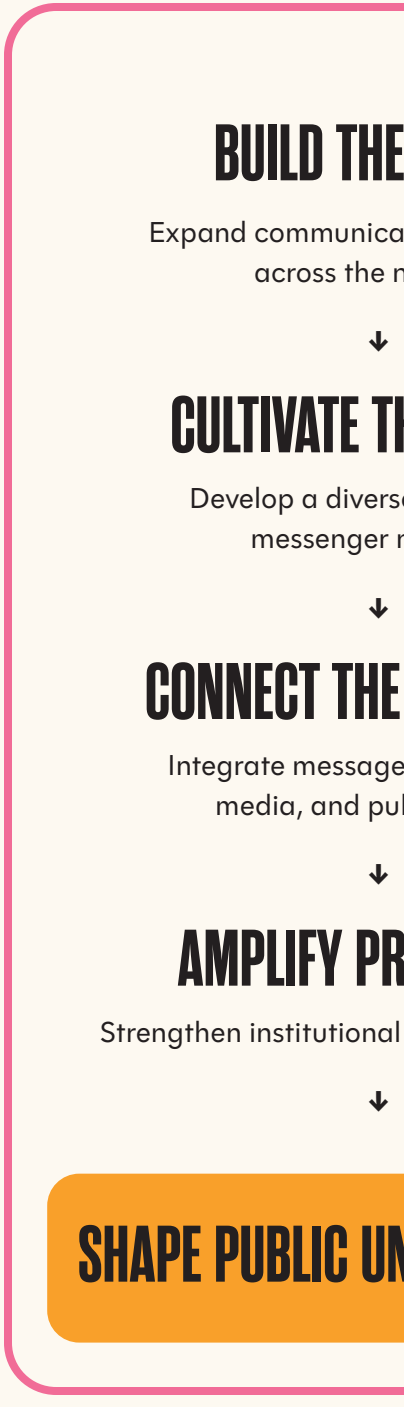
Effective narrative change requires the right messengers reaching the right audiences. No single spokesperson can represent the breadth of reproductive health experiences in the United States.

PRH will cultivate and position physician messengers across specialties, geographies, identities, communities, and areas of expertise. Some will become experts on our policy priorities; others will communicate PRH's broader vision or build on their own audiences as public educators.

We will expand opportunities for Spanish-language programming and explore ways to reach audiences beyond traditional reproductive rights communications.

3. Build an Integrated Narrative Strategy

Earned media will remain important, but it cannot be our sole path to the public. PRH will integrate message development, physician messengers, earned media, digital communications, paid amplification, and opportunities for public action.





We will expand into emerging and alternative media, including podcasts, newsletters, digital creators, influencers, and new platforms, while strengthening proactive social content and accessible educational materials.

This integration will allow PRH's priority messages—and the physicians communicating them—to reach new audiences, reinforce sustained narratives, and create opportunities for engagement.

4. Strengthen Institutional Thought Leadership

PRH's President & CEO and senior leaders will help articulate the organization's analysis and advance its policy and narrative priorities through media, commentary, speaking engagements, convenings, and other leadership platforms.

Their leadership will complement—not replace—the distributed network of physician advocates that defines PRH.

What Success Looks Like by 2031

- PRH physician voices will be visible across a significantly wider range of media, digital, and public communications platforms.
- PRH will have a larger, more diverse bench of physician messengers equipped with the skills and support to communicate persuasively on complex and politically contested health issues.
- Journalists, policymakers, partners, and members of the public will increasingly access credible reproductive health information through physicians affiliated with PRH.
- Physician advocates will be positioned not merely to respond to the day's narrative but to help shape sustained public understanding of PRH's priority issues.
- PRH will be recognized as a trusted source for evidence-based, values-driven reproductive health information and physician expertise.



Pictured: Dr. Alejandra Velez Rivera, PRH's first LTA Fellow from Puerto Rico. The green bandana represents a blend of social, political, and cultural defiance, and symbolizes solidarity and abortion rights, while the clenched fist symbolizes resistance. The "green wave" in Central and South America has been a movement for 10+ years to decriminalize abortion.

PRIORITY 5

BUILD POWER ACROSS MOVEMENTS

OUR AMBITION

PRH will deepen strategic partnerships with movements advancing immigrant justice, maternal health, transgender rights, and other interconnected struggles for bodily autonomy.

Reproductive health does not exist in isolation from the social and political systems that surround it. The same communities facing abortion restrictions may also be navigating immigration enforcement, family policing, surveillance and criminalization that disproportionately harms communities of color, economic inequality, restrictions on gender-affirming care, or a maternal health system that has failed them. Physicians encounter these intersections daily in clinical practice. Our strategy must reflect them.

That does not mean PRH should try to be the lead organization on every issue affecting our communities. It means understanding where our expertise is most useful, where our interests and values intersect with those of partners, and how we can show up to strengthen rather than duplicate movement leadership.

WHAT WE WILL BUILD

1. Deepen Strategic Partnerships

PRH will identify relationships where sustained investment can create meaningful value for both organizations. Coalition participation will remain important, but our ambition is to move beyond participation toward shared analysis, mutual learning, coordinated action, and trust.

We will collaborate with partners on educational resources, advocacy campaigns, communications, and opportunities to engage physician expertise.

2. Bring Movement Expertise Into PRH

Partnership should also strengthen our own organization. We will deepen the integration of immigrant justice, maternal health, transgender rights, and other interconnected issues into LTA, alumni programming, and physician education.

Movement partners will contribute expertise to training, strategy, and leadership development, while PRH recruits physicians whose experience and relationships strengthen this work.

3. Bring Physician Expertise Into Movement Work

PRH will make it easier for partners to engage our physician network and draw on clinical expertise, public credibility, communications capacity, and policy advocacy.

Where appropriate, we will contribute to joint resources, shared campaigns, and collective leadership opportunities that advance partners' priorities.

4. Practice Principled Partnership

Authentic partnership requires reciprocity, trust, accountability, and a commitment to shared power. PRH will approach movement relationships with an understanding that our role is not simply to bring physician expertise into existing efforts, but to listen, learn, and contribute in ways that advance our partners' priorities.

Our goal is to build sustained, mutually beneficial relationships that respect partners' time and capacity, avoid extractive practices, and create opportunities for shared learning, resources, and leadership.

> **"Our partnership with Physicians for Reproductive Health demonstrates what is possible when physicians bring their clinical expertise to advocacy led by and for AANHPI communities. Whether we are documenting how immigration policies shape AANHPI communities' access to health care or advocating together on Capitol Hill, PRH physicians respect NAPAWF's leadership and the expertise of the communities we represent. They understand that the credibility and access afforded by a white coat should not overshadow community voices and instead they use that privilege to amplify and advance the priorities of those most directly affected."**
>
> NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM

What Success Looks Like by 2031

- Movement partners will experience PRH as a consistent, trusted, and authentic ally.
- Movement partners will regularly engage our physician network and use PRH's policy, educational, and communications resources.
- PRH physicians will have a greater understanding of the movements connected to reproductive justice.
- PRH and movement partners will pursue shared leadership opportunities where physician expertise can add meaningful value.

Ultimately, this strategy recognizes that lasting reproductive freedom cannot be achieved by a single movement—or a single organization—alone.

PRIORITY 6

BUILDING THE INFRASTRUCTURE FOR THE NEXT 30 YEARS

OUR AMBITION

PRH will build the financial, philanthropic, technological, governance, evaluation, and organizational infrastructure to sustain and expand physician power for generations to come.

Strategy without sustainability is aspiration.

The ambitions outlined in this plan—growing a national physician network, developing new political capacity, leading sophisticated policy and narrative campaigns, and building deeper movement partnerships—require an organization capable of supporting them. That means investing not only in visible programs but also in the infrastructure beneath them.

PRH enters this strategic period amid a particularly unpredictable philanthropic environment. Reproductive health organizations face intense competition for funding even as political threats mount and the need for long-term investment grows. Our response cannot be simply to raise more money from the same sources in the same ways.

We must build a more diversified and resilient philanthropic model while establishing the systems, data, staffing, governance, and organizational knowledge required to manage growth responsibly.

SIX COMMITMENTS TO LONG-TERM SUSTAINABILITY

DIVERSIFY AND GROW REVENUE

Build a broader, more resilient philanthropic base.

INVEST FOR GENERATIONS

Establish and grow a transformational endowment.

BUILD A LEGACY GIVING PROGRAM

Create opportunities for supporters to sustain PRH beyond their lifetimes.

STRENGTHEN INFRASTRUCTURE

Invest in the systems, data, and practices that support effective fundraising.

BUILD CAPACITY

Ensure staffing, leadership, technology, and operations keep pace with the strategy.

ALIGN PHILANTHROPY AND GOVERNANCE

Connect fundraising, Board leadership, and long-term organizational priorities.

01 — Diversify and Grow Revenue

PRH will strengthen and expand its multi-channel fundraising strategy across major gifts, institutional philanthropy, individual giving, corporate partnerships, sponsorships, events, and digital fundraising.

We will reduce concentration risk by analyzing revenue sources, establishing diversification benchmarks, and using multi-year forecasts and scenario planning to guide decisions.

Major giving will become more systematic through stronger donor identification, cultivation, solicitation, and stewardship. We will expand the President's Council, strengthen pathways to major giving, and create meaningful opportunities for donors to engage with PRH's physicians, leadership, and strategy.

We will also pursue more proactive institutional partnerships, with an emphasis on multi-year and unrestricted support. Events, including Voices of Courage and geographically based fundraising initiatives, will continue to serve as both revenue generators and cultivation opportunities.

02 — Invest for Generations

PRH's financial planning should reflect our intention to sustain physician advocacy for generations.

During this strategic period, we will establish the vision, governance, investment structures, and fundraising strategy for a transformational endowment. We will assess donor interest, identify campaign leadership, and begin cultivating significant long-term commitments.

The case for an endowment is not merely organizational permanence. It is movement permanence.

An endowment can help ensure that future generations of physician advocates have access to training, community, organizing infrastructure, and strategic support, regardless of changes in annual philanthropic priorities or political conditions.

03 — Build a Legacy Giving Program

PRH will establish a legacy giving society and integrate planned giving into our broader donor engagement strategy.

We will develop educational materials, equip staff and Board members to recognize planned giving opportunities, and incorporate legacy conversations into stewardship and major donor relationships.

04 — Strengthen Philanthropic Infrastructure

Growth in fundraising must be supported by stronger systems and more consistent practices.

PRH will improve donor database functionality, donor lifecycle management, portfolio oversight, prospect research, stewardship, reporting, and forecasting. We will strengthen fundraising dashboards, standardize procedures, and develop more rigorous approaches to evaluating fundraising performance.

Technology will be assessed by whether it improves efficiency, collaboration, insight, and the donor experience.

05 — Build Organizational Capacity

The scale of this strategy will require PRH to continually assess whether staffing, leadership structures, technology, knowledge management, and cross-functional systems are keeping pace with organizational growth.

We will strengthen organizational planning, clarify roles and accountability, preserve institutional knowledge, and invest in the operational capacity needed to support expanded programs and new entities.

Data and evaluation will increasingly inform decisions across our programs, communications, network, policy, and fundraising.

06 — Align Philanthropy and Governance

Fundraising will be increasingly integrated with PRH's strategic priorities through shared organizational narratives, multi-year projections, and funding plans for major initiatives.

The Board of Directors will play an active role in long-term sustainability through governance, relationship-building, ambassadorship, philanthropy, and strategic leadership.

Together, these practices will help PRH identify and secure transformational investments that accelerate the strategy and strengthen the organization's long-term financial position.

PREPARE FOR UNCERTAINTY

PRH's sustainability strategy must also acknowledge that the next five years will almost certainly include conditions we cannot predict. Political change, economic shifts, new technologies, evolving philanthropic priorities, and changes within the reproductive health movement will affect both our opportunities and our risks.

PRH will develop financial scenarios, contingency fundraising plans, and ongoing processes to assess philanthropic trends and emerging fundraising models. A resilient organization does not assume that today's strategy will work forever. It builds the capacity to learn, adapt, and remain focused on mission as conditions change.

What Success Looks Like by 2031

- PRH will have a larger, more diversified revenue base and reduced dependence on individual funding sources.
- PRH will have established and begun growing an endowment and developed a sustainable planned giving program.
- Major, transformational, multi-year, and unrestricted philanthropic partnerships will represent a stronger share of organizational support.
- The Board of Directors will actively contribute to PRH's long-term sustainability.
- Staffing, technology, data, evaluation, and cross-functional systems will support responsible organizational growth.
- PRH will be recognized by philanthropic partners as a long-term movement institution worthy of sustained investment.



HOW THE STRATEGY WORKS TOGETHER

FROM PHYSICIAN EXPERTISE TO MOVEMENT POWER

The six priorities in this plan are intentionally interconnected.

PRH cannot build political power without an organized physician network. That network cannot act effectively without a clear policy agenda. Policy advocacy cannot succeed without a communications strategy that shapes public understanding. None of those strategies can advance reproductive justice without authentic movement partnership. And none can be sustained without the financial, technological, staffing, governance, and evaluation infrastructure needed to support them.

Our strategy therefore operates as a reinforcing cycle.

WE BUILD THE NETWORK.

PRH recruits, trains, connects, and organizes physicians across specialties, communities, and geographies.

WE ACTIVATE PHYSICIAN POWER.

Physicians translate their expertise into advocacy, communications, organizing, testimony, leadership, and political engagement.

WE DRIVE CHANGE.

That collective power is directed toward policy, public narrative, legal advocacy, elections, and the institutions that shape medical practice.

WE BUILD MOVEMENT POWER.

PRH works alongside partners advancing reproductive justice, immigrant justice, maternal health, transgender rights, racial justice, and decriminalization, so physician advocacy contributes to broader movements for bodily autonomy.

WE SUSTAIN THE INFRASTRUCTURE.

Philanthropy, data, evaluation, technology, organizational capacity, and long-term investments make this work sustainable.

Stronger infrastructure enables PRH to identify, train, connect, and mobilize even more physicians. This is how individual expertise becomes collective influence—and how that influence translates into lasting power.

PHYSICIANS ORGANIZED AS A DURABLE FORCE FOR REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE.

MEASURING PROGRESS

ACCOUNTABILITY, LEARNING, AND IMPACT

A five-year strategy cannot be measured solely by whether PRH completes the activities outlined in this document. The more important question is whether those activities produce meaningful changes in the strength of our network, the influence of physician advocates, the policies and narratives surrounding reproductive health, the quality of our partnerships, and PRH's capacity to sustain the work.

For that reason, PRH will strengthen evaluation and learning across the organization throughout this strategic period. We will establish baselines where they do not yet exist, develop clear indicators for each priority, set annual targets, and regularly assess progress and assumptions.

Some of the most important impacts of advocacy will not be captured by a single metric. PRH will therefore combine quantitative measures with qualitative learning, including feedback from physicians, partners, policymakers, supporters, and staff.

Evaluation will not simply be something we report after the work is complete. It will be a tool for making the work better.

PRH will regularly review progress, identify where strategies are producing results, recognize where assumptions need to change, and adapt as the legal, political, medical, communications, and philanthropic environments evolve.

OUR EVALUATION FRAMEWORK

NETWORK STRENGTH

Growth, diversity, engagement, geographic reach, specialty representation, and progression into deeper advocacy and leadership.

ADVOCACY AND POLITICAL INFLUENCE

Physician participation in legislative, regulatory, legal, institutional, and legally permissible political advocacy, including the strategic significance of those contributions.

POLICY AND SYSTEMS CHANGE

PRH's contribution to policy adoption, defense against harmful policy, regulatory and legal outcomes, changes within medical institutions, and other structural improvements connected to our policy and advocacy platform.

NARRATIVE IMPACT

Growth and diversity of our physician messenger network; communications skills and leadership; reach across earned, digital, paid, and emerging media; audience engagement; and evidence that PRH's priority messages are reaching new audiences and contributing to sustained public narratives.

MOVEMENT PARTNERSHIP

The depth, reciprocity, accountability, and impact of partnerships, including joint initiatives, shared resources, coalition work, shared leadership, and feedback from movement partners.

ORGANIZATIONAL STRENGTH

Revenue diversification, multi-year funding, donor engagement, endowment growth, Board participation, staffing, technology, evaluation, and operational effectiveness.

FIVE-YEAR ROADMAP

BUILDING TOWARDS 2031

While each year emphasizes a distinct phase of implementation, evaluation, adaptation, and organizational sustainability will remain priorities throughout the five-year strategy.

FY2027

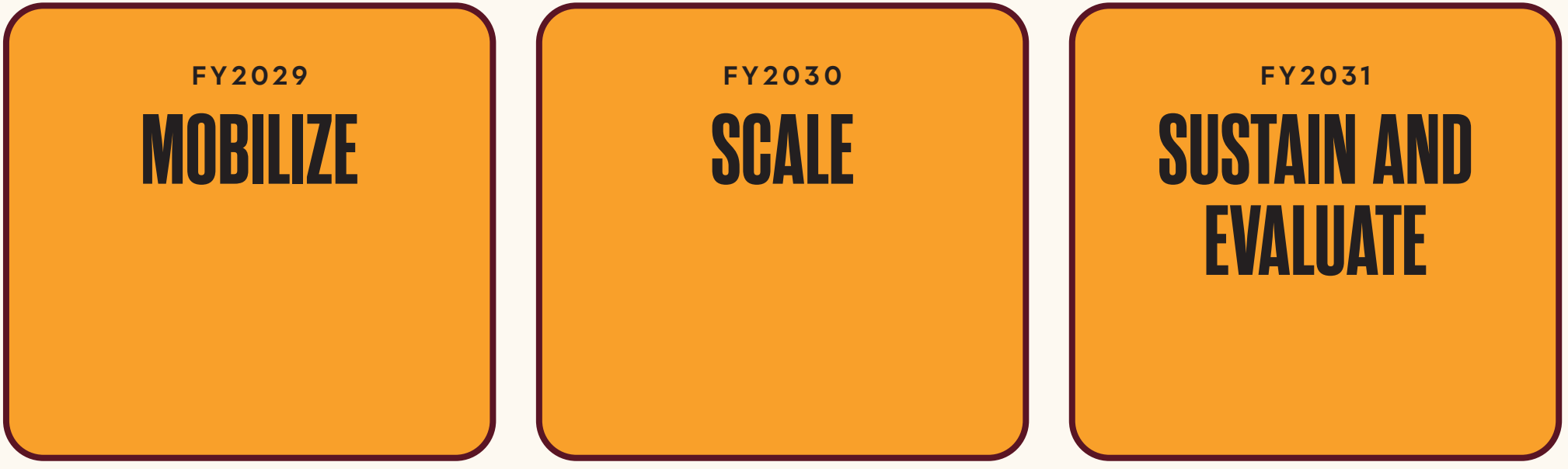
BUILD THE FOUNDATION

July 2026 – June 2027

FY2028

PILOT AND ACTIVATE

July 2027 – June 2028



July 2028 – June 2029

July 2029 – June 2030

July 2030 – June 2031

FY2027 | BUILD THE FOUNDATION

Establish the systems and frameworks that will support future growth.

PRH will formalize its policy and advocacy platform, establish network baselines, develop the physician engagement framework, strengthen data infrastructure, advance LTA redesign, and identify strategic partnership priorities.

We will assess the purpose, scope, financial requirements, governance, and operational model for a connected 501(c)(4). We will also advance endowment planning, revenue diversification, fund-raising systems, and multi-year philanthropic strategy.

FY2028 | PILOT AND ACTIVATE

Test and refine new approaches to physician engagement and coordinated advocacy.

PRH will pilot regional and issue-based alumni structures, expand engagement opportunities beyond LTA, begin scaling communications leadership and the distributed messenger network, launch campaigns aligned with the policy platform, and deepen movement partnerships.

We will advance the connected 501(c)(4) according to the organizational and financial plan established through the feasibility process, while cultivating transformational and endowment investors.

FY2029 | MOBILIZE

Apply PRH's expanded infrastructure to sustained advocacy and political engagement.

During the 2028 election cycle, PRH will draw on its expanded network, physician leadership, communications capacity, and policy organizing to coordinate engagement through appropriate 501(c)(3) and 501(c)(4) strategies. PRH will draw on network mapping, physician leadership, communications capacity, and policy organizing to coordinate action.

Alumni leadership structures, policy and narrative campaigns, engagement with medical institutions, and movement partnerships will continue to expand.

FY2030 | SCALE

Expand approaches that demonstrate impact and deepen collective physician influence.

PRH will build on the infrastructure, relationships, and advocacy models developed over the first three years of the strategy. We will expand effective physician engagement and organizing, strengthen alumni leadership, grow our distributed messenger network, and increase coordinated advocacy across priority issues and geographies.

We will deepen our influence within medical institutions, strengthen sustained partnerships across movements, and refine the systems that enable PRH to mobilize physicians strategically and measure the impact of their collective action.

Our philanthropic strategy will increasingly focus on the multi-year investments and organizational capacity needed to sustain this expanded work.

FY2031 | SUSTAIN AND EVALUATE

Strengthen long-term resilience, assess progress, and prepare for PRH's next chapter.

Building on five years of continuous learning and adaptation, PRH will assess the progress of its strategic investments while strengthening the physician leadership, organizing infrastructure, advocacy capacity, and movement relationships necessary for long-term impact.

We will advance revenue diversification, long-term philanthropic commitments, planned giving, and endowment development to strengthen organizational resilience and support the continued growth of collective physician power.

Through quantitative evaluation and qualitative learning, we will assess progress across physician network strength, advocacy and narrative influence, policy and systems change, political capacity where applicable, movement partnerships, and financial and organizational sustainability.

These findings will guide decisions about which strategies to sustain, strengthen, or adapt, and inform the development of PRH's next strategic framework.

Throughout the strategic period, this roadmap will remain adaptable to political, legal, medical, philanthropic, and movement conditions.

THE INVESTMENT OPPORTUNITY

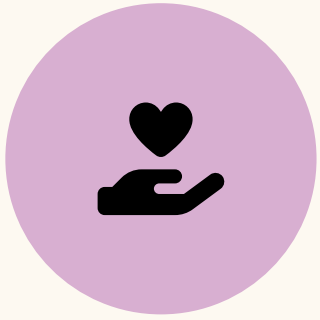
WHAT IT WILL TAKE

PRH's FY2027–2031 strategy is an investment in the infrastructure needed to strengthen physician power. Realizing this ambition will require more than expanding individual programs. It will require sustained investment in people, organizing, training, policy, communications, technology, evaluation, political capacity, and long-term financial resilience.

Some investments will produce visible results quickly. Others will build the underlying capacity that allows PRH's impact to grow over time. Both are essential.

Organizing a national network requires people who can build relationships, connect advocates with opportunities, analyze data, support physician leadership, coordinate campaigns, and sustain engagement between moments of public urgency.

THREE KINDS OF INVESTMENT



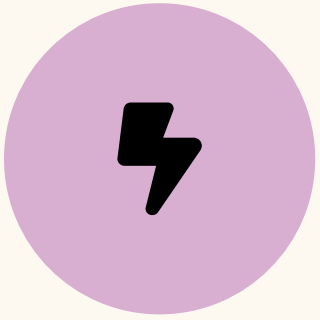
EXISTING OPERATING INVESTMENT

The annual support that sustains PRH's current programs, staff, advocacy, communications, and organizational infrastructure.



STRATEGIC GROWTH INVESTMENT

Additional resources to expand the physician network, strengthen data and evaluation, develop advocacy and communications leadership, increase organizational capacity, and advance connected 501(c)(4) planning and development.



LONG-TERM CAPITAL AND ENDOWMENT INVESTMENT

Transformational and legacy commitments that strengthen PRH's financial resilience and sustain physician advocacy across generations.

WHERE INVESTMENT WILL ACCELERATE THE STRATEGY

Investing in People

Dedicated staff capacity for network development, alumni engagement, advocacy, communications, data, evaluation, philanthropy, and organizational growth. These roles are integral to building and sustaining physician power.

Investing in Physician Leadership

An expanded Leadership Training Academy, lifelong alumni engagement, regional organizing, mentorship, advocacy training, and an annual physician convening.

Investing in Policy and Narrative Change

Sustained advocacy campaigns, physician communications leadership, a diverse messenger network, legal and policy interventions, public education, paid amplification, and rapid response.

Investing in Technology, Data, and Evaluation

CRM technology, network mapping, analytics, reporting, and evaluation systems that enable PRH to organize strategically, learn from its work, and demonstrate impact.

Investing in Political Power

The planning, governance, fundraising, staffing, communications, and operational infrastructure required to establish and sustain a connected 501(c)(4), subject to the organization's feasibility and legal planning.

Investing in Generations

Multi-year and unrestricted support, planned giving, and a transformational endowment that strengthen PRH's financial resilience and preserve advocacy infrastructure for future generations.

INVESTING IN OUR COLLECTIVE FUTURE

Achieving PRH's strategic ambitions will require sustained investment in the people, programs, systems, and partnerships that make collective physician advocacy possible.

PRH is developing a comprehensive financial framework to identify the resources needed to sustain our core work, expand strategic capacity, and build long-term organizational resilience. This process will guide how we prioritize investments, sequence implementation, and align philanthropic support with our goals.

For our philanthropic partners, the opportunity is to help build the infrastructure that will sustain physician advocacy for generations to come. From flexible operating support and targeted program investments to transformational commitments that accelerate the strategy, every investment contributes to a stronger, more connected, and more influential physician movement.




I PROVIDE ABORTION CARE
BODILY AUTONOMY IS NOT A CRIME
PROTECT TRANS YOUTH
ABORTION SAVES LIVES
GENDER AFFIRMING CARE SAVES LIVES
ABOLISH ICE
I PROVIDE GENDER AFFIRMING CARE

PARTNER WITH PRH

THE NEXT ERA OF PHYSICIAN ADVOCACY

The next five years will test the reproductive health, rights, and justice movements in ways we can anticipate—and in ways we cannot.

Physicians will continue to occupy a distinctive position in the struggle ahead. They will care for patients affected by political decisions, identify emerging harms, explain complex medical realities, and bring clinical credibility to courtrooms, legislatures, newsrooms, medical institutions, and communities.

The question is whether that influence remains dispersed among individual clinicians or whether we organize it.

PRH CHOOSES ORGANIZATION.

Over the next five years, we will build a national infrastructure that enables physicians to find one another, develop as advocates, act collectively, influence policy and public understanding, strengthen allied movements, exercise political power, and cultivate the next generation of physician leaders.

We will also build the philanthropic and institutional strength needed to sustain that infrastructure as the world around it changes.

Our vision remains unchanged: a just and equitable world where all people are free to make decisions about their bodies, families, and futures.

Realizing that vision will require urgency, sustained investment, and institution-building.

We invite foundations, donors, physician leaders, movement organizations, and other partners who share this vision to build alongside us.

Together, we can build physician power, drive change, and sustain the movement for generations to come.



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