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PHM UGANDA



Volume 2

PHM-UGANDA NEWSLETTER

Health News & Activities Around Uganda and Beyond Borders

**Bi-Annual Coverage
January-June**

About Our Newsletter

By Michael Ssemakula– Chief editor

Over the years of existence, People's Health Movement (PHM) in Uganda has established itself as a vessel in strengthening health struggles and solidarity. As a movement anchoring "health for all" global strategy, we are pushing forward and steadfastly in expanding a multi-approach health advocacy chapter, and growing research into the health rights injustices shaped in diverse discrimination and exclusion factors rooted in inequalities, poverty, exploitation, and violence. This newsletter brings out the multiple activities which PHM Uganda has been engaged in, at national, regional and global since January through July 2019. We focus on health related news and events from our member organizations, coalitions, individuals and different strategems used to address health concerns in society as we move towards achieving 2030 Sustainable Development Goals' agenda, Universal Health Coverage and making the Alma Ata dream a reality.

"We are pushing forward and steadfastly in expanding a multi-approach health advocacy chapter, and growing research into the health rights injustices shaped in diverse discrimination and exclusion factors rooted in inequalities, poverty, exploitation, and violence"

Highlights in Focus



World Health Assembly-72, Geneva

World health Assembly (PHM's WHA Watch program, WHA side events, changed terminologies in the Assembly, Frenzy of fire towards civil society from member state delegates and Debates in context of south constituency realities)

Building health through Community Health Workers, Health Workers, and communities: Solutions and Challenges. Kakoma, Isingiro District, Western Uganda

Consultation on Governance for Health in Africa Conference. Organized by ACHES.

Capacity building workshop in communication. Organized by HEPS-UG

Petition 16. Who Cares about the health of women in Uganda? CEHURD-Uganda

Stakeholders' consultative meeting on the gaps in the National Public Private Partnership Act 2015. SEATINI Uganda

UNAIDS meetings on HIV/AIDs trend and challenges in ending the epidemic in Uganda,. UNAIDS and UNASO

PHM Uganda's engagement with David Sanders.

NACWOLA's community approach in addressing the TB plight in Uganda.

Pre - RMNCAH Assembly CSO dialogue: Evaluating CSO commitments in the RMNCAH Investment Case.



PHM Watch team at World Health Assembly-72, Geneva



PHM/HURIC team At Kakoma Health Centre three in Isingiro district, Western Uganda

Latest In Publications

[Connecting Global Debates To Local Realities At The 2019 World Health Assembly](#)

[The Italian Investor Proposed USD 379.7 Million Lubowa Hospital Construction Project in Uganda: Disconnections and Disruptions in the Health Sector Expenditure Priorities.](#)



Marking its 9th year of existence, WHO watch program remains a phenomenal model of closely following regional and global health debates organized by World Health Organization (WHO). As an institution entrusted with global health governing processes that guarantee that the explicit health mandate is appropriately implemented in the member states (MS) across the six regions (Africa, Americas, European, South east Asia, Eastern Mediterranean and Western pacific), World Health Organization essentially remain a profound epicentrum of People's Health Movement (PHM) global health watch program focus through ensuing closely its work,

PHM's WHO Watch team at the WHA72



both through the World Health Assembly (WHA) and the Executive Board (EB). Through this program, PHM analysis and critical commentary on WHA profoundly prioritize topics through high level examination and diverse discourses on the resolutions suggested to gauge the validation of their significance and how responsive they are to the local contexts of both, north and south constituency. Further, we analyze member state and other relevant stakeholders' compliance to WHO processes and implementation of the WHA resolutions.

PHM WHO Watch Program: An Approach strengthening the emerging future global spirit of health activism and solidarity in south and north



People's Health

Watch team workshop In Ferney Voltaire- France (PSI offices)

Movement organizes a workshop in

Geneva as a WHA pre-watching process for both Executive Board and World health Assembly debates every year. This also gives an opportunity to the watchers as young health activists to learn more about the World Health Organization (WHO) processes, procedures, its governance systems in global health and advocacy opportunities for civil society to guide WHO, member states and other relevant stakeholders in shaping the global health mandate.

The watchers are guided by a team of Resource Persons on technical topics. The resource persons assist in critically analysing the technical topics of the WHA/EB. Also see, on global health watch website, <https://www.ghwatch.org/who-watch/about>

During the course of the workshop, the watchers present their technical topics to the whole team and discuss about it. The presentation is an analysis of the technical topics and the documents uploaded by WHO on its website to be discussed at the World Health Assembly.

"The watch program has essentially stood a test of time as a learning space for emerging future national, regional and global policy influencers and lobbyists through its approach that phenomenally chances the young activists to study how to connect the global debates to the local realities and how the global decisions profoundly transcend into national policies."

Watch team workshop In Ferney Voltaire- France (PSI offices)



The program supports young social justice activists, scholars, and researchers from diverse disciplines from the six continents, build their individual capacities, and exchange ideas to strengthen their conceptualization of the contemporary dynamics in global health and how these may impact health in all population settings especially in the face of the current growing inequality in health accessibility.

The watch program has essentially stood a test of time as a learning space for emerging future national, regional and global policy influencers and lobbyists through its approach that phenomenally chances the young activists to study how to connect the global debates to the local realities and how the global decisions profoundly transcend into national policies.

World Health Assembly is the thing! May 2019

Debates That Were In African Context

There were several debates at the WHA72, but two merit attention. One was on improving the transparency of markets for medicines, vaccines, and other health-related products and other technologies. A second was on the Ebola epidemic in the Democratic Republic of Congo (DRC) and the public health emergency response. Both were critical debates for African countries. Both need strong intervention from states, by galvanizing comprehensive workforces and capacities for both health-systems and emergency responses, to address disease burdens and respond to disease outbreaks.

Focus of Ebola outbreak in DRC and In Public Health Emergency Response.

This is one of the most complex health emergency, occurring in a highly volatile and extremely an insecure conflict zone— complicated further by the high frequency of border crossings that would spontaneously intensify the spread of the infections. The response of the countries in the region and WHO have been on investing significant resources to improve preparedness capacities.

This has also been enhanced through the support of GAVI through a donation of 15 million US Dollars and World Bank with the donation of 100 million USD Dollars for effective response mechanisms. 9 member states have continued to test Ebola, have contingency plans including surveillance, case management plans and community engagement plan with the support of WHO.

WHO urged member states to integrate preparedness in the subnational and community levels to ensure that each district can at least respond within 72hrs to the outbreak essentially those close by the infected areas.

Members states in the great lakes region have now better sheening programs at the major points, investing more in vaccination of frontline health workers and training multidisciplinary teams to ensure there are rapid responses.

Advise: WHO should strategically design and assist in marking medicine and vaccination trails more flexible or take shorter time.

Also read more in Article on Connecting global debates to local realities at World Health Assembly -72 <https://www.equinet africa.org/newsletter/current#2> on EQUINET Africa

Latest:

On July 17th, 2019, WHO declared Ebola as a public health emergency of international concern because it's a threat to global and regional health. Declaring an epidemic as a public health emergency of global concern is one of the most important Acts of WHO.

More information on this, check on the WHO website on this link <https://www.who.int/emergencies/crises/cod/en/>

Access to Medicines (Road map and the transparency resolution)

Transparency resolution was seconded by 10 countries from Europe Africa and Asia (Uganda and South Africa) from Africa

The resolution is ***built on the road map*** that strategizes to ensure quality, safety and efficacy of health products is enhanced, and improving equitable access to medicines, vaccines and health products globally. *Link to the resolution http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_17-en.pdf*



Four major areas of focus in the resolution

Transparency of prices

Prices quite often are negotiated non- publically. The resolution is likely to enhance position of governments in price

negotiations and faster competition

Transparency in R and D

Pharmaceutical corporations give justification for high prices due to the high costs they incur in Research and Development. But of course they use high prices to gain heavily through huge returns on investments in R&D. The member state governments will be in greater position to know the net costs incurred and how the prices are arrived at.

Transparency of clinical trials,

So many clinical trials go unreported, In January 2019 UK started a crackdown on all unreported trials and those violating the reporting rules. When there is no transparency in clinical trials, this can lead to duplication of research and evidence distortions. More all over most of these are funded by public funds. Yet public health authorities largely don't have access to their information/ results.

Transparency of patent landscapes,

Focus on information sharing to promote generic competition to enhance access and affordability of medicines and other health related technologies. *See also Link to the transparency resolution http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R8-en.pdf*

As PHM we welcome the resolution but its effectiveness/ impact will be felt according to

how it essentially transforms the realities of Africa in wave length of medicine accessibility and affordability shaped in price-paradox.



Some of the debate sessions at WHA-72

More to the debates May 2019

Global strategy for women, children and Adolescent Health 2016-2030

The strategy was seconded by Botswana on the behalf of AFRO- region with the major intention of member states reaffirming their commitment towards women, child and Adolescent health.

Ensuring strong commitment to cervical cancer prevention and treatment, HPV Vaccination and not forgetting the male involvement in this strategy.



Member states were urged to strengthen their collection of data and analysis systems on women, children and Adolescents' health improvement.

Access to contraception services, proper mechanisms to address the GBV, FGM.

Also re-focus on the Newborn Health Action plan and UHC of maternal and child interventions.

WHO through Dr salama noted that there are evident figures in reduction of maternal and child deaths. Asked the gov't of china to focus on high burden countries

Through the debates it was brought to the attention of the meeting that still -births still occur globally count for over 4.5 million and 10 countries have immunization rates that are less then 10%. Cervical cancer still a burden (570,000).

Through the debate, WHO pledged to continue working with GAVI to shape markets for medicines, Work with Advisory Group an GAP for Women Children and Adolescent health with the focus on the quality of midwifery, focus on the elimination of syphilis, though this has been implemented in 11 member states. WHO will continue to give technical support and corporation to countries to strengthen women and child health.

Link to the resolution and other relevant documents, http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_30-en.pdf

Universal Health Coverage across the Life Course

<https://www.who.int/life-course/partners/global-strategy/en/>

Technical terms that were changed

Taking note to *recalling*

Recalling to *reaffirming*

Stakeholders add the word relevant to now *relevant stakeholders*

UHC Discussion May 2019

At the center of the discussion, the following were the major points of the debate.

Preparation for the UN High Level Meeting on UHC, Link to the document/resolution http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_14-en.pdf

Universal Health Coverage. Primary Health Care towards Universal Health Coverage, Link to the resolution http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_12-en.pdf

Community health workers delivering primary health care: opportunities and challenges, Link to the resolution, http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_13-en.pdf Focus on how member states can plan and properly integrate CHWs into the mainstream health systems. Strategies and policies in implementing the CHWs' programs. In order to ensure that appropriate policy, accreditation and an enabling environment in can be created to maximize CHWs' contribution to the health systems. The resolution also encourages Member states apply the guidelines WHO guidelines on Health policy and system support to optimize CHWs programs. Link to the guidelines <https://apps.who.int/iris/bitstream/handle/10665/275474/9789241550369-eng.pdf?ua=1>

Guidelines on Pre-service training, competency-based certification, supportive Supervision, remuneration, contracting agreements, career ladder, target population size, data, collection and use, type of CHWs, community engagement, mobilization of community resources and availability of supplies.

On the Third round of reporting on the Global Code Of Practice On The International Recruitment Of Health Workers. Link to the document http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_23-en.pdf At WHA 80 countries reported on the who Global code of practice on the international recruitment of health personnel. An increment from 74 to 80 member states and 14 independent stakeholders (NSA) from 1 in the previous year. This reflects an improved commitment to the reporting, 64 member states requested for technical assistance. WHO also reminded the member state delegates of the WHO academy, request that was tabled by Russia which intend to create lifelong learning for Human resources for health through new trainings based on the contemporary global health needs. This will help WHO to coordinate its trainings to build capacities for Human Resources for health and work towards achieving UHC. The code was adopted in WHA 63, 2010. It will undergo review of its effectiveness and relevance this year from June- November 2019. The results will be presented to the 2020 WHA. Just prior to the WHA, WHO announced the Nobel Prize Laureate and former president of Liberia Ellen Johnson Sir Leaf was appointed as a good will Ambassador for the health workforce. Member states have decided to designate year 2020, as a year of nurses and midwives, part of UHC approach .

Boosting community-led responses May 23, 2019, Geneva

Boosting community-led responses to reaching the most marginalized communities. PHC to UHC official. “Non-state actor” size event at World Health Assembly. Organized by Global Network of people living with HIV and Medicus Mundi International with partner. *Link to the event.*

<https://www.medicusmundi.org/contributions/events/2019/boosting-community-led-responses-to-reaching-the-most-marginalized-communities-from-local-communities-to-primary-health-care-to-uhc>



Role that civil society play in upholding fundamental human rights in UHC and PHC what needed to ensure that key, vulnerable and underserved populations benefit from UHC. We showed the importance of increasing the understanding and scaling

up of political and financial support to community led responses to health.

Members that were on the panel

Tedros- WHO director- General

Grace Kamaw E.D, African sex workers alliance- Kenya.

Michael Ssemakula. HURIC/PHM-Uganda

Julie Hall, Chief of staff, international federation of Red cross

Monique Kamphuis, First secretary International mission of Netherlands.

Panel moderated by Rico Gustav -E.D Global Network of People Living with HIV/AIDs.

Civil society meeting at Global Health Hub (G2H2) - Geneva May 18, 2019

Chaired by Thomas Schwarz from Medicus Mundi International



session dedicated to the Late Amit Sengupta Who passed on last year in a swimming pool accident. He is one of the founders of People's Health Movement.

The meeting focused on the following topics.

Climate change, planetary health

Europe through UK and Member state approach to Net-zero carbon emissions.

Climate change, threat to our health with increased global warning. (Andrew hammer from Mary Queens University- London)

UHC, privatization and power (Ana Vracar from Croacia, PHM Europe)

UHC, focus on financial efficiency which has led to commercialization of health. Private provision of health and through capitalism. Increase in (out of pocket costs).

Medicines, vaccines and health products. (Sophie Gebb)

Discussing access to medicines. Road map and transparency resolution.

UHC- No UHC without access to medicines. **One of the sessions at the meeting**

Member state mechanism on substandard and falsified medicine products under the constrain.

Discussion of Global Action Plan (GAP) on SDG3

The case of HRH (Presenters Lisa seildelman from Wemos, Joyce pace GAP CSAG, Jan Hendrilk Segmitz)

Three major countries supporting GAP

Germany, Ghana and Norway. Aim to achieve and support SDG₃ and improving cooperation among countries and organizations.

Launched last year (3 pillars) align, accelerate and account 1st phase- October 2018, 2nd phase October 2018-september 2019. 3rd phase- September onwards.

GAP is supported by 7 accelerators.

Sustainable financing, Front line Health systems, Community and civil society engagement, Determinants of Health, R and D innovations, Data & Digital Health, Innovative programming in fragile and vulnerable states & disease outbreak responses.

There is still a loophole on the conceptualization of GAP and how it represents the civil society.



Frenzy Of Fire To Civil Society From Member State Delegates At WHA (May 28, 2019)



Caption from the previous WHO 145th Executive Board Meeting

Recently in the 145th WHO Executive Board (EB) session, a proposal for revising procedures on the Involvement of Non-State Actors (NSAs) in meetings like the World Health Assembly (WHA) was brought to the fore at the initial review at the meeting. 34 member states regularly convene on the heels of the annual WHA meeting, to plan agendas for the following year.

The WHO report, still under development, suggests the creation of a separate, annual “World Health Forum” to provide a dedicated venue for interactions between member states and non-state actors – while curtailing their formal involvement in the WHA somewhat. Currently some 214 such groups, including not only NGOs, but also philanthropies and the private sector, are officially recognized and entitled to speak as observers in governing body meetings such as the World Health Assembly.

This also came at the time when there were several complaints from some member state delegates on the conduct of NSAs especially the civil society. During the EB meeting, Germany complained that the intense media and social media attention had distracted negotiators and intruded into their deliberations.

The United States, which supported passage of the resolution, albeit with a watered-down section on public disclosure of R&D costs, criticized the aggressive Twitter campaign waged by some NGOs or their supporters.

“This behaviour, including spreading false rumours and half-truths about internal negotiations, taking photos of our negotiators, and posting their names online, and firing off ridiculous poisoned tweets – that sort of behaviour, that is absolutely unacceptable,” said the US representative to the Executive Board, speaking at yesterday’s session.

More information, check on Health Policy Watch link <https://www.healthpolicy-watch.org/whos-eb-considers-new-ways-to-work-with-ngos-some-countries-criticise-activists-role-at-wha72/?fbclid=IwAR32LjeHqYpRtMU7hduVztV8aTsUaV106TyWQA5JdwssxMzHChjErb9fpw>

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Building Health Through Community Health Workers And Communities: Challenges and Solutions

(Medical camp & Study)

May 2019

Kakoma-Birere, Isingiro, Western-Uganda



In efforts to achieve our goal of health for all through promoting health care accessibility in the hard to reach and high priority communities, People’s Health Movement-Uganda through its grass root organization, Human Rights Research Documentation Centre organized a training workshop in Kakoma-Birere, Isingiro District of western Uganda aimed at improving the skills of the Community health workers (CHWs), Identify barriers faced by patients to access health care, share experiences and knowledge on how a bond between CHWs, frontline health workers and community can be strengthened. We additionally provided medicine supplies and health related products, dentistry and legal aid services.

Challenges affecting the health facility’s, health workers’ and CHWs’ performance were identified such as inadequate space to accommodate many patients admitted, insufficient human resource (they don’t have a dentist and an ophthalmologist), poor remuneration for frontline health workers, no compensation or motivation stipend for CHWs, electricity disconnection at the facility, no safe and piped water, inadequate consistent training for both health practitioners and CHWs and so



many more challenges were identified. Since the CHWs were the epicentrum of our study and outreach, we recommended the following, proper integration of the WHO guidelines on CHWs into our national CHEWs’ policy, support a distinct occupational identity for CHWs by the relevant stakeholders, integrate CHW language into local and national healthcare reform legislation, engage CHWs in creation of conjoint definitions and generally recognized standards of core competencies for CHW practice, encourage employers of CHWs and academic institutions to support strong initial and continuing CHW education and capacity building, and strong support of research and funding to create common standards for research studies concerning CHWs.

A Consultation on Governance for Health in Africa Conference: Lessons learnt since independence to inform the future

Organized by ACHEST. July 16-18, 2019

The conference focused on governance for health in Africa (Lessons learnt since independence to inform the future) The consultation interrogated the trajectory of African development in health over the post-independence period, with the gist on the Human resources for health (mainstream health practitioners, WHO code of practice, leadership/governance, planning and migration of health workers), At the epicentrum of the consultation/debates we discoursed; Dynamics in research, education and training systems

Group photo for the conference participants



to suit the interests of the high priority countries in Africa. Geographical distribution of health institutions which translate into retention of graduates in rural areas should be at the epicentrum of the education and research.

The significant role of regional bodies in strengthening governance for health. Strengthen global, regional, in country leadership with multi-level political goodwill which is crucial. How member state governments can institutionalize intersectoralism to strengthen leadership and planning in health essentially in Human resources for health.

The key questions that guided deliberations throughout the consultation were: What worked well? What did not work well? How can we do better?

And how the states in the south constituency can start solving their own problems and generate their own solutions through indigenization of their knowledge systems, and Mindset change through disruptive/critical thinking.



People's Health Movement was represented by; David Sanders, Danny Gotto and Michael Ssemakula

The consultation, described as “a thinking event”, attracted a diverse group of over 70 experienced and insightful participants representing key stakeholders from global, regional and African countries drawn from government, professional associations, intergovernmental organizations,



academia, the media and civil society and was held in an open, interactive and cordial atmosphere. Inspirational messages were received from the WHO Director General, Dr. Tedros Adhanom Ghebreyesus, by video, The Ambassador of the Kingdom of the Netherlands, H. E. Henk Bakker and the support of the government of Uganda was demonstrated through the participation of H. E. the Vice President Hon. Edward Kiwanuka Ssekandi, the Rt. Hon. Prime Minister, Dr. Ruhakana Rugunda, the Director for Health Services representing the Hon. Minister of Health, Dr. Jane Ruth Aceng.

They were three incredible days of diverse phenomenal discourses from famous African academics from renowned best African Universities, multistate agency experts (WHO, World Bank, WTO, UN, AU), Embassies, Multi-country NGOs, health practitioners from multiple disciplines, Civil society and top policy enablers.

More about the event, follow this link, https://www.achest.org/index.php?option=com_content&view=article&id=161:aphrh-achest-held-a-special-consultation-meeting-on-governance-for-health-in-africa&catid=31:achest-news&Itemid=451

We further engaged the Local Council leaders and sensitized them on how to promote the right to health, solidarity and support to health through a proper follow up on service delivery with those we entrust with the health mandate as we move towards Universal Health Coverage.

More about the event and the study we did, find the full report on the PHM-Global website on this link, <https://phmovement.org/wp-content/uploads/2019/07/Building-Health-through-CHWs-Communities-PHM-Uganda-Report.pdf>

UNAIDS Meetings On The HIV/AIDS Trend In Uganda (Two meetings, In April and June 2019)

First Meeting (Meeting with the UNAIDS Country Director) at WHO offices 30th of April 2019

Organized by UNAIDS and UNASO to strengthen the CSO engagement.

The CSO dialogue meetings we revamped and restructured to bi monthly meetings. Discussions are on various areas of concerns and pave ways of handling these issues. They further use these meetings for dialogues and capacity building sessions.

Key points, Need to ensure that Uganda keeps the focus on the



voice of the communities if that country is to reach epidemic control . Uganda to get all the resources requested for in COP 2019, however this means reaching out to everyone without exclusion.

Uganda needs to address the challenge of adherence and human rights.

Michel Sidibe to visit the country as one of his last mission and he will be accompanied by the UNAIDS Deputy Executive Director – Gunilla.

Presentation was appreciated and the following issues were raised

Data needs to focus on the different age groups. Need to have a target for AIDS related death and as CSO can support the strategy of unique identifiers, address challenges of gender-based violence and encourage Male involvement.

There are low target areas and little is being done to mobilize resources to reach such areas how will partners support on this .

CSO contribution is never recognized and integrated when it comes to data analysis, yet it is key. The country also need to address issues on essential medicines cut.

Discussion appreciated and following issues which were raised:

How can CSOs work closely with faith-based institutions and Private sectors to bridge the gap on community interventions and CSO's push for the restoration of the CSO fund? How can CSO's address issues of discrimination at the workplace because in most cases little or no attention is paid. Need for CSO's to support MOH understand their contribution to the numbers and statistics projected all the time.

A moment of silence was taken to recognize the fallen champions in fighting HIV/AIDS.

Need to have key population data synthesized and attributed to the work of the Country.



How are PFTI engagements attributed to the successes of the country and the need to quantify the work of CSO's in order to measure the success of the various interventions to end the epidemic.

Unique identifier strategy and detailed analysis of different age groups data . The need to focus on issues of Mental health among people living with HIV and how can CSO's prepare themselves for the upcoming

global fund grant

Major aim, medicine accessibility through ART and viral load suppression,

We discovered Data for key populations was not available such as the MSM, sex workers, transgenders etc.

The district health centres will start to use unique identifiers in treatment of HIV patients for easy follow up and retention.

We discussed Presidential Fast Track Initiative (PFTI) launched in June 2017 to implement Biomedical, behavioral and structural interventions to end the HIV/AIDS epidemic by 2030.

It came to our attention that the HIV prevalence in Uganda is growing to 1.4 million people in Uganda. CSO and other actors in health are now reluctant on stigma and discrimination.

There were 50,000 deaths of HIV victims by end of year 2018. Men's accessibility to ART is still a challenge which has contributed to a slow viral suppression in Uganda. Through the same meeting, member organizations presented the 2018 new HIV infections statistics in Uganda, male stood at 4,458, female 12,123. Achieve triple 90% (90%:90%:90%) which focuses on Test patients and know their status, Adherence to treatment, treatment and care.

Uganda Aids Commission is now directly in charge of PFTI

Member organizations in fighting HIV/AIDS plan to further their campaigns on training health workers and community leaders through the following areas: GBV, Emtct, Governance and leadership for HIV and AIDS programming, SRHR, HIV Advocacy, HIV and TB community management.

Second UNAIDS Meeting 27/06/2019

UNAIDS is released the global AIDS Report.

Updates On Ebola, Uganda is an assessment being done between the Ministry of Health and WHO on the mechanisms to address the Ebola crisis in DRC.

There are guidelines to declare an emergency.

CSO engagement On global fund implementation in Uganda; from UNASO ED John Masiko

Focused on the Global Fund Civil Society Implementers,



CCM management and global fund grants operations.

The meeting brought together civil society Principal Recipients & Sub Recipients with a view to support experience sharing among CSO PR peers for better grant performance.

CSO effectiveness at the grass roots. Is there true representation of people and realities on the ground?

Issues concerning PR, having multiple PRs to strengthen the role of civil society.

CSO engage in the implementation process.

Revitalize the CSO engagement in the ABC approach.

Global funding processes are always so rigorous when it comes to organizations.

CSO need capacity building.

Fighting in CSO compartmentalization (fights for money)

Cost efficiency approaches, how we can use the little resources we have to maximize the impact. ie localizing the interventions

Further to the discussions

Get the organizations in the implementation of the global fund programs such that we can get their experiences.

CSO encouraged to read more about the global fund processes to understand its processes.

Petition 16, June 2019



This was a press conference followed by a court hearing on the matter. CEHURD and families of women who died in the childbirth sued the government to secure health rights for millions of pregnant women facing preventable deaths. *More about the petition and the ruling, follow tis link.* <https://www.cehurd.org/wp-content/uploads/2015/11/constitutional-petition-64.pdf>



HEPS-Uganda CSO Capacity building program (June 2019)

Pictures from the workshop



Aimed at enhancing capacities for the CSO in different communication mechanisms such as in website communications, effective use of social media for communication and advocacy, documentation and report writing. Communicating results through photographs (using photography to communicate).



Pre - RMNCAH Assembly CSO dialogue: Evaluating CSO commitments in the RMNCAH Investment Case

July 2019 (Hosted bsy World Vision)

The meeting focused on Key commitments – Implementing Partners and Civil Society



Identify high burden districts using agreed criteria and also support community participation in the process.

Monitor and track Uganda's commitments to A Promise Renewed (APR) feeding this back to the national health and development plans including reporting on the global process to stimulate actions at various levels.

Advocate and support the uptake of the country led MDG 4 and 5 subnational countdown-a tool used globally to track specific RMNCAH indicators. Support scale up and implement priori-



tized RMNCAH services and Track clearly defined district indicators to strengthen and guide the country in planning, as well as in allocating resources and ownership of the problem.

Leverage of resources and expertise in integrating health with other sectors and work more effectively towards a shared goal of ending preventable deaths.

Mobilize citizens to call on government to increase investment in high impact maternal and child interventions including more universal immunization, nutrition, emergency obstetric and newborn care coverage and elimination of HIV mother to child transmission.

Stakeholders' Consultative Meeting On

Gaps in the National PPP Act 2015: Implications on the Right to Health

SEATINI-UGANDA (July 2019)

The consultative meeting of 40 participants intended to provide a platform for health and human rights activists to deliberate on the gaps in the PPP Act, and provide positions which will be shared to the policy makers and Ministry of Finance, PPP Unit .



SEATINI-Uganda, A PHM member organization mobilized stakeholders to call for a review of the PPP Act, after undertaking a study to analyse the gaps therein the Act. The study findings need to be disseminated and positions developed for presentation to the Ministry of Finance. This study will be critical in providing evidence-based advocacy around the review of the gaps therein the PPP Act 2015. The study will also be used in developing stakeholder's voices and positions on how to make PPPs work for the people, through promoting the right to health.



NACWOLA EMPLOYS THE COMMUNITY APPROACH

As a sub-recipient of University Research Council (URC), the implementer of *Defeat TB*, a USAID-funded project, NACWOLA is employing a community-based model to fight TB in Makindye division. The underlying goal of *Defeat TB* Project is to enhance; Community sensitization on TB as contagious but curable disease, TB case detection through community screening and contact tracing of index patients, and TB diagnosis & effective treatment outcomes. This novel approach entails employing community Linkage Facilitators (CLFs) who link communities to health facilities whilst following up on patients. According to the National TB & Leprosy Project (NTLP), TB is still a leading co-infection of HIV/AIDS much as it contagious.



PHM-UGANDA/HURIC, MSPH And Queens Mary University Engagement

A strategic collaboration Meeting which took place in May 2019. This intended to forge partnership between PHM-UGANDA, HURIC, Makerere University School of Public Health and Queens Mary University UK- through research of evidence based analysis from community engagements and solutions to community challenges.

Members present, Mr Denis Bukenya from PHM/HURIC-UGANDA, Dr David Musoke (Ph'd) from Makerere University School of Public Health and Dr Kevin Deane (Ph'd) from Queens Mary University UK.

PHM Uganda Meeting With Prof David Sanders

(July 17, 2019)

Through this meeting we shared about our past and ongoing work in Uganda, strategies to build the network stronger, Possible multi-space collaborations, how effectively PHM-Uganda circle can participate in the writing of the sixth edition of Global Health Watch, (GHW6), and planning for the COPASAH

Symposium in October 2019 in New-Delhi.



ACHEST 10TH ANNIVERSARY AT COMMON WEALTH HOTEL MUNYONYO. (July 17th, 2019)

This was during the "Governance for health in Africa" Conference.

We celebrate you ACHEST as an independent Think Tank in the region with an incredible work in advocacy and research to build capacities and synergies for African Health.



During the evening celebration



PHM and Wemos were part of the event.

Latest In Publications

Connecting Global Debates To Local Realities At The 2019 World Health Assembly

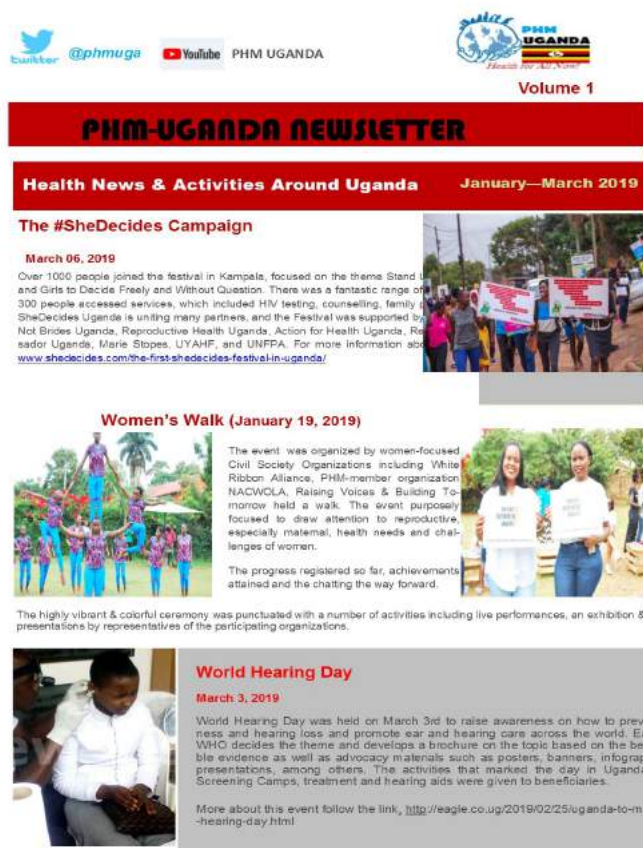
Available on the link, <https://www.equinet africa.org/newsletter/current#2>

The Italian Investor Proposed USD 379.7 Million Lubowa Hospital Construction Project in Uganda: Disconnections and Disruptions in the Health Sector Expenditure Priorities.

Available on the link, <http://www.peah.it/2019/04/6596/>

Missed Our previous Newsletter? It is available on the PHM-Global website.

Check on this link, <https://phmovement.org/phm-uganda-newsletter-health-news-and-activities-around-uganda/>



Upcoming Events Which PHM Will Participate In, and Work In Progress

SET-SRHR training in Nsamizi Mpigi, Central Uganda. From August 4th 2019.

SET-SRHR aims to strengthen SRHR education and training capacity in Uganda. The project is implemented by a consortium led by the International Institute of Social Studies of Erasmus University Rotterdam (ISSEUR), in collaboration with Rutgers in the Netherlands and, in Uganda, Makerere University School of Public Health (MakSPH) as local lead and Nsamizi Training Institute of Social Development (NTISD). It is funded by the Netherlands Universities' Foundation for International Cooperation' (Nuffic).

PHM launched a strategy to support the African Medicines Agency, for more information, get in touch with Wilson Asibu from PHM-Malawi wilasibu@gmail.com or Linda Shuro from PHM-global linda@phmovement.org

In struggle for better health, PHM is expanding its network through partnerships. A proposed partnership for PHM Africa and the ECOSOC Council of the African Union is in progress. More information on this, contact Ravi Ram ravimram@gmail.com, or Linda Shuro linda@phmovement.org

RMNCAH Assembly in August 8, 2019. Review of our investment case, RMNCAH services in Uganda, implementation of GFF and CSO engagement in this work spectrum. This will be hosted by World Vision-Uganda.

Medicus Mundi International with Partners' Consultative meeting on "how to advance cooperation and solidarity beyond aid" to be organized in Kampala. Dates Not confirmed yet as the organizers are still in the planning stage.

UNAIDS/UNASO Meeting on the current CSO engagement in fighting HIV/AIDS in Uganda and the current NHIS Bill. Scheduled for August.

COPASAH Symposium, 15th-18th October 2019. Check on the COPASAH website for more information <http://www.copasahglobalsymposium2019.net/>

Global Health Watch Six, Consultation on the topics to include in the compilation from different PHM-regions. More information email your regional representative or Linda Shuro linda@phmovement.org

or Chiara Bodini chiara@phmovement.org

Access to Medicines IPHU (The Struggle for Health and Access to Affordable Medicines, Cape Town, November 2019.

To apply follow the link below, <https://phmovement.org/course-announcement-the-struggle-for-health-and-access-to-affordable-medicines-cape-town-november-2019/>

Special thanks to the members for your collaborative assistance in the compilation of the activities.

Supported and guided by Linda Shuro (Coordinator, PHM Africa)

Contact Us

www.phmovement.org

