What A Year For The People's Health Movement Uganda Chapter!

2019 has been a super amazing and productive year for PHM-UGANDA, an activity compact year with many positive changes in the mix and opportunities for work through collaborations at national and region level. A number of new organizations have come on board to join the struggle for better health. Multiple papers and articles have been published to widen our knowledge base but also a mechanism to document our work in Uganda on diverse health issues.

About Our Newsletter

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 steadily 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 August through November 2019. We focus on health related news and events from People’s Health Movement and partners, 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.

Health News & Activities Around Uganda and Beyond Boarders

Coverage

August-December 2019

What A Year For The People's Health Movement Uganda Chapter!

Highlights in Focus

- Health Cooperation What Transpired At "Beyond aid" - the Kampala Initiative?
- COPASAH Symposium 2019
- Strengthening Education and Training in Sexual Reproductive Health and Rights (SET-SRHR) Training
- World Bank meeting on the mid-term review on the implementation of the Result Based Financing mechanism in Uganda.
- IPHU Training Workshop “Struggle for health and Access to affordable medicines” Cape Town
- UHC Day 2019 In Uganda

Latest In Publications

Patents in Pharmaceuticals: The Emerging Sharp Sword to the Fragile Health Systems in the 21st Century:

COPASAH Reflections "Strengthening Community Centred Health Systems for Achieving Sustainable Development Goals"

PHM-Uganda's position on the GMO Mosquitoes in Africa

Access to safe abortion remains a dream for many women in Uganda-Universal Health Coverage Must Include Access to Medical Abortion!
The theme of the COPGS 2019 was Leaving No One Behind: Strengthening Community Centred Health Systems for Achieving Sustainable Development Goals. The Symposium was organised between 15th and 18th October 2019 at the India Habitat Centre, New Delhi – India. This brought together 500 practitioners from diverse social – cultural contexts including COPASAH members from Latin America, Eastern Europe, Sub Saharan African, Eastern and Southern Asia along with researchers, programme managers, donors and policy makers in the field of public health governance.

Practitioners shared and learnt from each other on community led practices around accountability and health governance. In the last few years the Accountability and Governance is being increasingly seen as essential to the fulfillment of the Universal Health Care and Sustainable Development Goal agenda.

Since 2016, Medicus Mundi International provides spaces and input for a critical reflection on the role of health cooperation (aid) in people centred national health systems and policies. With the launch of the “Kampala Initiative” through a series of webinars and the Kampala workshop on “How to advance cooperation and solidarity within and beyond aid?” (15-16 November 2019), we successfully broadened the debate beyond the Network members, giving more space to civil society voices and perspectives from the Global South, and moving from analysis to joint action. [https://www.medicusmundi.org/kampalainitiative/](https://www.medicusmundi.org/kampalainitiative/)

In the recent Kampala initiative workshop (November 2019) “cooperation and solidarity within and beyond aid” Civil society activists from diverse professional and experience backgrounds met in Kampala to examine the notion of Aid, dominant narratives about aid and charity emanating from the global North (the rich states helping the “poor” states- and in particular from many NGOs), establish a democratic civil society space and structure of independent, critical-thinking activists and organizations across Southern and Northern boundaries and address the failures and shortcomings of “health aid” and its actors and practices.


The meeting focused on implementation of public health sensitive TRIPS Flexibilities in the African Regional Intellectual Property Organization (ARIPO) to promote access to medicines. This Meeting was attended by key civil society organizations and government officials from countries that are members to ARIPO and signatory to the Harare Protocol, diverse stakeholders in health from the African region, international development and intellectual property experts.

The meeting also interrogated the numerous initiatives in region including pharmaceutical business plans, and how countries make utilization of TRIPS-flexibilities with the aim to improve availability and affordability of medicines in the region and increase self-reliance through local production. Thus far, the focus was more on incorporation of flexibilities in national patent laws and the LDC transition periods to start applying the TRIPS. Significant gaps and challenges remain in the full utilization of TRIPS flexibilities. Such as, coordination in laws or legal incoherencies, capacity both financial and technical capacity, limited understanding of the TRIPS among diverse stakeholders including the civil society and the policy enablers.

The meeting also provided information on the operations of the African Regional Intellectual Property Organization (ARIPO) which administers the filing, examination and grant of patents for 18 Contracting States of the Harare Protocol (ARIPO’s legal instrument on patents): Botswana, the Gambia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Sierra Leone, Liberia, Rwanda, São Tomé and Príncipe, Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Twelve (12) of these states are categorised by the UN as Least Developed Countries (LDCs) with no obligation to grant pharmaceutical patents. ARIPO’s rules and practices have a direct impact on whether the population in the region have access to affordable medicines and whether the ambition of a robust generic industry in the region will be realized. Therefore it is crucial to implement and use public health sensitive TRIPS flexibilities.

Strengthening Education and Training in Sexual Reproductive Health and Rights (SET-SRHR) Training)

Some of practical engaging sessions
CSO/World Bank Meeting With The URMCHIP Implementing Partners in Uganda
(October 1st, 2019)

Mid-term review on the implementation of the Uganda Reproductive Maternal Child Health Improvement Project (URMCHIP) with the project financing partners, that is International Development Association through the World Bank Group, Swedish International Development Cooperation Agency and the Global Financing Facility.

The meeting was held at the World Bank offices in Kampala and focused on how the RMNCAH investment case in Uganda has supported through the URMCHIP in the high burden 79 districts that have poor performance on the RMNCAH in Uganda. But also how the improvement in the health facilities’ services has been enhanced through the Result Based Financing (RBF) mechanism.

Picture of the CSO members and the representatives from World Bank/IDA, SIDA and GFF

IPHU Training Workshop “Struggle for health and Access to affordable medicines” Cape Town
(2nd-9th, Nov 2019)

The International People’s Health University (IPHU) of the People’s Health Movement (PHM), jointly with PHM-South Africa and the Third World Network, organized “THE STRUGGLE FOR HEALTH AND ACCESS TO AFFORDABLE MEDICINES” training, a short training course for young public health professionals including health activists in Cape Town, South Africa. The course is planned for young health activists and practitioners working on the issues of health, access to medicines and human rights and particularly including those involved or wishing to be involved in the People’s Health Movement (PHM).

As anchors of health for all global health strategy, People’s Health Movement together with Third World Network have been so instrumental in safeguarding the full brim attention of global community to health through mobilization, strengthened health struggles, and solidarity against discriminatory health provision modalities. Their programs have encircled countering of ideological shifts and unfriendly profit driven postmodernism threats posed by the pharmaceutical corporations through a series annual trainings organized under their International People’s Health University (IPHU) program which aims to contribute to ‘health for all’ by strengthening people’s health movements around the globe, providing space for learning, sharing and planning opportunities for people’s health activists, particularly from Third World countries.

This year’s UHC Day was yet another opportunity for PHM Uganda to engage more the communities through the UHC Day outreach activity. The event was organized by Rural Aid Uganda together with HURIC-Uganda under the PHM–Uganda umbrella with Ngabo Youth Friendly Service Centre and Global Health Corps.

The event was held in one of the typical Kampala Slums—at Katwe sports ground to have an experience sharing event on how people in such underserved and segmented areas access essential health services.

We capitalized on community conceptualization of UHC. Teaching people in this local community what UHC is about and where is their role in enhancing social accountability in health as we advance community centric approaches to achieve 2030 SDG agenda. Community understanding of Universal Health Coverage is so imperative, these are the primary beneficiaries. In order to enable social accountability and hold the policy and service enablers accountable on certain policies, we must begin essentially with the community appreciation of UHC, their rights, duties and responsibilities in the health system.

**Sessions/engagements at the Event**

- **Civil Society members in solidarity signing on the UHC board and committing to continue supporting the Civil society Asks on the UNHLM Political Declaration**


Uganda under the PHM–Uganda umbrella with Ngabo Youth Friendly Service Centre and Global Health Corps.

Remembering Prof David Sanders (2nd Nov 2019, Cape Town)

This Memorial meeting about our fallen hero Prof David Sanders reminded us thousands of his global remarkable deeds in advocating for equitable health care and addressing inequalities in social welfare between and within countries. The IPHU team together with activists in South Africa and around the world gathered to commemorate the life of our fallen global academic and health activist guru. He was a Marxist, classical and advised many countries and global institutions to invest more in Primary Health Care in their health systems and strategies if health systems.

David was a founding member of People’s Health Movement (PHM) in 2000 in Savar, Bangladesh and has been the co-chair of PHM from past six years. He was a founding member of People’s Health Movement (PHM) in 2000 in Savar, Bangladesh and has been the co-chair of PHM from past six years.

He was a Professor and founding Director of the School of Public Health at the University of the Western Cape (UWC), South Africa. He was a specialist paediatrician with postgraduate qualifications in Public Health, and had over 40 years experience in health policy and program development in Zimbabwe and South Africa. David had extensive experience in the areas of primary health care, child health and nutrition, and human resources for health as part of health systems development.

**During the Commemoration meeting**

**Civil society committing to support UHC**
Orientation Training On Intellectual Property For CSOs AND Communities Of PLHIV (3rd –4th, September 2019)

Organized by the Center for Health, Human Rights and Development (CEHURD) in Uganda and the Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN) in Kenya who partnered to undertake work on utilizing TRIPS Flexibilities to promote access to medicines for People Living with HIV (PLHIV) and affected by other opportunistic diseases like Tuberculosis and Non Communicable Diseases.

As part of this task, CEHURD convened a 2 day national training on Intellectual Property and access to medicine from the 3rd and 4th of September 2019 with the objective of building a consensus and empowering Civil Society Organizations as well as communities of PLHIV to demand for prioritization of access to medicines by national governments through the use of TRIPS flexibilities.

Petition 17

SEATINI-Uganda and CEFROHT on the 2nd day of August 2019, instituted a Public Interest Litigation suite (Petition no.17 of 2019) in the constitutional court seeking orders that the Public Private Partnership Act of 2015, gaps should be deemed unconstitutional to the extent of their inconsistence and seeks for the Government of Uganda to amend them accordingly.

PHM-Uganda's position on the GMO Mosquitoes in Africa (which Uganda is also taking on)

A comrade from FIAN inquired about our position on the GMO and we know African CSO have provide a position on this issue. Our responses to Ann are extracts of our position in Uganda as PHM-Uganda since Uganda is equally pursuing the same endeavor.

Here was an email to her. Written by Dr Danny Goto

"Dear Ana,

I am glad to learn of your interest in following up on this issue of GMO mosquitoes in Burkina Faso, and hopefully other parts of SSA. I am a strong follower of FIAN International especially on issues of Nutrition&health, transforming food systems. Although, Africa is so under-reported on your platforms (I wonder why?). Anyway, that's a conversation for another day, I have a bone to pick with FIAN and you of course on some of these matters about your organization.

Having said that, actually for your information, Uganda my country is following the same path of Burkina Faso and at advanced stages of kick-starting the work on GMO mosquitoes. I will maybe share later our current stand and voice on this issue in Uganda. I am sure you're aware that Burkina Faso has released 10,000 mosquitoes already early this year. They're using the “Gene Drive” a technology that squashes the ability of male mosquitoes to pass or have gametes (they tell us they become sterile - no one knows how true this is). But we don't know how effective this is since it has never been tried outside a lab setting, just preliminary tests.

Those in leadership in Burkina Faso is that they only 10,000 mosquitoes in the wild and from one species out of 850 mosquito species in Africa, so we're all safe including us in faraway lands in other parts of Africa, I wonder though how that is possible since mosquitoes don't need any visa or passport to cross any border. We're not just against having new tools to help defeat one of Africa's biggest killers of our people since time immemorial. Our concerns which we also put to the Ugandan government here are as follows; by corrupt government cronies or manufactured in the poorly monitored fake laboratories in some parts of sub-Saharan Africa, poor policies and absence of capacity to regulate scientific researches of this nature, etc.

Review of the Uganda’s UHC Roadmap (17th/12/2019)

Stakeholders’ meeting reviewing the UHC roadmap before the release of the final copy. PHM-Uganda was represented by HEPS Uganda. This was intended to analyze the contextual relevance of the document, but also how it will guide the policy architects to design appropriate UHC programs.
All these worry us and with think, these concerns must be the primary areas to be tackled before any well-intentioned person(s) think of this quite interesting but unknown scientific endeavor.

Safety across the board is not so clear given limited our limited knowledge on the subject matter and then the ethical aspect of wiping out one species to save another might create an unforeseeable imbalance in the eco-systems which may have a catastrophic consequence on us as humans or on biodiversity as a whole. We need to do more.

A comrade from FIAN inquired about our position on the GMO and we know African CSO “The clandestine way of working by the government(s) here in Africa and Uganda in particular (I am so sure in Burkina Faso) is of concern. Meetings happen under closed doors, no information is shared. We've asked for a draft plan so that we can respond with key questions on some of the issues. Nothing is coming out. Given the experience of corruption, lack of transparency and accountability where decisions concerning us all are made in private meetings without us in the space, we're afraid these guys might collude and short change us. Something similar in Uganda happened, recently Parliament passed of a GMO bill yet to be Accented to by the president. The bill mentions a regulator meant to be an autonomous entity of government. Now before the Bill becomes an Act and no preliminary preparation to put in the place as stop-gap measures to mitigate or regulate these GMOs industry, all we hear is the rush with the GMO mosquitoes since the project brings in foreign exchange badly needed by the corrupt State. We're asking them 'why run ahead of the cart?' this is not just a mone-

We insist to be part of the conversation since science in the past has undercut us with a lot of unethical approaches with vector control practices which have eventually had serious consequences to the bio-diversity and the people at large. Even in Uganda past vector control of malaria hasn't been so successful actually. I know of countries in the tropics that have been declared malaria-free by WHO without these untested tools like GMO mosquitoes for instance Sri-Lanka. We believe there're better cheaper and environmentally better ways to deal with this problem. With global warming more parts of the world will be mosquitoes habitats in the near future, does it mean that GMO mosquitoes will be left to spread across the entire new malaria areas, won't this have consequences? Of course, no answers are coming through.

The link between poverty and malaria is well understood and documented. In history, malaria was quite rampant in Victorian England and medical literature is littered with evidence of how it killed many Europeans. However, with improvement in sanitation, housing, health systems, and other social determinants of health together with the political will, malaria was defeated in Europe and North America. We wonder why this is not the approach of choice for Africa. All we've seen are silo projects to stop malaria with scanty investments by some global players who are the same players funding some of these researches. We wonder their intentions, how come they're not so concerned with addressing the key fundamentals of poverty and rather cherry-pick quick fixes that befell their plans. One wise man once told of the West's resurrected interests in containing malaria at all cost including pushing to us untested potential disaster-prone approaches disguised as gold standards to defeat it. Experience with the Ebola crisis in DRC especially when the world awoke to the reality of the Ebola problem spreading to all parts of the world in just day, we quickly saw concerted investment coming through including an untested vaccine that hadn't passed human trials. This has taught us to be skeptical of some of the crusaders of these innovations.

We know why the fight against malaria has mainly failed in most parts of sub-Saharan Africa. Here are some of the weakness which GMO mosquitoes can't fix. Take, for instance, weak health systems characterized by poorly trained practitioners (if they are present in the country-side anyway), adulterated fake generic antimalarial imported from India, Pakistan or China approved for importation.

We're not merely opposed to new ways scientific for the sake of it, but rather we're asking for more time, better preparedness, openness/accountability, and participation of all people including the common person who lives the brunt of malaria every day. We want to be active participants, our question must be answered in an honest and accountable manner not just pushing us aside to act as mere spectators.

Apologies for my rantings, I thought I needed to highlight some of our concerns. Let me know in specific terms what your main interests are on this issue an how you would like to have us participate because the whole of SSA might blindly follow this GMO mosquito opiate. You know some of our leaders have a tendency to quickly convert especially on issues driven by the financial muscle from some of the western capitals or by the desire to associate or appear to associate with anything foreign. We need to find better ways to inoculate them before they catch the money flu.”

HEPS – Uganda Snakebite management Initiatives in Uganda

HEPS-Uganda, World Health Organisation, Ministry of Health and partners have reviewed the draft Uganda Snakebite Prevention and Management Strategy to guide the country on snakebites. The review process took place during a high level stakeholders’ meeting that was conducted at World Health Organization Uganda country offices. The meeting was officiated by Dr. Jackson Amone, the Commissioner Clinical Services at the Ministry of Health.

In 2017, Uganda sponsored a resolution at the World Health Assembly that brought snakebite on the global health agenda. Domestically, Ministry of Health has appointed a national focal person for snakebite, Dr. Alfred Musangizi and established a Multi-Stakeholder Committee coordinated by HEPS Uganda to develop the National Snakebite Prevention and Management Strategy. Ministry of Health in conjunction with HAI and HEPS-Uganda convened this meeting at WHO country office to disseminate snakebite survey result of Uganda, review the draft strategy and get way forward.

In his speech, Dr. Jackson Amone the Commissioner for Clinical Services on behalf of the Director of Health Services MoH said that snakebite is a serious public health concern for Uganda. He asked stakeholders to work with Ministry of Health’s national snakebite focal person to ensure the snakebite strategy is completed and its interventions get integrated into the Ministry’s processes and programs. From the discussions he recommended that; there is need for awareness creation and public education on how to prevent snakebite, handle first-aid and referral; research to inform policy-making; improve supply chain for effective anti-venom in public health facilities; train health workers and establish strong collaboration and partnerships.

A steering committee will present the final draft at the next meeting to be held on World Snakebite Awareness Day, 19th September 2019, at Uganda Wildlife Education Center, Entebbe.

More to this check on this link, https://www.heps.or.ug/news/uganda-reviews-snakebite-prevention-and-management-strategy
Result Based Financing (RBF) meeting

Organized by World Vision on 30th/08/2019

This was a meeting organized to give updates on the Result Based Financing Mechanism (RBF)/Uganda Reproductive Maternal Child Health Improvement Project (URMCHIP) performance. The RBF assessment was done in Hoima, Mityana and Butaleja district. This also identified the advocacy opportunities for the civil society where we can engage to improve the performance of the URMCHIP in the districts where it is being implemented especially in the verification of the funds disbursement and accountability processes. It is funded by a pool of three, that is (World Bank/IDA, GFF trust fund and SIDA).

Uganda Coalition On Access To Essential Medicines (UCAEM) Meetings

UCAEM Coalition meeting 30/08/2019

The coalition in members meeting provided updates on the status of the medicine stockouts and other health products like the SRH commodities in the country. Pediatric treatment optimization, Global Fund updates in terms of their funding, stockouts constitution petition, and UHC high level meeting.

UCAEM COALITION MEETING 28/11/2019

Meeting focused on Annual Reflection on wins and challenges, HIV Stigma campaign, commemoration of the World AIDS Day, (with the emphasis on what have been the HIV responses and mechanisms to increase treatment adherence and other CSO contributions), PEPFAR COP2020, (How Civil society can follow up on the funding released through the PEPFAR support) Global Fund Grant writing (opportunities available for civil society to participate in this process, UGANET applied to give technical support), and Public Health Act consultations feedback which has been spearheaded by HEPS-Uganda.
PHM-UGANDA Meetings

26th September, 2019

Focus was on our previous and ongoing work from various organizations, the COPASAH symposium 2019, re-aligning our lines of engagement (how can we make the circle more effective, IPHU. South Africa (Struggle for health and Access to Medicines), transparency resolution on medicines and vaccines, the Kampala Initiative workshop "Advancing Corporation within and Beyond Aid" organized by Medicus Mundi international/Open Society Foundation and People's Health Movement.

(Minutes have been shared already)

PHM Side Meeting at Kampala Initiative Meeting ,
16th/November/2019

This was a regional meeting with members from PHM Uganda and other countries in Africa to connect, share best practices and work the different PHM country circles are working on, but also to strategize going forward.

Latest In Publications

Patents in Pharmaceuticals: The Emerging Sharp Sword to the Fragile Health Systems in the 21st Century: By Michael Ssemakula


COPASAH Reflections "Strengthening Community Centred Health Systems for Achieving Sustainable Development Goals" By Denis Joseph Bukenya


PHM-Uganda's position on the GMO Mosquitoes in Africa By Danny Gotto

Access to safe abortion remains a dream for many women in Uganda-Universal Health Coverage Must Include Access to Medical Abortion! By Labira Sumayah Musoke

Link  https://phmafrica.blogspot.com/2019/12/access-to-safe-abortion-remains-dream.html

Performance Incentives for CHWs making a difference to women's Right to Contraception
Upcoming events and Opportunities

WHO Watch, 3rd-8th February, 2020 in Geneva, Switzerland

PHM is preparing for watching the 146th Executive Board meeting of W.H.O taking place from 3rd to 8th February in Geneva, Switzerland. The World Health Assembly takes place once and Executive Board meeting takes place twice a year. The items on the EB146 agenda will probably include Primary health care, Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, Global vaccine action plan, Accelerating the elimination of cervical cancer as a global public health problem, Ending tuberculosis, Epilepsy, Public health emergencies: preparedness and response, Poliomyelitis, Decade of Healthy Ageing, Maternal, infant and young child nutrition.

Link https://phmovement.org/who-watch-call-for-participation-2/

IPHU in Nepal 2nd February 2020

South Asian International People’s Health University (IPHU) on the Struggle towards Equity in Health, February 2020 (Kathmandu, Nepal/17-23 February), 2020

World Public Health Nutrition Congress 2020, Australia

To be held at the Brisbane Convention & Exhibition Centre from Tuesday 31 March to Thursday 2 April 2020. This is organized every four years, the World Public Health Nutrition Congress was established by the World Public Health Nutrition Association. The Congress acts as a pathway to strengthen the knowledge base, partnerships and commitment for effective action to improve nutrition related health, particularly among vulnerable populations in the world.

In 2020 the Congress will be brought to Australia for the first time and hosted by the Public Health Association of Australia (PHAA).

Link https://www.phaa.net.au/events/event/world-public-health-
nutrition-congress-2020

More events and opportunities will be communicated through our communication platforms

Our previous newsletters are available on PHM-Global on these links

PHM Newsletter Volume 1, Jan-March, 2019

https://phmovement.org/phm-uganda-newsletter-health-news-and-activities-around-uganda/

PHM Bi-annual Newsletter Volume 2, June 2019,

https://phmovement.org/phm-uganda-bi-annual-newsletter/
Thank you for reading our Newsletter, we hope you found it useful.

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

Special thanks to the following members who have contributed to this Newsletter

Michael Ssemakula, Denis Bukenya and (Labira Sumayah Musoke, Danny Gotto, Carol Aruho, Africa Kiiza, Frank Ategeka)

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