

KAMPALA INITIATIVE ANNUAL REPORT 2021



DECOLONIZE health cooperation
DECOLONIZE the critique of aid
DECOLONIZE the promotion of solidarity

KAMPALA INITIATIVE

ANNUAL REPORT 2021



Dear colleagues,
Dear reader,

What would the world look like if we opted for collective cooperation and solidarity as opposed to profit and greed?

The shortcomings of global health governance during this exhausting Covid-19 pandemic era continue to bring fresh air to our two-year-old baby - the Kampala Initiative. The pandemic has raised our awareness about the unjust resource distribution and socio-economic disparities whilst emphasising the value of global solidarity and cooperation in protecting and promoting health and well-being for all.

Throughout 2021, the cross-cutting issues of decolonization and challenging the aid narrative lay at the intersection of our work as alternatives to the current health aid architecture. The Kampala Initiative strives to expose, explore, challenge and transform health aid through dialogue, advocacy, activism and action. Engage!

The Steering Group

“Through the Kampala Initiative, we commit to expose, explore, challenge and transform health aid through dialogue, advocacy, activism and action. We commit to build cooperation and solidarity for health, within and beyond the practice of aid, to build a future where health justice and equity are realised, and aid is no longer a necessity.” (Kampala Declaration)

For many countries and societies struggling with access to health and health equity, aid is still a challenging reality, and this reality needs to be examined and acted on: What’s wrong with “health aid” and its actors, structures, paradigms and policies, methods and processes, and how can the failures and shortcomings of aid be addressed? All in all, how to achieve cooperation and solidarity within and beyond “aid”?

The Kampala Initiative is a democratic civil society space and structure (alliance, community) of independent, critical-thinking activists and organizations across Southern and Northern boundaries.

Within this space, the critique of “aid” shall lead to formulating, promoting, disseminating and seeking political traction for a new, broadly shared civil society narrative on cooperation and solidarity within and beyond aid.

The concrete activities of the Kampala Initiative are focused on an (open) set of thematic fields that need particular civil society attention and on a related set of critical, concrete and catalytic cases as entry points for joint interventions.

www.medicusmundi.org/kampalainitiative

2021: POSITIONING THE KAMPALA INITIATIVE AS PART OF THE DECOLONIALITY MOVEMENT

In early 2021, the Steering Group of the Kampala Initiative (KI) undertook an effort to draft a “proper” work plan for our “non-institution” for the years 2021 and 2022, framing in a strategic way what we want to achieve beyond what we had already accomplished through our formal and informal sub-teams, and reported in the following sections. Well, regarding the intended “rational planning” and in particular the aspiration to complete a formal setup of the Kampala Initiative (office in Kampala, funding, website, more), we still face quite a bit of unfinished business. But our series of conversations and discussions allowed us to clearly position the Kampala Initiative as part of and contribution to a re-emerging decoloniality movement.

The following is directly quoted from the planning document adopted by the Steering Group in early 2021 and then also shared with all members.

2020 was a turbulent and challenging year. A spotlight has been shone on emerging, hugely complex, and interlinking issues such as the Black Lives Matter movement and Covid-19, and the systemic and structural inequalities that they have exposed. Within the development sector these issues have galvanised a push for systemic change and in particular a push to advance the decolonization of the aid agenda. It is encouraging to see that going into 2021 a decoloniality movement has become more visible and vocal.

The Kampala Initiative clearly positions itself as part of the decoloniality movement. The Kampala Initiative defines decoloniality in its work as described below, with the understanding that this working definition will be refined and elaborated on an ongoing basis, as the KI learns from its members and external participants in its engagements.

Decoloniality is concerned with the power imbalance and related effects between countries of the Global North and Global South, particularly between former colonial powers and former colonies. It differs from *decolonization*, which was a process that led to political independence (largely between the 1950s and 1980s), in that decoloniality focuses on the continuing effects of colonial control over countries that are now politically independent. Those effects include structural inequities embedded in economic, trade and financial systems; migration; diplomacy, conflict and war; social systems including health and its determinants; as well as cultural influences.

Development assistance in health and other sectors has its historical and ideological roots in the colonial project, and as articulated in the Kampala Declaration, “*development assistance for health – ‘aid’ – often reinforces the power imbalances that underlie health inequities*”. The Kampala Initiative has advanced discussion on the transformation of health aid toward models such as global solidarity and health equity. That work is neither comprehensive nor complete, and the need to decolonize both ‘aid’ as well as its critique continues.

The Kampala Initiative will intensify its focus on decoloniality in relation to development cooperation for health, the promotion of solidarity, and the critique of aid.

Doing so, we can confidently refer to

- our setup as a “democratic civil society space of independent, critical-thinking activists and organizations across Southern and Northern boundaries”;
- our political platform (Kampala Declaration) and shared values;
- our ambition that “the critique of aid shall lead to formulating, promoting, disseminating and seeking political traction for a new, broadly shared civil society narrative on cooperation and solidarity for health equity within and beyond aid”.

The particular contribution and field of work that the Kampala Initiative takes on – but is not restricted to – “decolonizing development”, particularly in relation to power and decision-making imbalances around development assistance for health, as well as the inequities that are perpetuated as a consequence.

We further aim at decolonizing the promotion of solidarity and the critique of aid, being aware that our own field of civil society action is itself too often dominated by actors of the global North and therefore follows (neo)colonial patterns. A world of health equity is only possible through a decolonized lens on both conventional development as well as civil society actions to change ‘aid’.

This lens will inform activities of the Kampala Initiative, such as webinars and workshops that the KI holds or promotes.

But it also has implications for the Kampala Initiative itself,

- in the way the Kampala Initiative itself is set up as a community and civil society space, including issues of formal and informal power, governance, management and representation;
- in giving due attention to our own narrative on health aid and solidarity around health, and being clearer in our links to the decolonization movement;
- in getting more vocal and reaching audiences beyond those already in alignment with our mission.

Doing so, we will network with other decoloniality movements in health, e.g., in the field of global health governance or health research or in the broader aid sector, in order to build alliances and to further shape and jointly advance the decoloniality agenda.

At a simple visual level, the positioning of the Kampala Initiative as part of and contribution to the decoloniality movement has been implemented in a new logo:



The further sections of this annual report show some progress achieved in transforming this strategic positioning into concrete work and output over the past year. But there is much more to be done.

In particular, it would be fruitful - and important - to bridge between African perspectives on decolonizing health cooperation and the promotion of solidarity with realities, experiences, analysis and demands brought forward by social movements and critical scholars in other parts of the world, in particular in Latin America with its own history of colonialism and liberation. This might help us to learn from each other and challenge easy answers to complicated realities from which we are not immune.

And it might help us to show that, despite “Kampala” being a core element of our name and roots, we have set up the Kampala Initiative as a space for truly international and intersectoral sharing, learning and action.

In the words of the Kampala Declaration:

“We will advance a critical analysis of aid and challenge its misuse; challenge the power dynamics at the heart of aid structures; acknowledge and act upon the root causes of poor health, never pretending that aid is the solution; challenge damaging narratives of aid and charity where they exist; correct damaging power dynamics where they exist within our own organisations; collaborate in solidarity as partners in the Global South and North to ensure that international health finance is grounded in social justice rather than neo-colonial ideas and practices.” [Kampala Declaration, January 2020](#)

“DECOLONIZING HEALTH IN AFRICA”

The Kampala Initiative (KI) and Innovations for Development (I4DEV), along with the People’s Health Movement Uganda country circle (PHM Uganda) and the Human Rights Research Documentation Center (HURIC) initiated a collaboration to elaborate the theme of decolonization of health in Africa. This partnership started from an I4DEV paper on decolonizing health, leading to a series of public webinars on a range of topics.

The webinars were a first outcome of a joint project on “Dismantling Neo-colonial Influences in Uganda’s Health Sector” as a mirror to the global perspective. This project examines the influences of old colonial and neo-colonial legacies of the global powers in Africa on Uganda’s health system and develops strategies that are hoped to counter the negative spill-overs on the systems.

The four webinar sessions took place from July to October 2021 and covered four key thematic areas exploring continued coloniality manifestations within African health systems:

- Development Assistance for Health (“Health Aid”)
- Human Resources for Health
- Health Research
- Public Health Legislation and Global Health Governance

The dialogues brought together actors within public, government, civil society, humanitarian and development spaces in both the Global North and the South.

First webinar, 21 July 2021

Coloniality in Development Assistance for Health (DAH) and its impact on health sector financing in Africa

The first webinar focused on the historical perspective of colonialism and aid, the expressions of coloniality within the aid industry, its implication to health care delivery, and the strategies that can be used to decolonize Development Assistance for Health (DAH). This dialogue underscored that health sector financing remains one of the most critical bottlenecks to the realisation of universal health care in most developing countries. Despite commitments by the aid sector to make their contributions more effective, ODA has remained a tool by the powerful in the global north and their proxy aid agencies to influence and dominate the health agenda and policies of their global south counterparts.

Webinar recording: <https://youtu.be/elzai3CMZW4>

DECOLONISING HEALTH IN AFRICA
WEBINAR SERIES : EPISODE ONE
Topic: Coloniality in Development Assistance for Health and its impact on health sector financing in Africa

Speakers

- NAOMI TULAY-SOLANKE**
Executive Director
CHI Liberia
- DR DANNY GOTTO**
Executive director
I4DEV Uganda
- DENIS BUKENYA**
ED HURIC-Uganda
Coordinator PHM Uganda
- LEAH LYNCH**
Deputy Director
Development, Reimagining
UKICHINA
- DR OBED KABANDA PHD**
GSC President
Seattle University

Moderator

Join in on **zoom**
Meeting ID: 896 1926 1302
Passcode: 420151

DATE : 21st July 2021
TIME: 1:30- 3:00pm EAT

Brought to you by I4DEV, PHM Uganda, HURIC, and Kampala Initiative. Supported by Open Society Foundations.

DECOLONISING HEALTH IN AFRICA
WEBINAR SERIES : EPISODE TWO
THEME: DECOLONISING HUMAN RESOURCES FOR HEALTH (HRH)

SPEAKERS



HAMIMU MASUDI
PROJECT AND CAMPAIGNS OFFICER
Health Poverty Action



FRANK GRAMSEN KIZZA
PROJECT COORDINATOR
Innovations for Development (I4DEV)



DENIS BUKENYA
ED HURIC UGANDA
Coordinator PHM Uganda

MODERATOR



DR DANNY GOTTO
EXECUTIVE DIRECTOR
Innovations for Development (I4DEV)

Join in on **zoom**
Meeting ID: 889 4631 0069
Passcode: 017625

DATE :4th August 2021
TIME: 1:30- 3:30pm EAT

Brought to you by    supported by 

Second webinar, 4 August 2021 Decolonizing Human Resources for health (HRH)

This second webinar and dialogue examined the widening disparity of the available Human Resources for Health between the global North and South that has re-awakened the decolonial consciousness about inequity and inequalities particularly in ways they are sustained by the colonial legacies.

Webinar recording: <https://youtu.be/pg8zn9-mm7c>

Third webinar, 8 September 2021 Decolonising Health Research in Africa

In this webinar, participants concluded that health research remains crucial in helping to identify health challenges and developing possible and feasible solutions. However, in reality, developing countries suffer from the constraints of inequitable research partnerships and an insufficient enabling environment for research, leading to the low quantity and relevance of research related to health priorities. The discussions further showed health research as a preserve of neo-colonial powers who tend to relegate the global south governments, academia and the public to mere objects, consumers or spectators of health research and its outcome. The speakers promoted African led research for evidence-based solutions. The entire team gave an account of feasible efforts to decolonize health research in Africa.

Webinar recording: <https://youtu.be/3SGy9Z2b1TA>

DECOLONISING HEALTH IN AFRICA
WEBINAR SERIES : EPISODE THREE
THEME: DECOLONISING HEALTH RESEARCH IN AFRICA

Moderator



MS. CLARA AFFUN ADEGRULU
Public Health Researcher
Institute of Tropical Medicine
Antwerp

Speakers



MR. ABEL WALEKWA WILSON
Epidemiologist
Presidential Scientific Initiative on
Epidemiology (PRESIDE)



DR. DAVID MUSOKE
Researcher/ Lecturer
Makerere University School of Public
Health (MakSPH)



MS. JOVIANI GONZA
Project Officer
Innovations for Development
(I4DEV)

Live on **zoom**
Register: <https://bit.ly/3xZw4rY>

Meeting ID: 810 6712 3933
Passcode: 306953

DATE : 8th September 2021
TIME: 1:00- 3:30pm EAT (GMT+3)

Follow updates on #DecoloniseHealthAfrica

Organised by   supported by 

Fourth webinar, 26 October 2021 Decolonising Global Health Governance Perspectives from Africa

The topic of the final webinar was changed from looking at colonialism in the public health legislation alone to include the bigger picture on colonialism in the health systems governance. The implication on this amendment meant that the discussion was not only about the archaic colonial legacies in the public health laws but also how it impacted on the health system governance of African countries to date.

Webinar recording: https://youtu.be/E7K1_69SEPk

DECOLONISING HEALTH IN AFRICA
WEBINAR SERIES : EPISODE FOUR
THEME: DECOLONISING GLOBAL HEALTH GOVERNANCE; PERSPECTIVE FROM AFRICA

Moderator



MS. CLARA AFFUN ADEGRULU
Public Health Researcher
Institute of Tropical Medicine
University of Antwerp
Belgium

Speakers



MR. RANGARAI MACHEMEDE
Research and Policy analyst
SEATING/ EQUINET
Zimbabwe



MS. SHEHAZ MUNSHI
Associate Lecturer
University of Witwatersrand
South Africa



MS. NAOMI TULAY-SOLANKE
Executive Director
Community Healthcare Initiative (CHI)
Liberia



MR. DENIS BUKENYA
Coordinator
People's Health Movement
(PHM Uganda)

Live on **zoom**
Register: <http://bit.ly/3aylfsy>

Meeting ID: 886 4049 0133
Passcode: 125584

DATE : 26th October 2021
TIME: 1:00- 3:00pm EAT (GMT+3)

Follow updates on #DecoloniseHealthAfrica

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Conclusions and outlook

With this series of webinars and other activities continuing into 2022, the co-organizers aim to catalyse an African-led discussion on the decolonization of health systems in sub-Saharan Africa. After the success of the first webinar series, the co-organizers agreed that the expected outcomes were mostly achieved, as follows:

- The webinars elaborated on the context of coloniality in health in Africa broadly with a focus on the Ugandan perspective.
- The webinars identified strategies and practical ways on how to decolonize the health sector in Uganda and Africa generally.
- The webinars advanced the dialogue on the initial steps of creating an organic Afro-centric network/coalition of actors working on decolonization and its praxis in sub-Saharan Africa.

The initial dialogues were hoped to conclude with a conference in Kampala to follow-up on the two years of the Kampala Initiative's work and to strategize on how to take the initiative forward. However due to the Covid-19 pandemic and associated restrictions, this was not possible in 2021, but nevertheless remains a key goal of the Kampala based convenors of the webinar series and is also shared by the Steering Committee.

The dialogues in form of webinars will continue until such a time when it is logically possible to reconvene in Kampala where the dream of a Kampala Initiative unfolded. The implication is that we ought to continue by following-up on the strategies discussed and shared in the dialogue series.

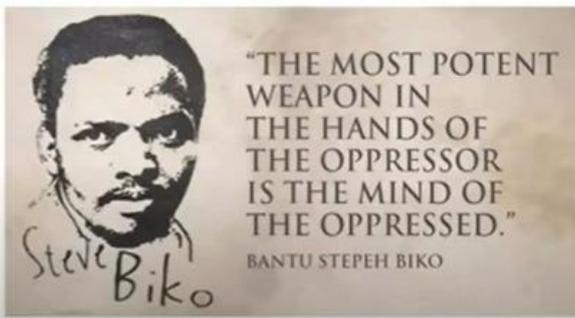
A more detailed technical report of this series of webinars can be found [here](#).



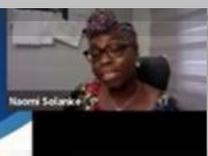
Colonisation of the mind



Colonisation of the mind is the worst form of colonisation: shaped peoples consciousness and identity



little, too late and too sloppy: delivery care is not a mere matter having a hospital with trained clinicians, it is also a question of how professional staff perform and behave". (Bergström 2001, Buckens 2001).



- Colonial rule has marginalized forms of care and therapy that made sense to many people. Prior to the introduction of western medicine, traditional medicine used to be the dominant medical system available in both rural and urban communities.

<https://chciliberia.org/wp-content/uploads/2021/09/CHI-Research-Report-final.pdf>



Expressions of coloniality in health professional education



Epistemicide of Culture and traditional medicine

- western system of education negate indigenous values, cultures and knowledges

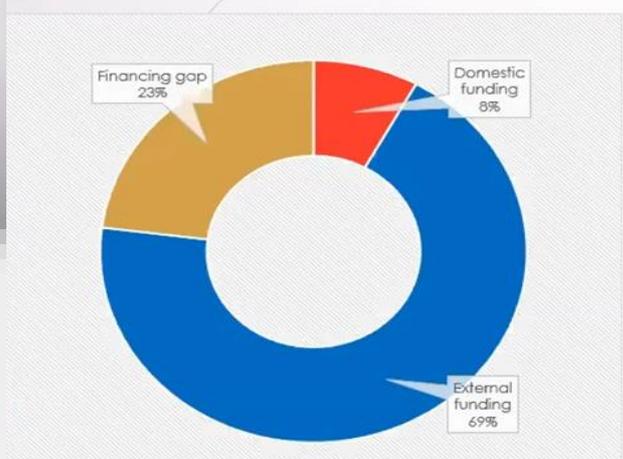


Decentering of indigenous languages

"language is a memory for communities, it's a keeper of knowledge and experiences of particular societies"- Ngugi



Donor-driven health research

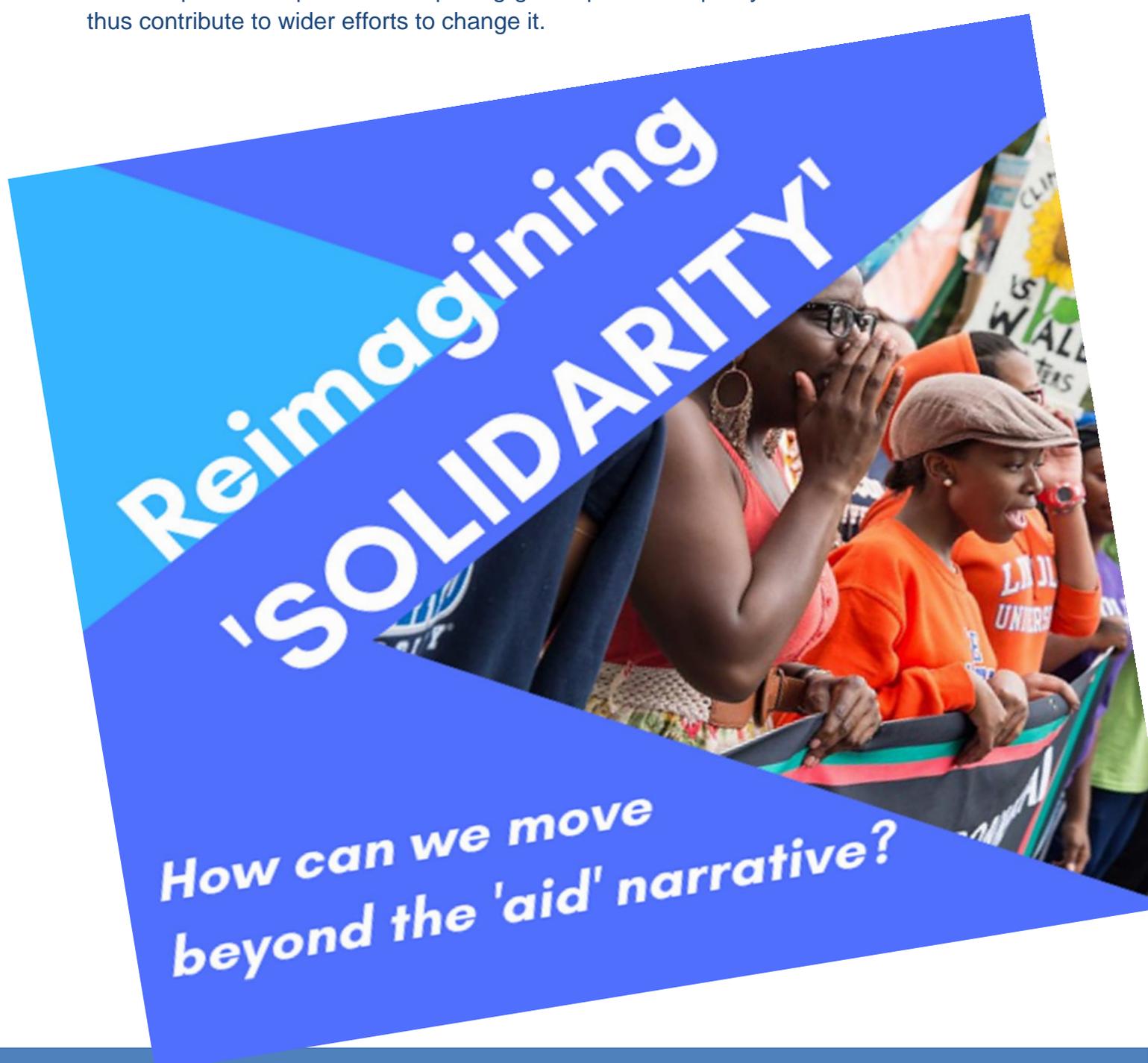


Snapshots from the Decolonialising Health in Africa webinar series, 2021

TRACK CHANGING: HOW CAN WE MOVE BEYOND THE “AID” NARRATIVE?

As part of its mandate of researching the language of so-called international development and health cooperation, the [Track Changing Initiative](#), a working group of the Kampala Initiative which researches the language of so called ‘international development’ and health cooperation, believing that the way we speak about concepts e (TCI), a task group of the Kampala Initiative set up in early 2020, organized a series of webinars and a related consultation process on how to move beyond the “aid” narrative.

It was envisioned that, finding a suitable way of replacing “aid” would not only communicate honestly about the real causes of global disparities, and it would also act as an important step towards exposing global power inequality and thus contribute to wider efforts to change it.



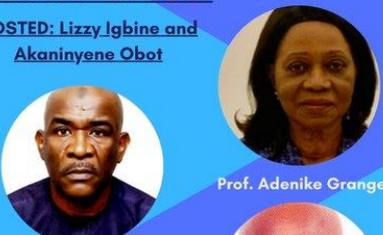
Series of Track Changing Initiative webinars, 2-30 November 2021

Reimagining solidarity – How can we move beyond the ‘aid’ narrative?

The “reimagining solidarity” series of webinars was hosted by Health Poverty Action in cooperation with the members of the Kampala Initiative’s Track Changing Initiative. The first three webinars profiled speakers from Uganda, Nigeria and Benin. The final webinar hosted speakers from across the global community.

Find [here](#) the full documentation of the series, including the list of speakers and the recordings of all sessions.

Reimagining SOLIDARITY
WEBINAR
Date: Tues 9th Nov 2021
Time: 14:00 - 15:30 GMT
HOSTED: Lizzy Igbinde and Akaninyene Obot



Ambs Hassan Ngubdo
Prof. Adenike Grange



Bisi Bright
Prof. Joseph Ana

NIGERIA
 How can we move beyond the aid narrative?



Repensez la SOLIDARITE
Webinaire
Date: 16 Nov 2021
Heure: 12:00-13:30 WCA



Spéro Hector Ackey, PHM BENIN
Ludmila Andrade, UNOY



Michael Tchokpodo, PHM BENIN

BENIN
 Il nous faut le décortiquer pour davantage impacter



Reimagining SOLIDARITY
WEBINAR
Date: 23rd Nov 2021
Time: 14:00 - 15:30 EAT



Sarah Amulo, Regional Programmes & Partnerships, Dev't Manager, Health Poverty Action (HPA)
Mr. Dennis Bukonya, Executive Director HURIC-Uganda, Coordinator, People's Health Movement (PHM) Uganda.



Allana Kembabazi, Right to Health, Program Manager, Initiative of Social and Economic Rights (ISER)
Dr. Danny Gotto, Founder/Executive Director of Innovations For Change

UGANDA
 How can we move beyond the aid narrative?



Reimagining SOLIDARITY
WEBINAR
Date: 30th Nov 2021
Time: 15:30 - 17:00 GMT



Maryam Mohsin, Head of Media and Communications, Bond, UK
Joan Okitoi, Co-host of #GlobalDev Communicators Connect (Healing Solidarity Collective)
Dr. Danny Gotto, Founder/Executive Director of Innovations for Development, Uganda



Tamsam Aloudat, Managing Director, Global Health Center in the Graduate Institute in Geneva
Monicah Yator, Founder, Indigenous Women and Girls Initiative and Member: Indigenous Women's Council
Martin Drewry, CEO, HPA

Globally
 How can we move beyond the aid narrative?



Reimagining SOLIDARITY
Webinar Series
GLOBALLY

How can we move beyond the aid narrative?



KAMPALA INITIATIVE
 DECOLONIZE health cooperation
 DECOLONIZE the critique of aid
 DECOLONIZE the promotion of solidarity

Besides the webinars, an online survey was launched alongside the webinar series, collecting as many voices as possible on the same issue from the international development sector, community workers and activists from across the majority and minority worlds.

A social media and email campaign was created and used to reach out to the public, supporters and help drive them towards both the webinar and the online survey. As well, a [webpage](#) was created to host the campaign content including, a link to the online survey, webinar registration, speaker profiles and all the background information about the consultation process.

Outcomes and perspectives

Outcomes from the two parallel processes – the online survey and webinar series- revealed a clear message that the current language of aid is problematic. The following key statements made during the webinar conversations highlight the harms:

- “Aid makes us feel all warm and fuzzy and benevolent inside. It doesn’t require us to ask ourselves uncomfortable questions ... it almost sanitizes the actual issues by suggesting that aid alone is the solution.”
- “Aid removes any historical or colonial legacy and the hand we’ve played in contributing towards poverty and instability around the world...it ignores geopolitics and the myriad issues that both cause and perpetuate poverty, [such as] climate change and insecurity.”
- “The aid language interferes with social contracts. The State feels it is only answerable to donors [...] governments become passive participants in the governance of countries”
- “The narrative is divisive, creating bad vibes between the poor—those (poor) in the so-called wealthy countries are not happy that their governments ignore their plight and instead choose to send billions in aid to the poor in other countries. This undermines global solidarity”

To describe how language is important and what a shift would bring to the struggle for equality, conversations from the webinars centred around the following statements:

- “Language gives the struggle an identity”
- “Language is a tool for political change”
- “Language will expose tax dodging practices of corporates”
- “Language will expose unfair debt conditions of governments”
- “Language will expose aid institutions”

It was particularly striking how outcomes from the online survey echo what transpired during the webinar series. From “compensation”, “redistribution” and “international support” to “equity gap fund”, “equalization fund” and “social equity financing”, the proposed alternative terms were unanimous in their rejection of the damaging aid narrative and the need to tackle the root causes of global inequalities.

This is a growing, vibrant effort within the Kampala Initiative - more to come in 2022!

PUBLIC-PRIVATE PARTNERSHIPS AND COMMERCIALISATION IN HEALTHCARE: DONORS, PROFIT AND PEOPLE

On 5 February 2021, a [webinar](#) on “Public-Private Partnerships and Commercialization in healthcare: donors, profit and people” jointly hosted by the Kampala Initiative and Wemos discussed findings on Public-Private Partnerships (PPPs) in healthcare and the possible approach to reversing the process of healthcare commercialisation.

PPPs in healthcare are increasingly promoted by global actors as an instrument to provide and finance healthcare in many countries. However, academics and civil society have criticised the use of PPPs, because of their high cost and their failure to address accessibility problems for the poor. Now that Covid-19 is showing the world the great importance of strong and equitable health systems, it is time to move beyond these critiques and work to reverse the process of healthcare commercialisation.

In this interactive webinar, panellists shared the latest findings on PPPs in healthcare. Participants looked at commercial actors, saw how they are promoted by certain donors, and analysed how they impact health access and health equity. The webinar intended to create a space to discuss these findings and their implications, and to work as civil society to refine health advocacy actions towards our governments.

Discussion highlighted that PPPs in healthcare are increasingly promoted by global actors as an instrument to provide and finance healthcare in many countries. Many participants, mainly from academia and civil society, criticised the use of PPPs because of their high costs and failure to address accessibility problems for the poor. Spotlighting Covid-19 emphasis on strong and equitable health systems was made. The necessity to move beyond critique and work towards reversing the process of healthcare commercialization was made.

The webinar provided participants with a refreshed awareness of the serious risks that PPPs pose to the public purse for health, the health system’s development and to access to health of esp. women/vulnerable populations.

KAMPALA INITIATIVE COOPERATION AND SOLIDARITY WITHIN AND BEYOND AID
WEBINAR #10 PPPs & Commercialization of Health

Webinar on 25 February 2021

Public Private Partnerships (PPPs) and commercialization in health: donors, profit and people



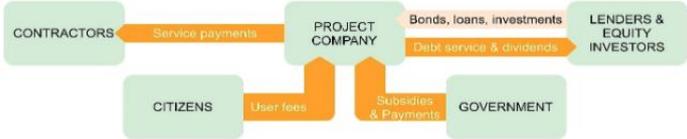


KAMPALA INITIATIVE COOPERATION AND SOLIDARITY WITHIN AND BEYOND AID
#BEYONDAID #KAMPALAINITIATIVE www.medicusmundi.org/kampalainitiative

wemos

What is a Public-Private Partnerships and how does it work?

A long-term contract between a private party and a government entity, for providing a public asset or service, in which the private party bears significant risk and management responsibility, and remuneration is linked to performance.



From: pppknowledgelab.com

KAMPALA INITIATIVE IN EARLY 2022: ALIVE AND KICKING, AND STILL NOT AN INSTITUTION

Now in its third year, the Kampala Initiative continues to thrive as a ‘non-institution’ – and instead, as a collective of health and social justice activists driven by passion. Nevertheless, the Kampala Initiative continues to grow. It has taken on a wider range of issues, still based on the core principles of the Kampala Declaration. Foremost among these is the emphasis on “aid” as a factor in – even barrier to – decolonialization of global health.

A long-term focus remains on changing the public narrative and ideological constructs around aid (see “Track Changing Initiative”) as well as the practice of ‘Public-Private Partnerships’ in national and local health systems. Internally, new members of the steering group and core team bring fresh insights and perspectives to the Initiative. And most importantly, the organic growth of new ideas and webinars around decoloniality and aid demonstrates the Initiative’s capacity to harness the energy of many of its members.

Looking forward, the Kampala Initiative recognizes that its semi-formal arrangement as a collective brings some barriers to its work. A hoped-for second landmark event in Kampala was stalled by insufficient time and resources, apart from the effect of the ongoing Covid-19 pandemic. Much of the activities of the Kampala Initiative has been based on webinars; yet in the virtual space, the Initiative remains tethered to one host institution for basic elements such as its website and webinar platform.

While the Initiative’s work has been seen as successful and effective in catalyzing discussions and testing new ideas, the Initiative lacks a base to extend further than webinars, for instance in preparing working papers, engaging directly in global conference discussions, and even communicating routinely with other activists in the decolonizing global health debates. And, a secretariat based in Kampala (or elsewhere) is not yet possible. These and other ambitions are not dimmed, even as they are not (yet) realized.

Key to expanding the work of the Initiative is resources and funding. That, in turn, opens the questions of which institutions would host an expanded Kampala Initiative (we might call it “Kampala Initiative, release 2.0”) as well as which resource partner(s) would demonstrate the types of values that align with the Kampala Initiative as well as the willingness to commit funds to grow the Initiative. These questions serve as guideposts – and barriers – to the Initiative’s work in 2022.

The Kampala initiative Steering Group
February 2022

KAMPALA INITIATIVE: TEAMS AND PEOPLE

Steering Group

- Africa Kiiza, SEATINI/PHM (PPP)
- Clara Affun-Adegbulu, ITM Antwerp (co-opted member)
- Denis Bukenya, HURIC (PPP)
- Hamimu Masudi, HPA (TCI)
- Labila Sumayah Musoke, ISER (co-opted member)
- Ravi Ram, PHM Kenya (Secretariat, Programme Coordinator)
- Saoirse Fitzpatrick, STOPAIDS (co-opted member)
- Spéro Hector Ackey, PHM Benin (TCI)
- Thomas Schwarz, MMI Network (Secretariat)

Task Group “Challenging PPPs”

- Denis Bukenya, HURIC/PHM (coordinator), Uganda
- Africa Kiiza, SEATINI/PHM, Uganda
- Saoirse Fitzpatrick, STOPAIDS, UK

Task Group “Track Changing Initiative”

- Akaninyene Obot, Nnamdi Azikiwe University, Nigeria
- Baijayanta Mukhopadhyay, People’s Health Movement, Canada
- Danny Gotto, Innovations for Development, Uganda
- Hamimu Masudi, Health Poverty Action, Uganda (co-coordinator)
- Lizzy Igbine, Nigerian Women Agro Allied Farmers Association
- Spéro Hector Ackey, People’s Health Movement, Benin (co-coordinator)

Kampala Team: “Decolonizing Health in Africa”

- Danny Gotto, Innovations for Development
- Joviah G. and Frank Gramsen, Innovations for Development
- Ravi Ram, PHM
- Denis Bukenya, HURIC/PHM
- Labila Sumayah Musoke, Initiative for Social and Economic Rights
- Hamimu Masudi, Health Poverty Action

For contacts and updates, please refer to the KI website.

KI members are welcome to launch further teams.

The “Watch the GAP” team is currently not active.

Join the KI by endorsing the Kampala Declaration!

www.medicusmundi.org/kampalainitiative