

**Kampala Declaration on cooperation and solidarity for health equity within and beyond aid**

**Text of the Declaration**

Across the world, health equity is denied, and development assistance for health – “aid” – often reinforces the power imbalances that underlie health inequities. The priorities of Northern donors dictate the aid agenda, implemented by NGOs and Southern ‘partners’ they fund. These priorities often clash with the needs and concerns of communities, governments and civil society in many countries around the world.

The aid space is dominated by powerful interests, while the voices of those most affected by health inequity are regularly tokenised or excluded from the conversation. Many actors within the sector – even among communities and civil society – do not question the underlying premise and structures of health aid. Their own ideas and world views have been shaped by, and for, aid and the industry that supports it. Questioning aid poses challenges to the professions, livelihoods and sources of power for those who work within the sector.

Furthermore, whilst health aid is important in some situations, on its own aid can never lead to a world where all people can live healthy lives. To do so, we must tackle the underlying root causes that create and perpetuate poor health, including unfair trade agreements, tax injustice, the climate crisis, the weakness of existing guidance on health assistance, the unfettered exploitation and extraction of natural resources, under-resourced health systems, and the politico-economic incentives that reinforce those disease-producing forces. These social, commercial, economic and political determinants of health have been tolerated or ignored by aid, thereby reinforcing the health inequities that aid is meant to resolve.

We believe that collective social action in solidarity as one global community, working together to address the root causes of our struggle for health, can transform aid into an equitable means of ensuring health rights. This means acting out of compassion in the pursuit of justice, and caring, listening and helping each other in a way that promotes connectedness and equity throughout the world.

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.

Specifically 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/Geneva, 27 January 2020

### Sign the Declaration

An online form for endorsing the Kampala Declaration is available [here](https://docs.google.com/forms/d/e/1FAIpQLSePLMjIOSIs1QCOlrjMt9HzwOSvTcccX3P25NOtYZBNgFACOA/viewform).

You will find initial lists of endorsements below the text of the Declaration. Please note that it might take us a day or two to add your name to the list. Get in touch with us for any enquiries.

### The Kampala Initiative

The [Kampala Initiative](https://www.medicusmundi.org/kampalainitiative/) was launched in Kampala, Uganda on 16th November 2019 at the conclusion of a two-day civil society [workshop](https://www.medicusmundi.org/kampala2019/) and a series of [public webinars](https://www.medicusmundi.org/kampalawebinars/). We are a civil society space and community made up of independent, critical-thinking activists and organizations from all across the world (including across both “northern” and “southern” boundaries). Visit the Kampala Initiative [website](https://www.medicusmundi.org/kampalainitiative/) for more information, and join the Kampala Initiative by endorsing the Kampala Declaration.

**Contacts, Enquiries**

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**Institutional endorsements**

1. Abubuwa Societal Development Initiatives, Nigeria
2. ACADI Cameroon
3. Africa Foundation for Community Department (AFCOD-UGANDA)
4. African Centre for Global Health and Social Transformation (ACHEST)
5. African Coalition on Green Growth
6. African Platform for Migration and Inclusion in Health (APMIH)
7. Afrihealth Optonet Association, Nigeria
8. Ageing Nepal
9. Amel Association International
10. Approche Participative Développement et Santé de Proximité (APDSP)
11. ARPAN, India
12. Asociacion Colombiana De Educacion Al Consumidor
13. Association pour l’Integration et le Developpement Durable au Burundi
14. ATHAANG, Pune, India
15. Blood patients protection council Kerala, India
16. CEHURD – Center for Health Human Rights & Development, Uganda
17. Centre for Health Science and Law (Canada)
18. Centre for Sustainable Access to Health in Africa
19. Child Watch Tanzania
20. City & Hamlet Multi-Purpose Cooperative Society, Nigeria
21. Coalition des OSC du Bénin pour la Couverture Universelle en Santé
22. Coalition for Health Promotion and Social Development (HEPS– Uganda)
23. Connected Advocacy for Empowerment and Youth Development Initiative, Nigeria
24. Country Minders for Peoples Development (CMPD), Malawi
25. Dr Uzo Adirieje Foundation (DUZAFOUND), Nigeria
26. Foundation for Integrated Rural Development (FIRD) , Uganda
27. German Institute for Medical Mission (Difäm e.V.)
28. Golden Change For Concerned Youth Forum
29. Health Alliance International
30. Health Poverty Action, UK
31. Human Rights Research Documentation Center (HURIC), Uganda
32. Initiative for good governance and transparency in Tanzania
33. Innovations for Development (I4DEV)
34. Kasalika Community Development Organization, Malawi
35. LiveWell Initiative LWI, Nigeria
36. MauriSanté
37. Medical Impact
38. medico international, Germany
39. Medicus Mundi International – Network Health for All (MMI)
40. Medicus Mundi Spain
41. MUMBO international
42. Muslim Family Counselling Services Ghana
43. Nigeria Universal Health Coverage Actions Network (NUHCAN)
44. Nigerian Women Agro Allied Farmers
45. Our Lady of Perpetual Help Initiative, Nigeria
46. Partners In Health
47. Peace Foundation, Pakistan
48. People’s Health Movement (PHM)
49. People’s Health Movement – USA
50. PHM Kenya
51. PHM Uganda
52. plan:g – partnership for global health
53. Public Health International Consulting Center (PHICC), Cameroon
54. Public Health Organization (PHOrg), DRC
55. Rose Academies
56. Rwenzori Center for Research and Advocacy Uganda
57. Society for Conservation and Sustainability of Energy and Environment in Nigeria (SOCSEEN)
58. Southern Africa Climate Change Coalition
59. Southern and Eastern Africa Trade Information and Negotiations Institute (SEATINI), Uganda
60. Sukaar welfare organization Pakistan
61. The People’s Fund for Global Health and Development
62. Ukana West 2 Community Based Health Initiative, Nigeria
63. Volunteers Welfare for Community Based Care of Zambia (VOWAZA)
64. WASH-Net Sierra Leone
65. Wemos
66. West African Academy of Public Health (WAAPH), Nigeria
67. Wun Anei Development Association WADA South Sudan
68. Youth and Environment Vision
69. Zimbabwe Climate Change Coalition

*List in alphabetic order. Last update on 4 February 2020*

*By signing the Kampala Declaration, we confirm our commitment to advancing cooperation and solidarity within and beyond aid, alongside and as part of the*[*Kampala Initiative*](https://www.medicusmundi.org/kampalainitiative/)*. There is no specific obligation associated with signing the Declaration.*

**Individual Endorsements**

1. Ahmad Nejatian, Nurse, Health Policy Activist
2. Akaninyene Obot
3. Alison Rosamund Katz
4. Angelo Stefanini, Public Health Physician
5. Arnold Ikedichi Okpani, Public health worker and researcher, School of Population and Public Health, University of British Columbia, Vancouver, Canada
6. Babatunde Fakunle
7. Beverly Longid, Global Coordinator, International Indigenous Peoples Movement for Self-Determination and Liberation
8. Bjorg Palsdottir, CEO of the Training for Health Equity Network: THEnet
9. Blair Musasizi, Chief Executive Officer, AFCOD-UGANDA
10. Caroline Aruho, Advocacy and Networking officer, HEPS-Uganda
11. Christy Braham
12. Colleen Daniels, CD Global Consulting
13. Dada Dadas, ATHAANG, Pune
14. Damian Lima
15. Danny Gotto, Executive Director Innovations for Development, Kampala Uganda
16. David Oginga Makori
17. Denis Bukenya, Coordinator HURIC and PHM Uganda
18. Derrick Aaron Nsibirwa, Social Worker, Rresearch Oficer, CEHURD, Uganda
19. Elizabeth Muchoki
20. Emmanuel Nembundah Tangumonkem, Executive President ACADI Cameroon; Contact Person PHM Cameroon
21. Enock Musungwini, Public Health Consultant and Advisor, Harare, Zimbabwe
22. Esperanza Ceron-Villaquiran
23. Esther Kimani
24. Francis Ohanyido, Development Expert, President WAAPH, Abuja
25. Frederik Federspiel
26. Gift Chinyama Mwale
27. Giorgio Alberto Franyuti
28. Gisela Schneider, Dr med, Director Difäm e.V.
29. Harriet Adong, Executive Director FIRD, Uganda
30. Harrison Mwima, Health Activist, Zambia
31. Ibrahim Umar
32. Jonathan Kassibu
33. Jostas Mwebembezi (MPH), Executive Director Rwenzori Center for Research and Advocacy
34. Julia E Robinson
35. Justice Zvaita, SACC Coalition
36. Kareem Karassery
37. Kiiza Africa, SEATINI
38. Kuldip Chand, Director ARPAN V&PO Dobhetta Tehsil Nangal Distt. Rupnagar Punjab
39. Labila Sumayah Musoke, Human rights lawyer, Women’s health & justice initiative, Reproductive justice, Uganda
40. Linda Shouro, PHM Africa Outreach Coordinator
41. Lizzy Igbine
42. Marco Angelo, Medical Doctor, MSc in Global Health
43. Marie Solange Ngoueko, Executive Director of Public Health International Consulting Center, Cameroon
44. Maryam Bibi Rumaney, www.mbrumaney.co, South Africa
45. Matthias Wittrock
46. Michael Ssemakula, Development Economist, HURIC
47. Mohammed Bun Bida, Programmes Director, Muslim Family Counselling Services, Ghana
48. Myria Koutsoumpa, Global health advocate, Wemos
49. Oupa Montsioa, Regional Health Manager
50. Patrick Yowasi Kadama, ACHEST
51. Peter Diing Ngong, Aweil (NBGs)
52. Ravi Ram, Health systems evaluator, Nairobi, Kenya
53. Sara (Meg) Davis, Global Health Centre, Graduate Institute, Geneva
54. Serge Laurent Djacpou Djomo
55. Spéro Hector Ackey
56. Tess Wolfenden, Health Poverty Action
57. Thomas Schwarz, Executive Secretary, MMI Network
58. Tumainiel Mangi
59. Uzodinma Adirieje, CEO/National Coordinator, Afrihealth Optonet Association (CSOs Network)
60. Williams Ngwakwe
61. Wilson Damien Asibu, Health Advocate, Executive Director, Country Minders for Peoples Development, Malawi

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