


KAMPALA INITIATIVE REPORT 2019-2020

COOPERATION AND SOLIDARITY FOR HEALTH EQUITY WITHIN AND BEYOND AID



**If someone comes in with 100 million,
it's hard to say "no".**

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COOPERATION AND SOLIDARITY FOR HEALTH EQUITY WITHIN AND BEYOND AID

Dear colleagues,
Dear reader,

This report is intended to provide a summary of activities and outcomes from the first year of the Kampala Initiative and to inform ideas for the future of the Initiative. It is not intended to be comprehensive nor to evaluate the Kampala Initiative and its initial progress. Nevertheless, as well as using the report for our upcoming strategic planning, we will also use it to bring the Kampala Initiative to the attention of a broader audience.

Thanks to all who have contributed to bringing forward what we started in November 2019 with the “Kampala workshop on cooperation and solidarity within and beyond aid”. More to come!

The authors,

Kampala Initiative Steering Group
Kampala Initiative Task Groups

“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 will be 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.

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KAMPALA INITIATIVE: HISTORY, INITIAL VISION AND AMBITIONS, FIRST STEPS

In July 2019, the Medicus Mundi International Network and the People's Health Movement launched a call to engage in the planning of a civil society workshop on health cooperation in Kampala, Uganda.

During the preparation process of the workshop, a continuously growing team of co-organizers (including ACHEST, CEHURD, CMPD, FIRD, Health Poverty Action, HURIC, IGGT, NWAAF, SEATINI, Wemos) agreed to frame the workshop as a launch event of a longer process – we optimistically called it the “Kampala Initiative” – of sharing, strategizing and hopefully joint action among civil society organizations critically engaged in or dealing with “health aid” and its actors and practices. Initial support for the Kampala Initiative preparations, workshop and launch was generously provided by the Open Society Foundations.

Ahead of the Kampala workshop, the confirmed participants formed four thematic working groups, as follows:

- Aid stabilizing or overcoming an unfair global trade regime?
- Aid and its actors distorting/supporting national health policies, systems, processes
- Representation and voice(s) of civil society in global fora and processes
- From aid to “global solidarity beyond aid”.

Each thematic group then selected a particular case for the workshop in view of sharing and deepening assessments and planning concrete civil society action. In October and early November 2019, the civil society workshop and the emerging “Kampala Initiative” were brought to the attention of a broader audience with a series of four public webinars, each of them prepared by one of the working groups and focusing on a challenging aspect of aid and on a related particular case.

The Kampala Workshop

The civil society workshop on “How to advance cooperation and solidarity within and beyond aid?” took place in Kampala, Uganda, on 15-16 November 2019. The [Kampala Workshop](#) created the expected space and dynamic. For two full days, the 25 invited experts, practitioners and activists engaged in intensive group work focusing on the cases selected by each thematic working group for the workshop, with short plenary sessions for providing feedback and steering the process.

The workshop concluded with the unanimous assessment by all participants to continue working together on selected cases as task groups, and to sustain and expand the Kampala Initiative.

The Kampala Initiative

After the workshop, a small “core group” met in Kampala for a debriefing session and to plan the immediate follow-up. In April 2020, the core group was transformed into a “steering group” of the Kampala Initiative, as part of a process of defining governance basics

We set up the [Kampala Initiative \(KI\)](#) as a democratic civil society space and community of independent, critical-thinking activists and organizations across Southern and Northern geographies. Within this community, 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 “[Kampala Declaration](#) on cooperation and solidarity for health equity within and beyond aid” (see next page) resulted from an intensive group process of co-drafting and co-editing and was finally released on 27 January 2020, as a reference document for the Kampala Initiative, and as a means to reach out to others. Institutions and individuals are welcome to join the Kampala Initiative by endorsing the Declaration. Since its launch, the declaration has been endorsed by 90 institutions and 80 individuals.

With this great initial response, a certain “push factor” was added to the already existing ambitions of the steering group. On this ground, and with a work plan 2020 approved by the steering group in April 2020 based on a consultation of KI members, we framed core elements of what is to be done in order to sustain the momentum and to consolidate and carry forward the Kampala Initiative.

Our first “annual report” takes up the structure of this initial work plan.



Impressions from the Kampala Workshop, November 2019

KAMPALA DECLARATION ON COOPERATION AND SOLIDARITY FOR HEALTH EQUITY WITHIN AND BEYOND AID

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

KAMPALA INITIATIVE AS A COMMUNITY

The Kampala Initiative is set up and defined as “a democratic civil society space and structure 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.” (ToR and guidelines for Kampala Initiative community tools)

To keep the Kampala Initiative community and civil society space alive and active, we have created a number of community tools:

- “Beyond aid” mailing list as community forum
- Moderated thematic online discussions via the “Beyond Aid” mailing list
- Webinars series “Challenging the Realities of Aid”
- Protected spaces for informal or formal sub-teams

Three of these tools were put into practice. The **Beyond Aid** email group has primarily been used for announcements of upcoming webinars by the Steering Group or thematic working groups and related activities by Kampala Initiative (KI) members. **Webinars** have been used most frequently among all the tools, with nine webinars conducted, including the initial four webinars conducted as a lead up to the Kampala workshop. **Protected spaces** for sub-teams or working groups operate primarily through the task groups and webinars, including those hosted but not led by the Kampala Initiative. The moderated online thematic discussions have not been put into practice in the first year, largely due to the capacity of active members being absorbed in the other three tools.

The Kampala Initiative **Programme Group** was set up in March 2020 and was tasked with the oversight and management of the webinars and moderated online discussion functions. Initially, we created a set of guidelines on how to utilise and engage with these community tools which were uploaded to the Kampala Initiative website and disseminated amongst members. We then actively encouraged and invited Kampala Initiative members to submit their proposals for webinars or moderated discussion.

KAMPALA INITIATIVE COMMUNITY TOOLS

Series of Kampala Initiative webinars: “Challenging Realities of Aid”

Before and after the Kampala workshop, we have run a series of well-attended, successful [webinars](#). These have varied in topic and purpose, and contributed to the goals of the Kampala Initiative in multiple ways - some have focussed on information sharing or gathering feedback, others to build a shared consensus on a topic such as the “health aid” response to COVID-19 or what the future of “aid” should look like. Some of the webinars resulted in draft papers, notably the narrative of ‘health aid’ and feedback on the “National Health Advocacy Fund Partnership”, which is still in its conceptualisation phase. A full list of Kampala Initiative Webinars is provided on the KI website.

The webinars have been a useful way of maintaining and supporting the Kampala Initiative work, and we are grateful to the members of the Kampala Initiative who co-organised and joined these sessions. Moving forward we would like to see the moderated discussion via the “Beyond Aid” mailing list utilised, and to explore ways of using the webinar space to motivate action and greater participation in the Kampala Initiative. We would also like to consult with Kampala Initiative members to understand what community functions would be most useful in this work.

KAMPALA INITIATIVE COOPERATION AND SOLIDARITY WITHIN AND BEYOND AID
SERIES OF WEBINARS CHALLENGING REALITIES OF “AID”

**THE PROJECT OF A “NATIONAL HEALTH ADVOCACY FUND”
– CIVIL SOCIETY PERSPECTIVES ON AN ENTICING PROPOSAL**

WELCOME TO THIS WEBINAR!



KAMPALA INITIATIVE COOPERATION AND SOLIDARITY WITHIN AND BEYOND AID
SERIES OF WEBINARS CHALLENGING REALITIES OF “AID”

**HEALTH AID IN THE TIME OF COVID-19 -
EXPLORING HOW TO MOVE FROM AID TO
GLOBAL SOLIDARITY**

WELCOME TO THIS WEBINAR SERIES!

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KAMPALA INITIATIVE COOPERATION AND SOLIDARITY WITHIN AND BEYOND AID
SERIES OF WEBINARS CHALLENGING REALITIES OF “AID”

**NARRATIVES ABOUT AID
AND CHARITY: HIGH TIME
FOR “TRACK CHANGING”**

ENGAGING & REVIEWING THE ‘TRACK CHANGING
INITIATIVE’ IDEAS ON HOW TO RECLAIM THE AID
NARRATIVE

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KAMPALA INITIATIVE TASK GROUPS

The transformation of the four thematic working groups established at the Kampala Workshop in 2019, and the launch of new formal “Kampala Initiative working groups” or process-oriented task groups, are particular efforts that can result from informal interaction and cooperation within the space provided by the Kampala Initiative. (Work Plan)

Three out of the four thematic groups established in view of the Kampala workshop in November 2019 have since then been transformed into task groups of the Kampala Initiative. Each of them has a core team, a profile page on the KI website and an initial work plan. The following reports are provided by the group coordinators.

TRACK CHANGING INITIATIVE

Reclaiming the “aid narrative” and its power for the issue of social justice and global solidarity

The [Track Changing Initiative \(TCI\)](#) task group aims to provide a critical and global civil society perspective on the “aid narrative”, and to look for more truthful alternatives to communicating poverty and poor health grounded in social justice and global solidarity.

The way development practitioners currently talk about issues of poverty, poor health and inequality within the “health aid” space is damaging and undermining our goals. The “aid narrative” - which tells us that poverty is natural, that it happens largely in the global south and that aid and charity are the “solutions” - is rooted in colonial discourse. It actively works to distract us from demanding action on the root causes of poverty and poor health - such as privatisation, tax injustice and unfair trade deals. In doing so, the narrative undermines global solidarity by reinforcing an “us and them” narrative, and it simply does not work as the general public are tired of receiving the same messages without change.

We therefore believe that changing our language is an important part of a wider movement for social and health justice. We have witnessed some groups around the world looking to create this shift - especially in the global north, however at the TCI we are concerned with ensuring that these shifts reflect the views of those most affected by the “aid narrative” and that these shifts overcome unbalanced power relations and tell the truth and poverty and poor health rather than presenting the current status quo through “rose-tinted glasses”.

The making of the group

We first came together as a group ahead of the Kampala workshop to run a webinar in which we explored the issue of language in the health aid space. This is an issue that is being explored by one of our member organisations in the global north already, but we wanted to introduce the issue to a global audience to integrate diverse views and perspectives. At this initial webinar, we were able to set the scene on this issue and start to explore multiple perspectives on the damaging nature of the “aid narrative” as well as what alternatives could look like. We then met for two days at the Kampala workshop where we used the time to explore the issue at hand using creative and collaborative communication exercises. We also created a work plan to continue the work, and officially launched the “Track Changing Initiative”.

Once back in our respective countries, we hosted a second webinar where the outcomes of the group in the Kampala workshop were presented to the wider Kampala Initiative community and feedback were received. We used the feedback to draft our Terms of Reference and finalise the work plan which is all available on the Kampala Initiative website. The work plan incorporates some areas of work that are led by the KI teams as well as some elements that are shared with KI member institutions. In May 2020 additional members of the Kampala Initiative community joined our work in the TCI.



As of October 2020, we are drafting an ongoing short report which will outline the importance and power of language in changing behaviour, what our proposed alternatives are and examples of what this could look like in practise. This will be translated into multiple languages including regional variants, and we are tentatively planning to publish it by the end of 2020.

In terms of impacts, the webinars organised by TCI have gathered more than 60 people who were engaged in learning more about the harm caused by the “aid narrative” and what alternatives could look like. The feedback we received from the webinars has also been instrumental in shaping our work moving forward - for example attendees asked questions about testing terminology, introduced new ideas for alternative terminology and different methods for circulating the importance of this topic (such as video rather than written word).

Perspectives

Since the launch of our task group, we have made progress on the work plan starting with developing a report that outlines the work of the TCI, why it is important and what we hope to achieve. We intend to use the document as a way of engaging other civil society actors on the importance of language in their work which is an important piece of the puzzle when it comes to social change.

We believe that shifting the language of “aid” and bringing in new conceptions is important, and it is also an ambitious task which will take time and commitment. We hope eventually to advocate that actors in the “health aid” space approach poverty, inequality and poor health in a

different way that goes beyond aid with shifting language as one part of this advocacy. We are already seeing some positive shifts in some countries towards this new narrative; however, we are concerned with ensuring that these changes are rooted in real social change as opposed to tokenistic gestures and that the voices of those most affected by the “aid narrative” play a crucial role in shaping this change.

WATCH THE GAP

A critical civil society perspective on the development, potential impact and implementation of the ‘Global Action Plan for Healthy Lives and Well-being for All’

On 24 September 2019, at a side event to the UN High-Level Meeting on Universal Health Coverage, 12 multilateral health, development and humanitarian agencies launched a joint plan “to better support countries over the next 10 years to accelerate progress towards the health-related Sustainable Development Goals (SDGs).” Developed over 18 months, the “Global Action Plan for Healthy Lives and Well-being for All” (GAP) outlines how these agencies will “collaborate to be more efficient and provide more streamlined support to countries to deliver universal health coverage and achieve the health-related SDG targets.” The 12 signatory agencies to the GAP are: Gavi, The GFF, the Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, UNITAID, UN Women, World Bank Group, WFP and WHO. In September 2020, the GAP secretariat published a first progress report. Civil society is represented in the GAP with an own “accelerator” and related working group, and with a “Civil Society Advisory Group” (CSAG) hosted by CSEM. Both mechanisms are not well established, and the shortcomings of civil society engagement has been noted in the progress report - and confirmed to us by CSAG members.

Watching the GAP

At the Kampala workshop, the “GAP case” was dealt with by the thematic working group on “Aid supporting or distorting national Health Policies, Systems and Processes”. The case was introduced to the group as follows: “The GAP has the potential to further strengthen the power of the big actors and distort national processes, structures and policies. The development of the GAP also shows the challenge of representation of civil society in global processes and the divergence of positions and interests within civil society.” In its assessment of the case, the group agreed that various aspects of the GAP, its making and implementation deserve civil society attention, and they concluded to launch, as part of the Kampala Initiative and for an initial period of two years (2020-21), a “Watch the GAP” Task Group, with the following tasks:

- Critically analyse the “Global Action Plan for Healthy Lives and Well-Being for all” and follow its implementation and its political and practical implications from a civil society perspective, allowing debate and dissent.
- Inform civil society and an interested audience about the GAP (webinars, publications).
- Provide a platform for sharing and strategizing among civil society institutions following the GAP at national level (in various countries) and global level.
- To achieve these tasks: Interact with GAP representatives at all levels

Currently, the [Watch the GAP](#) task group is still a small and semi-formal team of only 5 people. In an intensive group work, we nevertheless succeeded to publish, in July 2020, the analytical paper “Watch the GAP! A critical civil society perspective on the development, potential impact and implementation of the ‘Global Action Plan for Healthy Lives and Well-Being for All’”.

Since then, the group that is currently coordinated by Wemos, was able to get into a conversation with the GAP secretariat and the civil society organizations in the “Civil Society Advisory Group” (CSAG) of the GAP, and, in collaboration with these partners, we agreed to have a webinar on the GAP in autumn 2020. This idea then evolved to a plan of a series of webinars, in collaboration with other civil society actors.

Communications/social media activity is being done by each member’s respective organization and personally, as the group does not have an official social media account but uses two Twitter hashtags: #KampalaInitiative and #BeyondAid. The group communicates on email via the “Beyond Aid” mailing list.

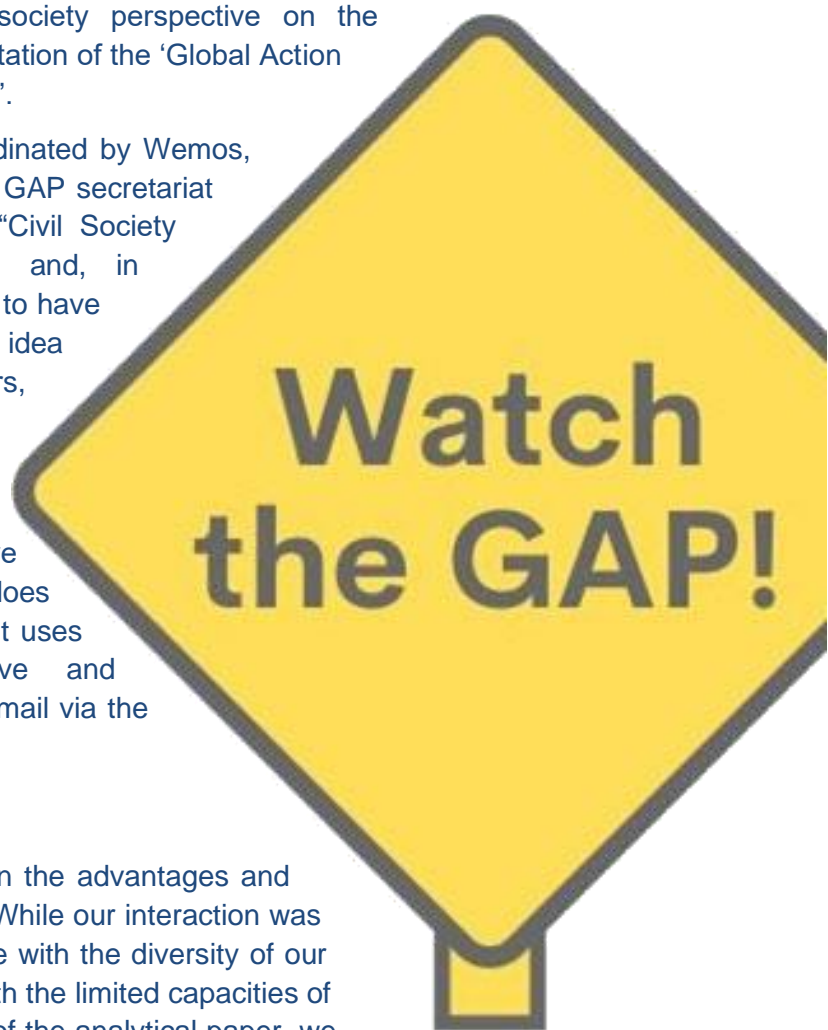
Perspectives

The work on the analytical paper has shown the advantages and limitations of working in a really small team. While our interaction was overall smooth and effective, we had to cope with the diversity of our personal and institutional approaches and with the limited capacities of all of us. For the finalization and publication of the analytical paper, we were happy to benefit from support provided by Wemos.

In September, we planned a webinar with the strong engagement of COPASAH as an important civil society actor outside our task group. We concluded to organize a mini-series of three webinars in cooperation with COPASAH and CSAG, which is an achievement in terms of alignment, collaboration and avoiding duplication.

We are aware of some challenges that we need to address strategically:

- There is complementarity of roles and effective interaction between civil society organizations “engaging with the GAP from the inside” (i.e., CSAG) and/or those critically monitoring this new initiative from the outside (Watch the GAP), but also a basic tension that is not addressed.
- For those critically “watching the GAP”: Shall different teams work in parallel or rather be integrated in a united task group within or outside the Kampala Initiative?
- Our team does not include at the moment anyone operating in the countries where the GAP is being actively implemented. Would expanding the team be beneficial in this aspect?
- Related issues of branding/ownership, clout, capacities and funding, and process management.



CHALLENGE PPPs

Challenging the Role of the Private Sector in Global Health: A Civil Society perspective on Public Private Partnerships

At the civil society workshop that took place in Kampala in November 2019, it was emphasized that the current Public Private Partnerships (PPPs) models posed major threats to the realization of Global health goals. It was agreed that there was a need to establish a working group to examine PPPs in health. The working group examining the PPP case agreed that various aspects in the narrative needed to be examined and further analysis prompted the group to call for civil society attention to challenging the Role of the Private Sector in Global Health.

PPPs emerged years ago and have been viewed as an important way to help developing country governments to raise resources to finance the realization of their country's development goals including the Sustainable Development Goals, among others. However, there are significant risks associated with partnerships between the public and private sector, especially due to the frequent imbalance of power and resources. Often PPP contracts are locked away from public scrutiny and democratic accountability despite the huge fiscal implications for nations. Additionally, PPPs are often driven by the interests and capabilities of partners and donors in the global north rather than specific national governments or other country-led groups.

Over the last couple of decades, we have seen several trends including an increased amount of aid being channelled into partnerships with the private sector, the construction of a narrative contributing to the normalization of the private sector operating in global health and the positioning of the private sector as a solution to key global health financing and delivery problems. Key global development actors and donors in the global north continue to promote PPPs to increase the involvement of the private sector in health and development, despite ambiguous and often negative evidence regarding the effectiveness, cost and equity implications of PPPs. We want to challenge this agenda and the increasing concentration of power amongst corporate bodies, and provide a counter narrative that highlights the importance of supporting publicly funded health systems and the fundamental right to health.

The task group

The [Challenge PPPs](#) task group has three main objectives: to challenge the narrative on PPPs and popularise an alternative model that could deliver on global health goal; to build CSOs & other stakeholders' capacity to engage on these issues; and to track other emerging distorting practices of aid and trade.

A first action by the task group was to develop a paper entitled "Challenging the Role of the Private Sector in Global Health: A Civil Society perspective on Public Private Partnerships in Health". The aim of the paper is to challenge the narrative around the value add of PPPs in health and primarily focuses on case studies on health PPPs in Africa. We began by mapping out key stakeholders and conducted a light 'literature review' looking at other relevant reports written by civil society. The group then began to map out a structure for the paper and provisionally identified some case studies to include.

Given the huge impact that Covid-19 has had across the globe it was agreed that we needed to reframe the paper to take into account the pandemic, e.g., referencing the impact of Covid-19 on global health systems and looking at how the private health sector is responding to the crisis. We reflected on the need to evaluate PPPs in the context of how they have reacted in the time of Covid (from what we know so far), given that health systems have become so much more vulnerable because of Covid-19, and that some PPPs and private facilities ‘took cover’ during this time.

We want to identify how much PPPs actually have been investing in health systems and what gaps has Covid shown us and how they have played out the Covid situation. We have since collated and mapped specific examples of how private for-profit health facilities have responded to Covid-19 and how they are or are not aligning to national public health responses, and we plan to incorporate this into the paper.

We also agreed that our conclusions of the paper should focus on the challenges that national governments need to address. The conclusion to this paper will inform the next steps we are looking at taking forward including a Kampala Initiative led webinar with experts to interrogate the PPP case studies that the paper will examine, and their effects on health systems in sub-Saharan Africa, and hopefully will entice other members of the Kampala Initiative to join the “Challenge PPPs” task team.



GOVERNANCE OF THE KAMPALA INITIATIVE

“To take up the ambition of the Kampala Initiative being a “democratic space”, and knowing about the sensitivity of the power issue in convening civil society, some basic governance questions need to be answered and agreed on.” (KI work plan)

From the outset, the Kampala Initiative aimed to be transparent to all interested in its work and accountable to its members, i.e., those who endorse the Kampala Declaration. This first annual report is one element in meeting those principles, as part of an ongoing process in the governance of the initiative as described below.

Establishment and functioning of the KI Steering Group

At the conclusion of the Kampala workshop in November 2019, the organizers conducted a debriefing and outlined next steps for the newly launched Kampala Initiative. This group evolved into the initial Steering Group (SG) for the KI, with a conscious focus on balance in gender and South-North representation alongside experience and commitment to ideas of the Kampala Declaration.

In early 2020, the Steering Group sought expressions of interest in joining the steering group and programme group from KI members on the “Beyond Aid” mailing list. Several members responded, resulting in additions to both of these groups as well as invitations to others to join the working groups. The Steering Group expects to reissue this call for participation in coming years, to renew itself and other KI functional groups, including the programme group, the task groups and potentially others.

Current governance tools and their implementation

As initial steps following the publication of the Kampala Declaration, the Steering Group prepared several guiding documents. These include the Kampala Initiative [Governance document](#) and [Terms of Reference](#) for Kampala Initiative community tools. The KI governance document describes the idea of the KI as a ‘non-institutional’ civil society space that nevertheless has members, internal processes, co-hosting arrangements and a minimal management structure.

That management includes the Steering Group, the Programme Group and the three currently established task groups, with potential for additional groups (formal/informal working groups, country groups, etc.). The governance document describes the purpose, composition and relationships of these groups to each other, providing clarity and transparency about the working of the Initiative. The ToR for the KI community tools describes the purposes and uses of KI tools for communication and engagement. These are living documents, which provide for the formation of new working groups or country platforms, as and when those are ready.

The Kampala Initiative operates within the guidelines of its governance document, so as to meet its aims of openness, transparency and accountability. The governance document is open to revision based on changes in the initiative, and any such revision will be done openly and in consultation with the KI members. Management of the Initiative is led by a Steering Group, which supports the work of the Programme Group and the task groups. Membership remains open to all who endorse the Kampala Declaration. While new members have joined these groups, challenges remain in the lack of capacity to meet expected needs of the KI, including completion of a funding document and oversight of potentially new groups within the Initiative.

FINANCING AND FUNDRAISING

“Undertake steps to financially sustain the KI based on a sound assessment of what activities need to be funded, how far we can rely on continued cash and in-kind contributions by members, and how to prevent dependency / donor drive and perverse incentives created through availability of funding etc. “(KI work plan)

For the sustainability of the Kampala Initiative and its task groups, finances and capacities are an issue. The Steering Group addressed this issue on three occasions between March and June 2020. We “put the finances in the picture” based on a set of guiding questions:

1. What do we gain with having some funding, and what do we lose? How does it change the character of who we are?
2. How to prevent perverse incentives created through the availability of funding? How does money change the dynamics in the team?
3. What would we use the money for? Structures and activities that need to be funded in order to sustain them?
4. How far/long can we rely on continued in-kind contributions by some core members?
5. How to prevent dependency / donor drive?

In April, the Steering Group concluded a first discussion with stating that, being aware of the risks and potential side effects of “the money in the picture” of the Kampala Initiative, we would go for applying for “seed grant” by the philanthropic foundation that already had financially supported the Kampala workshop (grant to MMI) and flagged its availability to be approached again.

However, when we did so, the answer was negative, with regrets: “We had wished to be able to give some leeway to this dynamic and exciting initiative with a small grant. We remain hopeful that the Kampala Initiative can survive without financial support, or with the support of other funders. (...) Even without a grant, we surely hope to hear about the initiative again if/as it makes it to its future shape.”

State and perspectives

With this new situation, perspectives for fundraising have become uncertain. We are aware that the Covid-19 pandemic makes it difficult to approach any funder with a proposal outside the emergency context. In addition, fundraising itself is quite an effort, and it was expected to be part of the mandate of a “proper” secretariat that we wanted to set up with the seed grant.

We currently struggle with insufficient capacity, skills and contacts to undertake a fundraising effort. So, we decided to first give priority to “doing things” as outlined in the work plan, showing output, and also get clearer about the mid-term perspectives (strategy) and institutional setup required and postpone fundraising to a later moment.

KAMPALA INITIATIVE COUNTRY PLATFORMS

“Terms of Reference for KI country groups will be set up only if/once there is a concrete demand for such a country group. ... referring to the ToR of thematic groups as a starting point, but adding all the regulation needed to represent a ‘KI group’ at country level and in a national dialogue on cooperation and solidarity within and beyond aid.” (Governance document)

In March 2020, a sub-team of the Steering Group drafted a model Terms of Reference for Kampala Initiative country platforms. The ToR allows interested country circles to set up activities in line with the objectives of the Kampala Initiative, and determine if the formalization of a “Kampala Initiative Country Platform” adds value to their already existing work.

Initial explorations

Colleagues in both Uganda and Malawi showed interest in taking part in the start-up model of country platforms but there is not yet a clear “go-ahead” nor a critical mass of capacity to set up and sustain a pilot country platform. The draft model ToR remain a work in progress and are not yet approved by the Steering Group. Key challenges experiences in these initial explorations are:

- Lack of funding to sustain a country platform has hampered that development specifically because of the need for dedicated, paid staff for relatively intensive work;
- A clear vision of how the country platforms should be managed, their objectives and their relationship with the thematic task groups of the Kampala Initiative are not yet defined.

Perspectives

With strong interest among a few countries and a draft ToR for KI country groups, the idea will remain on the agenda for the Kampala Initiative, for potential piloting alongside work of the thematic task groups.



OUTLOOK TO FUTURE PLANNING

Looking back over its first year, the Kampala Initiative has made strides in many foundational levels, including publication of the **Kampala Declaration** as its foundational document, development of governance and community guidelines, and a steady stream of active members collaborating in structured groups. Relying on volunteer commitment and passion about the ideas and principles in the Kampala Declaration, the Initiative has advanced substantive discourse and wider awareness of the potential for transformation within and beyond aid.

The **webinar series** has been a clear demonstration of the value of a protected civil society space dedicated to explorations of alternatives to conventional health aid. The KI's current three **task groups** draw on critical analysis to focus on current, practical engagements related to PPPs, watching the GAP, and the global narrative on health development.

Among the challenges faced in the work in the Kampala Initiative are:

- **Time and resource limitations** - moving slower than anticipated but still moving in the most part. One thematic working group, focused on creating space for civil society engagement in the Global Financing Facility, did not continue, both for capacity limits and for lack of clarity on its added value to other civil society efforts. We see this as a strength and demonstration of commitment to prioritising attention and work on those issues that we have been able to deliver despite these constraints.
- **Connection issues** - reality of working internationally - global south and global north issues!
- **Difficulty keeping the community engaged** and utilizing some of the community tools - we would like to do some consultation with the wider community to explore in what ways we can make these tools as useful and inviting as possible, as well as how we can use the community space for action beyond discussion and debate.
- **COVID-19** led to different work priorities and urgent personal needs, but also opportunity as people are more willing to come online, and presents an important opportunity for reflection and change as “health aid” comes into a global spotlight.

Much remains to be done. In some respects, the KI has been perhaps too ambitious in its scope for the first year, particularly in putting forward community tools such as use of the Beyond Aid email group for a community forum or moderated discussions where the capacity to execute those has not followed. The concept of a Kampala Initiative country platform shows promise in theory but cannot yet come into practice. And, the lack of a sustainable resource model for the KI presents a long-term risk for the initiative and limits the extent to which many of its members can constructively engage, especially those in the Global South.

Having looked back, we are motivated and ready to walk ahead. Join us and help us to further shape our civil society space and community to promote

COOPERATION AND SOLIDARITY FOR HEALTH EQUITY WITHIN AND BEYOND AID

KAMPALA INITIATIVE TEAMS

Steering Group

- Spéro Hector Akey, PHM (AG TCI), Benin
- Denis Bukenya, HURIC (AG PPP), Uganda
- Siomha Cunniffe, STOPAIDS (co-opted SG member), UK
- Ravi Ram, PHM (Secretariat), Kenya
- Thomas Schwarz, MMI Network (AG WTG and secretariat), Switzerland
- Tess Woolfenden, HPA (programme group), UK

Part-year members

- Linda Shuro, PHM, South Africa
- Myria Koutsoumpa, Wemos, Netherlands
- Michael Ssemakula, HURIC, Uganda

Programme Group

- Tess Wolfenden, Health Poverty Action, UK
- Baijayanta Mukhopadhyay, People's Health Movement, Canada

Task Groups

Challenging PPPs

- Denis Bukenya, HURIC/PHM (coordinator), Uganda
- Africa Kiiza, SEATINI/PHM, Uganda
- Ausi Kibowa, SEATINI/PHM, Uganda
- Siomha Cunniffe, STOPAIDS, UK
- Michael Ssemakula, HURIC/PHM, Uganda

Watch the GAP

- Myria Koutsoumpa, Wemos, the Netherlands (coordinator)
- Thomas Schwarz, MMI Network, Switzerland
- Derrick Aaron Nsibirwa, CEHURD, Uganda
- Labila Sumayah Musoke, Women's Health and Justice Initiative, Uganda
- Michael Ssemakula, PHM, Uganda

Track Changing Initiative

- Tess Wolfenden, Health Poverty Action, UK (co-coordinator)
- Spéro Hector Akey, People's Health Movement, Benin (co-coordinator)
- Akaninyene Obot, Nnamdi Azikiwe University & Ukana West 2 Community Based Health Initiative, Nigeria
- Baijayanta Mukhopadhyay, People's Health Movement, Canada
- Danny Gotto, Innovations for Development, Uganda
- Linda Shuro, People's Health Movement, South Africa
- Lizzy Igbine, Nigerian Women Agro Allied Farmers Association