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

WELCOME TO THIS WEBINAR!
WE WILL START AT 3PM CEST

ADD TO THE WEBINAR MAP WHILE YOU WAIT...

1) GO TO THE LINK:
HTTPS://PADLET.COM/TWOOLFENDEN/KIWEBINAR

2) PRESS THE ‘+’ BUTTON IN THE TOP RIGHT HAND CORNER OF THE PAGE

3) ADD YOUR LOCATION

4) IN THE BOX THAT APPEARS, ADD YOUR NAME AND YOUR RESPONSE TO THIS QUESTION: ‘WHY DID YOU WANT TO ATTEND THIS WEBINAR SERIES?’

5) CLICK OUT OF THE BOX TO SAVE YOUR ENTRY

6) EXPLORE WHO ELSE IS ON THE MAP
RAVI RAM, PHM KENYA

WELCOME

- TWO-PART WEBINAR PROPOSED AND ORGANIZED BY: LIZZY NNEKA IGBINE FROM THE NIGERIAN WOMEN AGRO ALLIED FARMERS ASSOCIATION & HEALTH POVERTY ACTION
- THE WEBINAR WILL BE RECORDED
- ALL PARTICIPANTS MUTED EXCEPT FOR DISCUSSION
- TWITTER #BEYONDAID #KAMPALAINITIATIVE
- END AT 4.30PM CEST
THE KAMPALA INITIATIVE: COOPERATION AND SOLIDARITY WITHIN AND BEYOND AID

The Kampala Initiative is a democratic civil society space and structure (alliance, community).

New civil society narrative on cooperation and solidarity within and beyond aid.

The concrete activities on areas that need civil society attention and interventions through task groups.

Space for discussion and exploration through webinars and other community engagement tools

#BEYONDAID #KAMPALAINITIATIVE  WWW.MEDICUSMUNDI.ORG/KAMPALAWEBINARS
SERIES OF WEBINARS:
CHALLENGING REALITIES OF “AID”

Focal topics of the Kampala Initiative

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

Within and beyond these topics, Kampala Initiative webinars can/shall be used for introducing a new topic and for attracting the attention of a broad audience to a particular case or process that needs civil society attention and maybe action.

#BEYONDAID #KAMPALAINITIATIVE  WWW.MEDICUSMUNDI.ORG/KAMPALAWEBINARS
CHECKING IN

HOW ARE YOU FEELING RIGHT NOW?

1 – not the best

5 – absolutely amazing
HEALTH AID IN THE TIME OF COVID-19 - EXPLORING HOW TO MOVE FROM AID TO GLOBAL SOLIDARITY

WELCOME TO THIS WEBINAR SERIES!
HEALTH AID IN THE TIME OF COVID-19 - EXPLORING HOW TO MOVE FROM AID TO GLOBAL SOLIDARITY

TWO-PART WEBINAR SERIES

• Part 1 - Health aid in the time of covid-19: exploring challenges of aid through the covid-19 experience

• Part 2 - Health aid in a post-covid-19 world: from aid to global solidarity

16th July 3-4.30pm CEST
FORMAT OF WEBINAR

• Three speakers
  • Abu Bakarr Kamara, Budget Advocacy Network
  • Professor Adenike Grange
  • Amanda Banda, Wemos
• Interactive exercises using the chat box
• Discussion
HOW TO ENGAGE

• PARTICIPATE DURING DISCUSSION/INTERACTION
• USE THE CHAT BOX FOR SHARING AND ENGAGING
• WE WON’T BE USING THE Q&A FUNCTION
Abu Bakarr Kamara

BUDGET ADVOCACY NETWORK
SIERRA LEONE

The health aid response to COVID-19 in Sierra Leone
Introduction

• There are only 13 Ventilator in the country, meaning one for every 510,000 people – WHO March 2020

• Less than 2% of the total doctors need are in post (WHO recommended 15 doctors for every 10,000 and Sierra Leone has 0.25 doctors for the same population)

• Only quarter of the total nurse needed are in post (WHO recommends 30 nurses for every 10,000 and Sierra Leone has 7.78)
Introduction

• Out of pocket payment for health in Sierra Leone is 33%

• Donor health expenditure is 47%, NGO is 7%, employer 1% and government is 8%

• As of 7th July 2020 the Covid status is- Total no of cases-1,572, Active cases-421, Total no of Death 63, Recovered- 1,088
### Where is COVID-19 resource coming from?

<table>
<thead>
<tr>
<th>Sources of Income</th>
<th>Amount in Leones</th>
<th>Amount in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>115,000,000,000,000.00</td>
<td>11,859,411.32</td>
</tr>
<tr>
<td>Commercial banks</td>
<td>2,040,000,000.00</td>
<td>210,375.64</td>
</tr>
<tr>
<td>Mobile Companies</td>
<td>60,000,000.00</td>
<td>6,187.52</td>
</tr>
<tr>
<td>Oil Companies</td>
<td>2,209,280,000.00</td>
<td>227,832.70</td>
</tr>
<tr>
<td>State institutions</td>
<td>2,285,082,536.00</td>
<td>235,649.86</td>
</tr>
<tr>
<td>Private businesses</td>
<td>1,311,789,900.00</td>
<td>135,278.75</td>
</tr>
<tr>
<td>Individuals</td>
<td>296,100,000.00</td>
<td>30,535.41</td>
</tr>
<tr>
<td>Mining companies</td>
<td>1,483,770,500.00</td>
<td>153,014.30</td>
</tr>
<tr>
<td>Others</td>
<td>142,602,244.00</td>
<td>14,705.90</td>
</tr>
<tr>
<td>International Finance Institution</td>
<td>480,676,500.00</td>
<td>49,569.92</td>
</tr>
<tr>
<td><strong>World Bank</strong></td>
<td><strong>72,727,050,000.00</strong></td>
<td><strong>7,500,000.00</strong></td>
</tr>
<tr>
<td><strong>IMF</strong></td>
<td><strong>1,386,662,420,000.00</strong></td>
<td><strong>143,000,000.00</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,584,698,771,680.00</strong></td>
<td><strong>163,422,561.31</strong></td>
</tr>
</tbody>
</table>
In-kind COVID- Support in Sierra Leone

- UAE Sends Medical Aid
- UN Flight supporting the operations to ease transportation of critical medical supplies
- China donated medical supplies to Sierra Leone (Testing kits, PPEs, N95 Respirators, Surgical masks, medical goggles, medical gloves, and medical shoe covers)
- Medical supplies donated by Jack Ma
- The Chinese embassy and Chinese community in Sierra Leone donated materials to support in preventing the Covid-19
- IMF immediate debt relief for developing countries – Sierra Leone
- USA provide ambulance and medical supplies
## Where is the COVID-19 money going?

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount in Leones</th>
<th>Amount in US Dollar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to NaCSA</td>
<td>3,780,517,010.00</td>
<td>389,867.01</td>
</tr>
<tr>
<td>Imprest to MOHS</td>
<td>5,000,000,000.00</td>
<td>515,626.58</td>
</tr>
<tr>
<td>Payment for 8 Ventilators</td>
<td>852,851,657.00</td>
<td>87,950.60</td>
</tr>
<tr>
<td>Purchase of 60 Motor Bikes for the Military</td>
<td>1,230,503,400.00</td>
<td>126,896.05</td>
</tr>
<tr>
<td>Purchase of 40 Motor Bikes for the Sierra Leone Police</td>
<td>868,080,000.00</td>
<td>89,521.02</td>
</tr>
<tr>
<td>Government of Sierra Leone (incl Direct transfer to EOC Operations Account from CRF)</td>
<td>87,000,000,000.00</td>
<td>8,971,902.48</td>
</tr>
<tr>
<td>Transfer to MOHS IRO Lockdown</td>
<td>6,091,829,600.00</td>
<td>628,221.85</td>
</tr>
<tr>
<td>Purchase of 30 Vehicles and 100 Motor Bikes for District &amp; Central EOCs</td>
<td>12,712,700,000.00</td>
<td>1,311,001.20</td>
</tr>
<tr>
<td>Payment for 30 Motor Bikes for the Office of National Security</td>
<td>615,251,700.00</td>
<td>63,448.03</td>
</tr>
<tr>
<td>Transfer to EOC (Lockdown) 3-5 May 2020</td>
<td>6,500,000,000.00</td>
<td>670,314.55</td>
</tr>
<tr>
<td>Airlifting of COVID 19 Equipment</td>
<td>485,168,136.75</td>
<td>50,033.12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125,136,901,503.75</strong></td>
<td><strong>12,904,782.49</strong></td>
</tr>
</tbody>
</table>
• **Proposed suspension of NPPA and PFM Act**

The Constitutional Instrument, which establishes the Corona Disease Response Fund, essentially tried to suspend all accountability laws and institutions in the management of resources dedicated to respond to the Corona virus disease. Specifically, Regulations 9(1) and (2) provide that the National Public Procurement Act, 2016 and Public Finance Act, 2016 shall not apply to the management of Corona Response Funds, adding that any laws that conflict with the Regulations shall not apply to the management of the funds.
Transparency and Accountability on COVID-19 money in Sierra Leone


**Government** to publish on the Government’s website large public procurement contracts related to crisis mitigation, the names of the companies awarded contracts, their beneficial owners, and ex-post validation of delivery.
Transparency and Accountability on COVID-19 money in Sierra Leone

- Government publishing income and expenditure statement
- CSO demanding more transparency and accountability
- No disclosure of detail in-kind support
- No detail disclosure of some of the COVID-19 funding by pillars
- Anti-Corruption Commission launched the COVID-19 Response Transparency Taskforce to ensure integrity, accountability and transparency in the use and management of funds.
Professor Adenike Grange
NIGERIA

The health aid response to COVID-19 in Nigeria
Nigeria
<table>
<thead>
<tr>
<th>POPULATION STATISTICS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>POPULATION TOTAL (M)</td>
<td>182.2</td>
</tr>
<tr>
<td>AGES 0-14 % OF POPULATION(M)</td>
<td>44.86</td>
</tr>
<tr>
<td>15-64% OF POPULATION(M)</td>
<td>53.3</td>
</tr>
<tr>
<td>RURAL %OF POPULATION(M)</td>
<td>52.2</td>
</tr>
</tbody>
</table>

WHO Global Observatory
HEALTH OUTCOMES

- LIFE EXPECTANCY AT BIRTH: 52.8 (2014)
- INFANT MORTALITY RATE/1000: 69.4
- MATERNAL MORTALITY RATIO: 814
- FERTILITY RATE: 5.7 (WB, 2016)
## HEALTHCARE FINANCING

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross National Income Per Capita</td>
<td>5,360</td>
</tr>
<tr>
<td>Health Expenditure Per Capita</td>
<td>$118</td>
</tr>
<tr>
<td>% of GDP</td>
<td>3.7</td>
</tr>
<tr>
<td>External Resources for Health % of Total Expenditure</td>
<td>6.7</td>
</tr>
<tr>
<td>Out of Pocket Expenditure % of Total Expenditure</td>
<td>71.7%</td>
</tr>
</tbody>
</table>
WHAT IS NEEDED FOR THE MITIGATION OF COVID PANDEMIC AT NATIONAL LEVEL?

- STRENGTHEN THE HEALTH SYSTEM
- IMPROVE CONDITIONS OF SERVICE FOR FRONTLINE WORKERS
- STRENGTHEN INFRASTRUCTURES
# The Nigerian Health System: Levels of Care and Responsibilities

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Federal Government</th>
<th>Tertiary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>85%, Private: 9%, FB: 4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3,768</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teaching Hospitals and Federal Medical Centers</td>
</tr>
<tr>
<td>State Government</td>
<td>37</td>
<td>Secondary Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32%, Private: 28%, FB: 4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>29,854</td>
</tr>
<tr>
<td>Local Government</td>
<td>774</td>
<td>Primary Care</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:info@pharmacccess.org">info@pharmacccess.org</a> 2016</td>
<td>Public: 79%, Private: 10%, FB: 1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Primary Health Centers</td>
</tr>
</tbody>
</table>
THE HUMANITARIAN CRISIS IN THE SIX STATES OF NORTH-EASTERN NIGERIA-PLAN ADOPTED WITH ASSISTANCE OF WHO- PRECOVID

• Establish, expand and strengthen disease surveillance, outbreak prevention, disease control and response

• Support lifesaving activities and alleviate suffering through integrated and coordinated humanitarian response focusing on the most vulnerable people

• Health system restoration in States most affected
NATIONAL HEALTH INSURANCE SCHEME (NHIS) has three main programs of which the formal sector social health insurance program has most enrollees. The program covers primary care and referral care in accredited healthcare facilities.

Community-based health insurance schemes, mainly targeting poor people in rural areas. The coverage of these schemes varies. The one operated by the NHIS aims to cover preventive, promotive and curative components of healthcare.
HEALTH INSURANCE SCHEME (2)

- **STATE-SUPPORTED HEALTH INSURANCE** are designed to effectively involve states in the implementation of social health insurance. An example is the Kwara Program which offers access to affordable, quality healthcare services.

- **PRIVATE INSURANCE SCHEMES** are run by HMOs and target clients who can afford to pay for the insurance plans and mainly cover primary healthcare and some secondary and tertiary care.
WHAT IS HEALTH AID?

• HEALTH AID IS A VOLUNTARY ACTION WHICH IS DEPENDENT ON THE RECIPIENT COUNTRY FROM A DONATING COUNTRY, GOVERNMENTS, PRIVATE ORGANIZATIONS, INDIVIDUALS, WHICH ARE FOR PROVIDING SUPPORT TO THE HEALTHCARE SERVICES OF THE RECIPIENT COUNTRY.

• THEY INCLUDE CONDITIONAL OR UNCONDITIONAL, MATCHING OR NONMATCHING AND OPEN OR CLOSED ENDED (TRESCH, 1981).

• CONDITIONAL AIDS LIST SPECIFIC SERVICES ON WHICH THE RECEIVING GOVERNMENT CAN SPEND THE AID FUNDS. OTHER CONDITIONS COULD BE INCLUDED AS WELL.

• AN UNCONDITIONAL AID ON THE OTHER HAND PLACES NO RESTRICTIONS ON THE DISBURSEMENT OF THE AID.
TYPES OF AID

• A MATCHING AID IS AN AD VALOREM SUBSIDY IN WHICH THE GRANTOR AGREES TO REIMBURSE THE RECEIVING GOVERNMENT FOR SPENDING UNDERTAKEN AT SOME PREDETERMINED RATE. HOWEVER, THE SPENDING INITIATIVE REMAINS WITH THE RECIPIENT.

• A NON-MATCHING AID REFERS TO TRANSFER OF LUMP SUM OF MONEY TO THE RECIPIENT

• OPEN-ENDED AID PLACES NO LIMIT WHATSOEVER ON THE SIZE OF THE TRANSFER.

• CLOSED-ENDED AID- THERE IS LIMIT TO THE TOTAL FUNDS THAT THE DONOR WOULD TRANSFER.

• A SIGNIFICANT PROPORTION OF THE FOREIGN AID IN NIGERIA ARE CONDITIONAL AND CLOSED ENDED, WITH EITHER MATCHING OR NON-MATCHING
BENEFITS AND WEAKNESSES OF HEALTH AID

• Although aid has sometimes failed, it has supported poverty reduction and growth in some countries.

• It is believed that many of the weaknesses of aid have to do with both the donors and recipients.

• Aid has enlarged government bureaucracies, perpetuated bad governments, enriched the elite in poor countries, or just been wasted by corrupt officials.
DONORS OF HEALTH AID TO NIGERIA (1)

- Nigeria is among the less developed countries that so much depends on the foreign aids, for their socio-economic growth and the development. Hence, World Health Organization (WHO) is one of the international aids organizations that has contributed a lot to the Nigerian health sector, in the fight against some deadly diseases.

- Controlling health problems like meningitis, hepatitis and eradication of malaria in Bauchi local government area, Bauchi state.
DONORS OF HEALTH AID TO NIGERIA (2)

• OTHER HEALTH PROBLEMS ADDRESSED PRE-COVID INCLUDE:
  HIV/AIDS, POLIOMYELITIS, TUBERCULOSIS, MATERNAL AND CHILD MORTALITY

• OTHER DONORS INCLUDE:
  UNICEF, USAID, DFID, THE WORLD BANK, JAPAN, GERMANY
THE USUAL USE OF AID DURING HUMANITARIAN EMERGENCIES PRIOR TO COVID-19

- TARGETED TO GEOGRAPHICAL AREAS AFFECTED
- TARGETED TO DELIVERY OF CERTAIN SERVICES & PRODUCTS
- TARGETED TO CERTAIN POPULATIONS E.G CHILDREN
- TARGETED TO SPECIFIC DISEASES e.g POLIO
DOCUMENTED PROBLEMS NATIONWIDE DURING COVID-19

- MISINFORMATION
- INADEQUATE SOCIAL RESPONSE/EMPATHY/SENSITIVITY
- INADEQUATE HEALTH RESPONSE
- INADEQUATE LABOUR RESPONSE
- INADEQUATE SECURITY RESPONSE
CAUSES OF DIMINISHED ACCESS TO HEALTHCARE DURING THE COVID PANDEMIC

• PERSISTENCE OF A WEAK HEALTHCARE SYSTEM

• FAILURE OF MORAL LEADERSHIP

• FAILURE TO ADAPT

• LOSS OF TRUST IN GOVERNANCE

• LOSS OF CONTROL OF SECURITY INFRASTRUCTURE
MOBILISATION OF EXTERNAL AID FOR COVID (EASYCLICK JUNE 9 2020)

• COVID-19: Germany donates €26m to Nigeria
  “The German Government is providing additional financial support of €26m for humanitarian assistance in North-East Nigeria and bordering regions in Chad, Niger, and Cameroon.”

• The Missions explained that €8m would go to the UN World Food Programme in Nigeria, €7m to the International Committee of the Red Cross in Nigeria, €5m to the UN Food and Agriculture Organisation in Nigeria, €3.5 to Caritas International, and €2.5m to the Nigeria Humanitarian Fund.
CONCLUSION - HEALTH AID IS REQUIRED
RELATIONSHIP BETWEEN HEALTH, THE ECONOMY & SUSTAINABLE NATIONAL DEVELOPMENT

- HEALTH & INCREASED LIFE EXPECTANCY
- DIVERSIFIED & VIBRANT ECONOMY
- SUSTAINABLE NATIONAL DEVELOPMENT
Amanda Banda

WEMOS

Emerging global trends in the health aid response to COVID-19
Global Trends in Health Aid: Responses to COVID 19

Amanda Banda
July 2020
Presentation Outline

❖ Trends in Health AID- pre COVID
❖ Global Trends in Health AID during the COVID response
❖ Key Take Aways
Trends in Health AID Pre- COVID Era

Funding cuts
- General political interest in health decline especially last 5 years and Aid overall reduction, fatigue
- Health seen as soft sector, inefficient, low return on investment
- Overall cuts & stricter eligibility criteria for countries (MICs) and activities (e.g. recurrent costs HRH)
- Shared responsibility and push for domestic resource mobilisation for health

Rationing & efficiency drive
- Focus on fewer countries
- Focus on lowest income & fragile states
- Focus on high burden & hot spots
- Demand for Return on investment – modelling & costing studies

Domestic agenda influencing aid policy
- Dissuasion & deterring migration and Climate Change focus
- **Securization**: military, migration, pandemic threats (possibly incl. AMR)
- Economic interest > **privatisation** (“the private sector does it better”)
- (National & International) Private implementators – towards private for profit
- Preparing the ground for private health enterprise: insurance, service provision, performance based funding

Debates around Re-orientation existing Global Health Initiatives
- Aid effectiveness, efficiency, harmonisation
- Merge GHIs
- Review mandates debates
- Replenishments
<table>
<thead>
<tr>
<th>Area</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic</td>
<td>$18,265,507M</td>
</tr>
<tr>
<td>Response</td>
<td>$9,614,148M</td>
</tr>
<tr>
<td>Vaccine/treatment</td>
<td>$494,021M</td>
</tr>
<tr>
<td>Health systems</td>
<td>$397,237M</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>$142,796M</td>
</tr>
<tr>
<td>Gender</td>
<td>$25,188M</td>
</tr>
<tr>
<td>Prevention</td>
<td>$20,335M</td>
</tr>
<tr>
<td>Education</td>
<td>$14,317M</td>
</tr>
<tr>
<td>Research</td>
<td>$11,175M</td>
</tr>
<tr>
<td>Detection</td>
<td>$6,414M</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>$3,861M</td>
</tr>
<tr>
<td>Equipment</td>
<td>$3,808M</td>
</tr>
<tr>
<td>Communication</td>
<td>$50M</td>
</tr>
</tbody>
</table>

Source: Devex - global figures inclusive of response in the global north
COVID 19 Donor Trends- ODA (Source Kaiser Family Foundation)

- Total Pledged by Mid April was about 19.3 billion overall financial support for COVID
- The vast majority (85%) was provided by donor governments (including the U.S.), the World Bank, and other multilateral organizations. The remainder (15%) came from non-profits, foundations, and businesses.
- The largest donor to date is the World Bank ($6 billion), followed by the Asian Development Bank ($4.87 billion), the United States ($2.39 billion) as largest govt funder
- Wemos Work review of COVID fund focus on HRH and what we found?
Key Take Aways

• Pledges made - disbursed and spent?
• Both loans and grants, increasing trend beyond traditional ODA need for innovative financing mechanism
• Increased investments of private sector in Health
• Rethinking domestic resource mobilisation
• Excerpting of pre-COVID 19 trends, gaps in coordination, alignment and harmonisation
• Earmarking of resources for specific interventions vs strengthening broader Health systems (diagnostics, treatment and R&D of vaccines)
Additional Resources on Global Funding Trends on COVID

1. Devex overview – shows who’s funding covid-19 responses and the priorities. [Find it here](#)
2. Eurodad overview – shares commitment from different development banks for funding gov/private/financial/health sectors. [Find it here](#)
4. WEMOS excel – shows covid-19 emergency funds across developing countries [Find it here](#).
KAMPALA INITIATIVE  COOPERATION AND SOLIDARITY WITHIN AND BEYOND AID
SERIES OF WEBINARS CHALLENGING REALITIES OF “AID”

MOVE AROUND

#BEYONDAID #KAMPALAINITIATIVE  WWW.MEDICUSMUNDI.ORG/KAMPALAWEBINARS
From your own experiences, what are the challenges you have witnessed with the health aid response to COVID-19?
What have these challenges exposed about global health aid structures?
DISCUSSION

▪ From your own experiences, what are the challenges you have witnessed with the health aid response to COVID-19?
▪ What have these limitations exposed about global health aid structures?

Share your comments, and listen (and react) to others. No “questions to the experts”

Raise your hand to speak, you will be called and unmuted

Continue to share in the chat box
REFLECTIONS

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

#BEYONDAID #KAMPALAINITIATIVE  www.medicusmundi.org/kampalainitiative
NEXT STEPS...

• Attend the next webinar –
  • *Part 2 - Health aid in a post-covid-19 world: from aid to global solidarity*, 16th July 3-4.30pm CEST

• Review and keep adding to the google doc – look out for an email from us sharing the link

• Get in touch
  • Tess – T.Woolfenden@healthpovertyaction.org
  • Clemmie – C.James@healthpovertyaction.org
THE KAMPALA INITIATIVE

OUTLOOK TO ACTIVITIES IN 2020

...AND HOW TO ENGAGE

RAVI RAM, PHM KENYA
GET INVOLVED...

• Check out our website - https://www.medicusmundi.org/kampalainitiative/

• Sign the Kampala Initiative Declaration

• Continued series of webinars
  Keep a look out for more webinars, or... propose your own! More details on how to do this are available on the website

• “Beyond aid” mailing list (Google group)
  Our space for sharing, debating and matchmaking – ad hoc and focused thematic discussion. Proposals to host a thematic discussion are also considered on a rolling basis

• Thematic working groups / task groups (in the making)
  - “Watch the GAP” task group
  - “Track Changing Initiative”
  - “PPPs”

• Country teams? Another workshop?
  ...and more. Our workplan is available on the website

#BEYONDAID #KAMPALAINITIATIVE  WWW.MEDICUSMUNDI.ORG/KAMPALAWEBINARS
THANK YOU! AND STAY IN TOUCH!

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

#BEYONDAID #KAMPALAINITIATIVE  WWW.MEDICUSMUNDI.ORG/KAMPALAINITIATIVE