

MMI Network Strategy 2011-2015:

“We will make the MMI Network a real community of change for strengthening health systems”

1. **We will focus joint ventures on issues related to health systems strengthening.** This is the common agenda of our members!
2. **We will develop new spaces and tools for sharing know-how and joining forces.** Our members are keen to become better agents of social change!
3. **We will focus joint international advocacy on the WHO.** This is where we can make a difference, in addition to our members’ own efforts!
4. **We will develop new partnerships between NGOs and research institutions.** Our members need to get evidence into their policies and practices!



Background Developing the MMI Strategy 2011-2015

Rooted in the history of the Medicus Mundi International Network¹ and referring to the review of our first midterm strategy (Strategic Plan 2007-2010)² and to a SWOT analysis³, both undertaken during the last few months, the MMI Network Strategy 2011-2015 provides a framework which explains how the Network shall pursue its vision⁴ and carry out its operational mission⁵ during the coming five years.

We are a Network. Since 2008, Medicus Mundi International sharpened its identity and profile as a Network, introducing and consequently using the name “Medicus Mundi International *Network*”, subscribing to Sharing knowhow and joining forces towards Health for All” and adopting a Network Policy which states: “Medicus Mundi International is the Network of NGOs working in the field of international health cooperation and advocacy. The MMI Network aims to be a living community where members come together voluntarily to share and develop their knowledge, solve common problems and develop joint activities. The Network members, as owners of MMI, define what they want the Network to do. Members are systematically involved in the development of the MMI Network’s policies, strategies and work plans.”⁶

“**Sharing knowhow and joining forces towards Health for All**” is not only an inspiring slogan. It also indicates the change agenda and the particular role of our Network. However, the concept still needs to be translated into concrete programs and tools. The “Network Strategy 2011-2015” aims at providing guidance about how to do it, setting a coherent framework for the operational planning and the development of related programs and structures of the MMI Network.

Shared vision of Network members

Medicus Mundi International is the Network of civil society organisations working in the field of international health cooperation and advocacy. The Network members share the vision of access to health and health care as a fundamental human right (“Health for All”). While recognizing that poverty, inequality, violence and injustice are at the root of ill-health and death in many low income countries, MMI Network members are convinced that accessible, equitable and affordable health care is essential to the improvement of global health, fighting diseases and reducing poverty; the major challenge is to keep basic health care sustainable and affordable; the key strategy is to strengthen the health system as a whole; the private not-for-profit health sector is an essential actor that needs to be considered while strengthening the health care system; users of health services should have the opportunity to contribute to the development, management and monitoring of health care policies and services.

Operational Mission of the MMI Network

The Network supports its members’ efforts to achieve the shared vision of Health for All through a set of specific contributions:

- *undertaking advocacy and sensitization activities at an international level;*
- *enhancing communication and the exchange of knowledge and know-how between members;*
- *enhancing cooperation, coordination of activities and the development of joint activities;*
- *fostering the development of common policies and practices.*



Source: MMI Network Policy, 2009

1. “We will focus joint enterprises on issues related to health systems strengthening.”

Conceptual framework

No limitations for communication and cooperation: Network members are free to use the Network according to their own needs and priorities, to propose joint activities any time and, if their proposals are supported by others, to use the existing tools and/or to set up new structures and communities.

Joint positions and ventures: “Where can we make a difference”? In addition to enhancing communication and cooperation between our members, our Network aims at fostering the development of common policies and practices and at undertaking joint advocacy and sensitization. This is not possible without selecting joint key topics. In our strategic plan 2007-2010, we defined a set of key issues: “Strategies to keep competent and motivated staff available”; “Bridging the appropriate technology gap in basic health care”; and “Strategic repositioning of church-based health care facilities.” The strategy review shows that this approach was well accepted by Network members and led to some good results.

Broaden the focus: Sticking to a “key issues’ approach” as a means for future planning, we nevertheless opt to use it in a less normative way and to broaden the focus from addressing the particular concerns of private not-for-profit health institutions to addressing the overall challenge of health systems strengthening⁷ both on a technical and political level:

The common change agenda of our members⁸ is to make or keep basic health care accessible, equitable, sustainable and affordable.

Strategic lines

By the end of 2015, the MMI Network will have substantially contributed to the international debate about making health systems more accessible, equitable, sustainable and affordable. The MMI Network will also have substantially contributed to the development of related common policies and practices of the Network members. This will be achieved by:

- **Focusing on health systems strengthening:** Contributing to health system strengthening will be the common denominator of joint enterprises and political statements of our Network.
- **Based on demand, reacting to opportunities.** Within the broad framework of health systems strengthening, the definition of a set of more specific “key issues”⁹ will be demand driven, initiated and led by network members. We will therefore develop our joint plans and programs in an ongoing dialogue about joint key issues and new developments and opportunities in our environment, and, if there is an agreement, develop task and outcome oriented teams, programs and plans.
- **Integrating and linking levels:** With our joint ventures, we will build bridges between the different paradigms and vertical worlds of *mutual learning and cooperation* (see section 2 of the strategy), *advocacy aiming at influencing and changing policies* (see section 3), and *getting research into policy and practice* (see section 4).



2. “We will develop new spaces and tools for sharing know-how and joining forces.”

Conceptual framework

Coming together to share, to learn and to cooperate is the key element of any formal network¹⁰ and the core of the MMI Network Policy adopted in 2009. With the existing Network members - our key resource - and with our good links to partners outside the Network, MMI is well positioned to play the role of a living community.

Existing tools are a good first step. Since 2008, our Network has invested in the further development of tools for networking such as:

- two thematic working groups which have undertaken joint activities in the fields of “human resources for health” and “strategic positioning of private not-for-profit health institutions”.
- an electronic platform (www.medicusmundi.org) with the profiles and contributions of the Network members and providing access to documents and guides related to our (current) key topics;
- a monthly electronic newsletter, ad hoc “network flashes” for urgent calls, and the use of “web2” platforms such as *Twitter* and *Facebook*.

“Global Community of Change”: The idea of the MMI Network as a living community strongly corresponds with an inspiring concept introduced to the MMI Network by Cordaid: “We believe that development is essentially about change in human and in power relations. The ambition of Cordaid is to be the best possible social change agent we can be. To meet the challenges we are faced with, new international relationships are needed. And we need to change the existing ones. The idea of creating Global Communities of Change puts the emphasis on cooperation rather on development, building alliances, joining forces in the pursuance of an overlapping change agenda. It is basically about people (citizens, individuals) and organisations (all types) working together in the pursuance of a social change agenda. It is about agenda sharing, true joint decision-making, and joint designing of goals and results.”¹¹

“Communities of Practice” is another inspiring key concept for our networking. It describes “a group of people who share an interest, a craft, and/or a profession. The group can evolve naturally because of the member's common interest in a particular domain or area, or it can be created specifically with the goal of gaining knowledge related to their field. It is through the process of sharing information and experiences with the group that the members learn from each other, and have an opportunity to develop themselves personally and professionally.”¹²

Strategic lines

By the end of 2015, the MMI Network will have become a pulsating, open community of professionals and organizations working in the field of international health cooperation and advocacy that come together in order to share experiences, learn, cooperate, coordinate activities, join forces and build communities and alliances. This will be achieved by:

- **Involving more people:** We will transform Medicus Mundi International from a Network of “dedicated activists” into a Network of organizations and professionals, starting with the staff of our members and their partners, but involving others and extending the community.
- **Investing in decentralized networking:** We will transform the role of the Network board, secretariat and existing working groups from main actors of networking (current situation) to initiators and promoters of structures and tools for decentralized networking and, finally, to “simple” providers and owners of these structures and tools.
- **Using and further developing existing tools:** We will not reinvent tools and technologies for social and professional networking, but use, promote and further develop the already available ones (working groups, newsletters, MMI ePlatform, web2 platforms and discussion groups, conferences and workshops etc.).

3. “We will focus joint advocacy on the WHO.”

Conceptual framework

The following strategic guidelines refer to the **Advocacy Policy of the MMI Network (2009)**¹³.

Social advocacy aims at changing the “what is” into a “what should be” - a more decent and more just society. In a globalized world, social change requires advocacy beyond countries’ borders: transnational advocacy and international advocacy, based on international networks and coalitions.

Joint advocacy adds a layer of value to the MMI Network’s activities. Supporting our members’ efforts to achieve the shared vision of “Health for All”, our joint advocacy aims at influencing the international policy landscape in which our members’ and their partners’ activities takes place. The Network will play a role in passing its members key advocacy messages to the international level. On the other hand, the MMI Network aims at encouraging and facilitating its members’ and their partners’ advocacy activities on a national level in the countries they are based or engaged in.

Strategic lines

By the end of 2015, the MMI Network will be accepted by the World Health Organization as a valuable, respected and well known voice of civil society. The Network will be systematically participating in or linking Network members with international advocacy coalitions, networks and coalitions related to access to health and health care. This will be achieved by:

- **Focusing joint international advocacy on the World Health Organization.** MMI is in official relations with the WHO. We will continue to participate and intervene in the World Health Assembly and other global and regional WHO (and WHO lead) structures, programs, events and consultations. At the same time, we will contribute to monitor the development of the World Health Organization and to strengthen the WHO as the international coordinating body for issues related to people's health. We will establish coalitions and joint programs with other civil society organisations or networks pursuing the same tasks.
- **Basing advocacy on experience and evidence.** Our joint international advocacy will be based on evidence from research and from the knowledge and experience of the Network members and partners and translate it into joint positions and into a format in which it can be used to influence policies and practices.
- **Connecting organizations and levels.** We will encourage members and partners to share with each other information on their advocacy programs and campaigns, to address a specific issue with different actors simultaneously and to strengthen and support each other if action at a higher level is needed. We will disseminate information, analyses and opinions on the issues relevant for the advocacy efforts to member organisations and networks. We will foster and support efforts of Network members to create national or regional advocacy and sensitization programs, platforms and structures.
- **Seizing opportunities for joint advocacy, getting involved in existing networks and campaigns.** In some topics¹⁴ and political arenas (mainly: Europe)¹⁵ there already exist strong advocacy networks and thematic “consortia” - some of them even lead by MMI members¹⁶. If there are opportunities (and resources) for joint advocacy activities of the Network outside the WHO arena, we will seize them, but there is no need for us to duplicate already existing structures and efforts. If we have the means to do it and if there is a demand from our members, we will rather get in touch with these structures, get involved in broader alliances and platforms, and participate in joint campaigns or at least link them with our members.



4. “We will develop new partnerships between NGOs and research institutions.”

Conceptual framework

The **MMI research policy**¹⁷ adopted by the MMI Network’s Executive Board in 2009 defines our Network’s approach and mandate in a field which is not yet covered by other NGO networks and where MMI can strongly benefit from its traditionally good relations with a series of research institutions in order to become a leading actor. The following strategic lines are directly taken from this policy document.

“Get evidence into NGO policy and practice!” and **“Get NGO practice into research!”** To accomplish their mission in the field of international health cooperation in a more rational – and finally more sustainable – way, the non-governmental organisations which are members and partners of the Medicus Mundi International Network are in dire need of reliable evidence on “what works and what does not”. On the other hand, research must be linked to the problems and issues non-governmental organisations and their partners are dealing with, to their need to find out ways to overcome technical and organisational constraints that impede local health care systems to deliver high coverage, equitable and quality health interventions, particularly at community and district level. The overall objective of this kind of “operational” or “action research” is to significantly improve access to effective interventions by developing practical solutions to common critical problems.

Strategic lines

By the end of 2015, the MMI Network will have established an easily accessible institutional memory on existing evidence and best practices of Network members related to a set of key issues defined by the Network. The MMI Network will also have contributed to the establishment of mutually beneficial and productive working interfaces between Network members and research institutions both in the North and South. This will be achieved by:

- **Making existing evidence available and reflect on experiences.** We will sensitize the Network members about the challenge of “Getting evidence into NGO policy and practice!” (including advocacy and the development of common practices and positions!) and facilitate members’ access to existing evidence and best practices related to the jointly identified key issues. We will provide platforms for Network members to share strategies and tools for assessing the impact or effectiveness of their programs and strategies and for implementing the lessons learnt.
- **Supporting research partnerships.** We will foster cooperation between Network members and academic institutions which are focusing on health systems strengthening.



Strategy implementation and institutional development: “We will develop our Network’s resources and structures step by step.”

Strategic planning means selecting, choosing one way among various valid options and then, for a specific period, following it, developing and vigorously pursuing programs that support the logic of the chosen strategy. So even if strategy development, by definition, is a creative act, our strategic choices for the next five years presented in this document are based on a broad agreement of the members of the Medicus Mundi International Network that they are promising ones. The success of the strategy will depend on our commitment to contribute actively to its implementation. As a next step, the strategy will be translated into concrete programs and annual plans, with related short term objectives, activities, performance indicators - and budgets.

Institutional development is not a key element of the present strategy, but needs to be considered in the strategy implementation. We consider institutional growth in terms of members, budget and capacities an indicator of the success of our work, and not as an objective itself. We are convinced that, by the end of 2015, the Network will have extended its programs and activities in a way that a considerable number of new members have been attracted and that the Network’s structures are strengthened. This will be achieved by:

- **Realistic planning between ambitions and capacities:** Joint programs will both reflect the ambitions of the Network’s owners (member organizations) and the capacities and resources available at a given moment. Plans and programs which are not based on our members’ expectations will not create the momentum needed for their implementation, but plans which do not accept our available resources as a starting point will just lead to frustrations.
- **Adapting Network structures to requirements.** The Network will continue to rely on a small core structure with a dedicated Board and professional secretariat, both able and flexible enough to cope with the demand of the Network members and to take up new opportunities. According to the organizational requirements of our joint programs, we will develop adequate management capacities and infrastructures at a peripheral or central level of the Network.
- **Improving project funding:** We will split leadership in the development and implementation of joint Network programs and projects from the responsibility for funding these projects and, as part of the institutional development, develop a fundraising policy and practice for our joint projects.
- **Exclusive platforms – inclusive programs.** While some of our platforms and services shall remain exclusively accessible for Network members, we will, if adequate and corresponding with our strategy, open up our programs and joint ventures to organizations and professionals that are not (yet) member of our Network, but able and interested to participate. This will allow us to create the “critical mass” needed for successful joint enterprises – which will motivate more organizations to become co-owners of the Network.
- **Opening the Network for newcomers.** The Network intends to become really global – also regarding the membership – and invites organizations from the South and the North dealing with international health to join in. We will develop easy procedures for the admission of new Network members, including new regulations on membership contributions. We will systematically involve the newcomers in the further development of the Network, its governance structure and its programs.

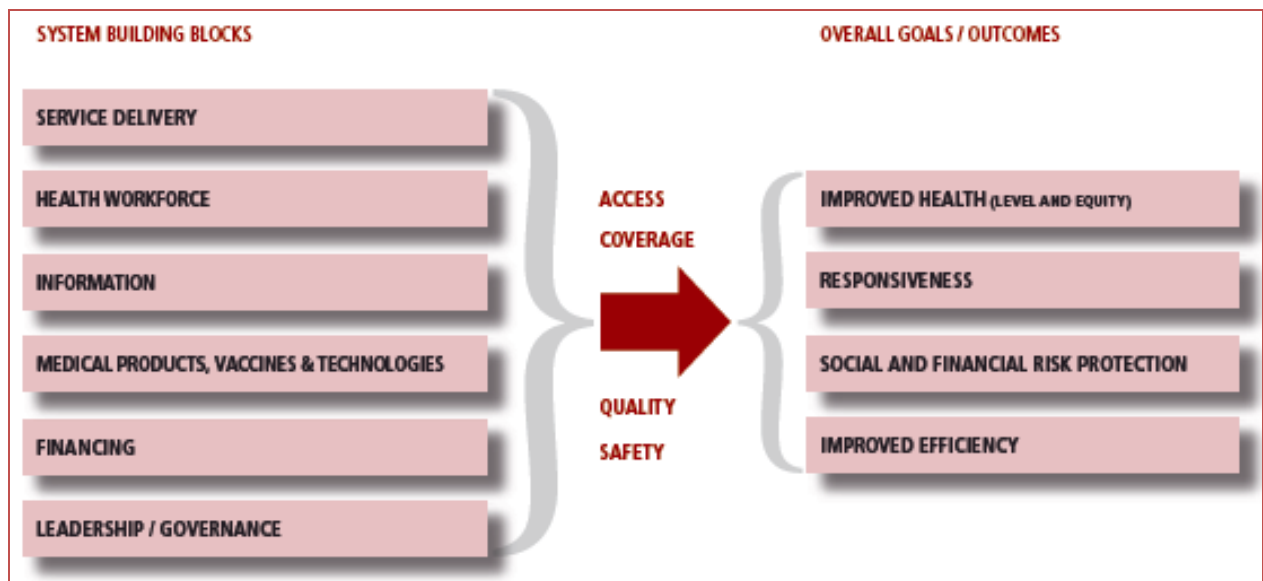
Key reference: MMI Network Policy (2009)

MMI Network Strategy 2011-2015 adopted by the Annual Assembly of the Medicus Mundi International Network, 20th May 2010.



Notes

- 1 Symposium reader „40 years of fighting global poverty by promoting health“ (Berlin, 2003): <http://www.medicusmundi.org/en/mmi-network/documents/reader-40-years-2003>. Most of the historical documents are not available in electronic form but can be ordered at the MMI Secretariat.
- 2 The review of the “MMI Strategic Plan 2001-2010” was undertaken by the MMI secretariat and shared with the Executive Board in November 2009. Related documents can be ordered at the secretariat.
- 3 SWOT means: **S**trengths and **W**eaknesses of the organisation, **O**pportunities and **T**hreats of its environment. A SWOT analysis of the MMI Network was undertaken by the MMI secretariat and shared with the Executive Board in February 2010. Related documents can be ordered at the secretariat.
- 4 see box below and „MMI Network Policy“ (note 6)
- 5 see box below and „MMI Network Policy“ (note 6)
- 6 MMI Network Policy: <http://www.medicusmundi.org/en/mmi-network/documents/mmi-network-policy>
- 7 We refer to the WHO framework for action for strengthening health systems: <http://www.who.int/healthsystems/strategy>



- 8 See Network Policy, vision statement. The debate “Health systems strengthening vs. focus on the concern of the private not-for-profit sector was lead at the MMI EB in its meeting in The Hague, February 2010.
- 9 A survey related to the development of the MMI advocacy policy (2009) and input by various EB members related to the strategy development (2010) lead to a provisional short list of technical and political key issues:
 - Human resources for health (HRH)
 - Contracting and performance based financing
 - Maternal and newborn health
 - Strengthening the voice of communities and the PNFP sector on health related policies and planning
 - Quality of services
 - Appropriate technology, use of ICT in health
 - Sexual and reproductive health and rights
- 10 Work the Net - A Management Guide for Formal Networks. <http://www.skate.ch/publications/prarticle.2005-09-29.9740306251/skatpublication.2007-09-11.3490812587>
- 11 Global Communities of Change. From Control to Engagement. Cordaid, May 2009 www.cordaidpartners.com/uploads/documents/366/original/cordaid-global-communities-of-change-concept.doc
- 12 You might use the wikipedia article as a first reference: http://en.wikipedia.org/wiki/Community_of_practice
- 13 MMI Advocacy Policy (2009): <http://www.medicusmundi.org/en/mmi-network/documents/mmi-advocacy-policy.pdf>
- 14 ...such as access to medicines and issues related to intellectual property
- 15 ...such as advocacy for MDG in the European Union (Action for Global Health, <http://www.actionforglobalhealth.eu>)
- 16 STOP MALARIA NOW, <http://www.stopmalarianow.org>, coordinated by action medeor. Equal opportunities for health action for development <http://www.mediciconlafrica.org/globalhealth>, coordinated by DWA Cuamm. Wemos is member of the Steering Committee of the Health Workforce Advocacy Initiative, etc.
- 17 MMI Research Policy (2009): <http://www.medicusmundi.org/en/mmi-network/documents/mmi-research-policy.pdf>