



ANNUAL REPORT 2018

Honesty, Persistence and Engagement...

MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL
ANNUAL REPORT 2018

MESSAGE FROM THE PRESIDENT	page 3
HONESTY, PERSISTENCE AND ENGAGEMENT...	page 5
A year of renewed attention to Primary Health Care	page 7
“Health cooperation beyond aid” ...and beyond the MMI discussion paper	page 10
Global Health Policy and Governance: Difficult questions, difficult processes	page 18
Medicus Mundi International: Networking and Network development	page 24
MMI: Network members	page 29

MMI NETWORK MEMBERS: “SHORT STORIES”

A full version of the Annual report including contributions from various Network members is also available.



The Annual Report 2018 of the Medicus Mundi International Network was published by the secretariat of Medicus Mundi International. The report can be freely distributed, reproduced and published, if the source (Medicus Mundi International Network) is correctly indicated. There are no hardcopies available. Photos: MMI and members.

Medicus Mundi International Network · Murbacherstrasse 34 · CH-4013 Basel
Phone +41 61 383 18 11 · office@medicusmundi.org · www.medicusmundi.org
For your donations, please mainly consider the MMI Network members. Thank you.

DEAR NETWORK MEMBERS AND PARTNERS

Technological advances have allowed us to reach unprecedented life expectancy and to improve our life quality. Nevertheless, a big part of world's population is still excluded from "healthy lives and well-being for all". As an example, the huge existing gap between and within countries and populations in terms of maternal or child mortality cannot be explained by any genetic or biological reason. The real problem lies in the inequalities in both living conditions and access to health care.

At the same time, global issues become more and more relevant for the health status of individuals, communities and populations and for national health policies and systems. "Global health" does not only relate to political issues such as access to medicines or the governance of global health institutions, but includes the broader determinants of health and health policies such as climate change, the economic crisis, food preservation and renewable energy that cannot be resolved at a national level alone. All these issues must indeed be considered when we aim at more equality and "health for all".

In order to cope with today's challenges and to fulfil its mission, the Network Medicus Mundi International (MMI) has structured its work plan in two interrelated fields of work. On the one hand, many Network members strive to improve communities' and people's health conditions by means of actions and projects on the ground, directed to the most disadvantaged people. To support this action, the MMI Network and its working group on Effective Health Cooperation provide a space for joint reflection on how to do this best. On the other hand, MMI tries to influence global health policies and governance through own inputs and as a convener of civil society advocacy. The activities falling under each field of work are built on contributions by Network members coming from different world regions and belonging to different areas (NGOs, national networks, academia) and are supported by our secretariat.



Aiming high – working hard

Two main elements of MMI Network action in the past year are worth to be highlighted: The first one is our participation in events and initiatives aimed are triggering a global process of critical reflection and debate on the right to health for all. In this regard, the Network has officially taken part in the most important meetings and conferences throughout 2018: The 71st World Health Assembly in Geneva, the Global Conference on Primary Health Care in Astana, and the Fourth People’s Health Assembly in Dhaka are some of the events where MMI had an active and vocal role in 2018.

The second element is directly linked to the Network members’ benefits. MMI is conceived for letting members share their experiences, for promoting their work and good practices, for amplifying their voices and developing common projects. This is based on the demand and contributions by members, and we had two outstanding experiences in the past year: the symposium on “The State as health duty bearer – challenges and threats” organized by Medicus Mundi Bizkaia in February in Bilbao, and the symposium “‘Health for All’ by 2030: On the Right Track, or on the Verge of Failing?” of Medicus Mundi Switzerland that took place in Basel in November. MMI contributed actively to these two great occasions to gather many relevant actors among and beyond our Network(s) and to shine a light on our members’ positions and work.

2019 will be another crucial year for Medicus Mundi International to follow this double track: Continuing and further deepening our work in the fields of effective health cooperation and global health governance will not only consolidate our role, but also help these fields to be mutually strengthened. The perspectives are promising.

That’s why I think that it is important to keep thinking big and aiming high, reaching the most important institutions and actors with our analysis and input, at the same working hard, with the resources available at the Network members and secretariat, without ever losing sight of the realities and ambitions of the institutions we intend to bring together, nor of the people we want to serve.

Thanks to all who contributed to another successful year!

A handwritten signature in blue ink, appearing to read 'Mediano', is written over a light blue grid background.

Carlos Mediano, President

Medicus Mundi International Network

Sometimes, we are attracted and tempted by the smooth, clean and easy surface of things – and narratives. 2018 was again a year with many such temptations: The “partnership”, “multi-stakeholder” and “global movement” discourse of the UN Sustainable Development Goals, taken over and amplified by the new leadership of the World Health Organization, pretends that we can achieve everything (sustainable development or Universal Health Coverage) if we just do it together. The mainstream narratives on “leaving no-one behind”, “pro-poor policies”, “gender transformation” – to throw a few of the buzzwords of the past year(s) on the table – make us believe that there are easy answers to complicated realities.

And sometimes it is awkward to be the ones who challenge the easy answers, ask the critical questions, enquire about the making of an apparent consensus, and insist on blind spots or shortcomings of an analysis or strategy. But sometimes just asking the right question is as relevant as giving the answers, and most of the time, it is more honest to ask the question first...

In 2018, in its own events and statements and contributions to global meetings and working groups, the Medicus Mundi International Network continued to ask “difficult” questions such as the following:

- In the year of celebrating the jubilee of the 1978 Alma-Ata Declaration: How to translate “Health for All” into the present and future?
- How to make sure that development cooperation contributes to strengthening and not weakening national health policies and systems?
- How to ensure better transparency and inclusiveness in the making of “joint civil society statements”? Can civil society, in global political processes, really “speak with one voice”?
- How to address the root causes of sexual harassment and exploitation in the context of aid?
- How to make sure that digital health, eHealth, mHealth become a real breakthrough for public health and do not create new dependency?

You see the diversity of the topics and levels, and you might see the related challenge: If we take our Network’s culture of honesty, sincerity and persistence serious, asking the right question and insisting on them can only be the first step. We also need to find or create ourselves spaces for honest debates in view of achieving a better analysis and finding some answers, even accepting that these answers cannot be easy ones.

The Annual Report 2018 of the MMI Network will lead you to all the questions above and to more of them, to the processes they relate to and to our Network’s engagement in these processes.

The report is structured along the two main fields of activities as outlined in the MMI Network Strategy 2016-20: We continued in 2018 to engage our members and partners in a conversation on how to move health cooperation “beyond aid”. And we continued to successfully play our role as both a critical civil society voice at the World Health Organization, its governing bodies and processes, and as a convener and facilitator of civil society networking and advocacy in the field of global health and health governance. In our approach of linking practice with evidence and the local and national with the global level, the MMI Network and its members deal with these fields of work not just as separate tracks, but as a holistic one.

Translating "Health for All" into the Present and Future
Civil society workshop, 16 May 2018



Translating "Health for All" into the present and future.
Introductions to the afternoon parallel sessions

Cooperation and solidarity beyond charity. Health and
social justice as a human right and a global public obligation

Introduction and facilitation : Public Services International
and medico international



A YEAR OF RENEWED ATTENTION TO PRIMARY HEALTH CARE

The Alma-Ata Declaration of 1978 emerged as a milestone in the field of global public health. Referring to the social, political and structural determinants of health, emphasizing the importance of accountability to the people, and proposing comprehensive Primary Health Care (PHC) as key to the attainment of the goal of Health for All, the Declaration still reads as a visionary and revolutionary text.

The engagement of the MMI Network in the celebration of the Alma-Ata Jubilee in 2018 went considerably beyond our Network's focal topics of health cooperation and health governance. The Declaration of Alma-Ata being part of the DNA of MMI and many Network members, we asked ourselves – and others – how to translate the core of the Declaration into the present and future.

Translating 'Health for All' into the Present and Future: Alma-Ata Jubilee events related to the World Health Assembly. Geneva, 18 and 22 May 2018

In 2017, the MMI Secretariat took the lead in setting up a task group of the Geneva Global Health Hub (G2H2) on the Alma-Ata Jubilee. In particular, the "AA40 task group" planned and implemented a full-day civil society workshop in Geneva on 18 May 2018. The workshop started with a very intensive moment when the task group members read again the full text of the Alma-Ata Declaration. Representatives of various civil society organizations then critically revisited the Declaration and the core principles expressed in it (in particular: addressing determinants of health; global solidarity for health equity; accountability to the people and communities, access to comprehensive health care services for all through a system structured around the principles of Comprehensive Primary Health Care) for the potential to be used as inspiration and guidance in our quest for Health for All.

The workshop resulted in the statement "40 Years of Alma-Ata: Translating 'Health for All' into the Present and Future" that was used, during the World Health Assembly and throughout the year, by Medicus Mundi International and others as a key reference for our further engagement in the Alma-Ata Jubilee. All in all, event and the related communication provided a great opportunity to renew and promote a broad commitment to the values and the agenda of change expressed by the Alma-Ata Declaration.

As a result of a half-year dialogue with the PHC desk at the World Health Organization, the AA40 task group was also invited to contribute to a formal "technical briefing" on the Alma-Ata Jubilee at the World Health Assembly on 22 May. Gisela Schneider, Director of Difäm, was a strong and convincing civil society representative on the panel.



MMI contributions to civil society engagement in the Global Conference on Primary Health Care (Alma-Ata Jubilee). Astana, 25-26 October 2018

“What a difference to the black and white photographs of the 1978 Alma-Ata International Conference on Primary Health Care: The Global Conference on Primary Health Care, edition 2018, took place in the hypermodern new capital of Kazakhstan, in the great Independence Palace, with colorful opening and closing shows (the latter ending with singing ‘We are the World’), with a night at the Astana Opera and a reception by the Mayor of the city...”

As reported in our Astana blog “A future for Primary Health Care?”, our representatives at the Global Conference on PHC looked back at the Alma-Ata Jubilee event with mixed feelings. From an institutional perspective, we could be happy, as there was considerable presence and visibility of Medicus Mundi International, with our session on health cooperation (we will report about it below) and with our delegate Itai Rusike representing civil society in the final plenary. The conference itself was, in many ways, just “one of these” global meetings, with a mainly technical approach to Primary Health Care, and focusing on a superficial consensus, on showcasing success stories and on promoting “partnership” and “commitments”.



Lack of inspiration and shared direction of the Astana conference also resulted in lack of unity. In 1978, in Alma-Ata, all participants agreed and supported the conference declaration, and it was a great one. 40 years later we have one official Astana conference declaration and two competing civil society ones. And none of them will be remembered in 40 years...

However, there was also some sincere debate and deepened analysis. There was a perspective that people and communities need to be invited back to the center of policies. Participants from various backgrounds started to rediscover the holistic and political core of Primary Health Care, and there was some honest debate about how this core of PHC can be revitalized for dealing with national and global health issues across the sectors and silos.

And there were some highlights and strong political moments, such as a Ministerial parallel session on equity ("Leaving no one behind through PHC"), with a great representative of the People's Health Movement speaking truth to power. And yes, there was our own "café session" on "Calling for a New Global Economic Order – the forgotten element of the Alma-Ata Declaration" organized by Medicus Mundi International and a team of civil society colleagues:

"It is vital that we build solidarity between people within and across nations and regions. The existing system of international aid and the associated charity narrative risk legitimising an unfair economic framework which prevents national self-determination and weakens the building of strong and resilient local health systems. Health for all requires the redistribution of wealth nationally and globally."
(concept note).

Realizing the limited space given to civil society contributions and the fact that it was difficult to gather a greater number of civil society representatives at the Astana conference, we decided to set up the session as a kind of flash mob, where various colleagues are invited to make a short, compelling statement why the Alma-Ata call for an New International Economic Order is still valid. The session was then filmed, and the resulting compelling movie clip disseminated via social media.



“HEALTH COOPERATION BEYOND AID” ...AND BEYOND THE MMI DISCUSSION PAPER

As outlined in the MMI Network Strategy and in a discussion paper published in 2016, the MMI Network wants to contribute to the debate on ways in which actors in development cooperation such as international NGOs or bilateral agencies can engage in a relevant, legitimate and effective way to strengthening national health policies and people centred health systems.

Our promotion of “health cooperation beyond aid” is rooted in the engagement of MMI Network members in health cooperation, in our promotion of Primary Health Care and health systems strengthening, and in the traditional role of the Network of being a space for sharing, mutual learning and cooperation.

The activities of the MMI Network in this thematic field are coordinated by its working group on Effective Health Cooperation (MMI EHC). As the MMI Board considers this work relevant for all Network members, there is no specific membership in the MMI EHC working group, but the group is led by a small core group mandated by the Board, reaching out to all Network members for specific activities and calls.

As a starting point for a deeper conversation with Network members and partners, and referring to the 2016 discussion paper, the “MMI EHC work plan 2018-19” outlines core qualities of health cooperation as follows:

- It contributes to achieving universal access to health.
- It promotes health equity and human rights.
- It strengthens and does not weaken people centred health systems.
- It is demand driven and based on partnership between institutions and people.
- It is aware of its catalytic nature and its structural role, responsibilities and limitations.
- It promotes and includes continued learning and reflecting on approaches, methods and practices.
- It is part of an institution’s broader engagement for global health equity and human rights to address the broader determinants of health and health policies.

Moving health cooperation “beyond aid” therefore means adding these core qualities to the humanitarian gesture of “helping those in needs” in which health cooperation is historically rooted. The result shall NOT be the transformation of aid into business, but into a relationship that is based on solidarity and on shared visions and values.

The year 2018 brought some good progress in this field of work, at all levels: We deepened our understanding of rights and solidarity based health cooperation, we are happy with the outcome of our activities, and we succeeded to obtain the support – and a much appreciated grant – of the Open Societies Foundation for our work in this field, also as a contribution to our institutional sustainability.

Digital health, eHealth, mHealth: Breakthrough for public health or creating new dependency? Debate at the Geneva Health Forum. Geneva, 13 April 2018

The rapid propagation of digital technology in the health sector is not only fuelled by changing demographics, scientific progress and societal expectations, but also driven by the health technology industry and by actors in international health policy and cooperation. In January 2018, the WHO Executive Board discussed the use of appropriate digital technologies for public health. The overall tone was optimistic to enthusiastic, and there have been only few critical statements such as those by the World Medical Association and by Medicus Mundi International.

“Digital technologies have the potential to transform many fields of human activity, including healthcare. However, their impact can be predictable and beneficial only if there is strong public control on the use of such technologies.” (MMI statement at the WHO EB)

In fact, digital health technology needs a sound assessment with a focus on its impact on public health – and this requires also a political debate, which is a difficult one: Will the new technologies really be the “revolution” expected in the provision of universal access to prevention, diagnosis and treatment as part of universal health coverage? How to make sure that they will not rather lead to new dependencies and new inequity and add to the burden and confusion of those who are responsible for health care planning and delivery?

In a satellite session to the Geneva Health Forum jointly organized by MMI and Medicus Mundi Switzerland, and based on two case studies presented, expert panelists and all participants discussed the challenge of ownership, integration and adaption of technology-driven innovation within a national health policy and a people centered health system – as a public health challenge for all countries in the global South and North. In a keynote published in the MMI Network News, Bettina Borisch (WFPHA) made clear that this debate needs to be continued:

“All technology will have to be measured by the impact it has on our societal model; they may well increase or decrease existing inequities and injustice. It is our task to use them in the way we want to live as communities. For the time being, all public health professionals should be fully aware of the potential impacts of health technologies and should always consider the pressures that indirectly influence their basic values. It is our responsibility as engaged participants in the realm of Public Health to take a pro-active role and express the views for the society that we want.”



#AidToo: First do no harm – secondly respond adequately. How to address misbehaviour in international health cooperation. Public side event to the MMI Assembly and World Health Assembly. Geneva, 26 May 2018

Since 2014, the MMI Network has met once a year, for its Assembly and health cooperation workshop, in the middle of “International Geneva”, close to the Palais des Nations and the World Health Assembly (WHA). In 2018, MMI we were happy and grateful that the Graduate Institute agreed to host our Assembly and the related public side event at its beautiful “Maison de la Paix”. The topic of the side event was again a “difficult” one, also for the members of the MMI Network engaged in health cooperation: After the scandals of sexual abuse and exploitation by staff of organizations working in humanitarian aid and development cooperation reported and discussed in early 2018, it was obvious that assessments and answers about how to deal with such misbehaviour needed to be found at all levels: by the individual, by the institution (what values, norms, and regulations can they refer to in order to prevent such cases and, if they occur, to deal with them in an adequate way?), and by the sector and society as a whole.

The Board of the MMI Network concluded to address #AidToo as part of our reflection about the future of NGOs in international (health) cooperation: As Willem van de Put, ITM Antwerp, put it in a blog: “Whether or not the critique is an example of selective morality, the fact is that the humanitarian world needs to change fast if it wants to remain part of the solution, and not cause more problems.”

The side event to the MMI Assembly was open to representatives of institutions working in the field of health cooperation, to delegates at the 71st World Health Assembly and to all others interested. It provided a space for asking critical questions and sharing assessments on what is to be done to prevent and properly respond to particular cases of sexual exploitation and misconduct. But the dialogue went beyond this: What is to be done to address the root causes? Again not an easy question, as expressed in a blog published by the Global Health Centre of the Graduate Institute after the meeting:

“At the moment, many discussions take place about the need to address root causes of sexual abuse, harassment and exploitation but concrete action to identify and proactively address these causes is missing. In order to do justice to the women, men and children who are abused and exploited, we cannot just listen to them; we also need to take action to correct the skewed power structures which allow the abuse to continue and which leaves the victims voiceless and excluded. It is time to stop being part of the problem and become a part of the solution.”



Effective Health Cooperation and Primary Health Care “at the end of aid”. Official side event to the First Global Conference on Primary Health Care co-organized by Medicus Mundi International. Astana 26 October 2018

40 years ago, the Alma-Ata Declaration stated that “all countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country.”

In times when the mainstream discourse on Universal Health Coverage (UHC) and health systems is about national leadership and the mobilization of national resources, it is not easy to call for a continued, honest debate about the role of development cooperation in strengthening (or weakening) health systems, as the Medicus Mundi International Network has done it over the last few years and continues to do so.

On this background, we were happy that the organizers of the Alma-Ata Jubilee Conference in Astana accepted a proposal for a one-hour official side event on the role of "aid" or international cooperation in the achievement of Primary Health Care, based on our initiative. The proposal for this event was formally submitted by a team led by the Secretariat of the International Health Partnership for UHC 2030 (UHC2030) and also including the UHC2030 Civil Society Engagement Mechanism. The side event at the Astana Primary Health Care Conference provided some important perspectives on how to reinvigorate the essence of the effective development cooperation agenda in terms of alignment with PHC based national policies, strategies and plans.



A particular challenge of the Astana session was to apply a “Primary Health Care lens” on development cooperation and health systems. The organizers framed this lens as follows:

- Empower people and communities as owners of their health, as advocates for the policies that promote and protect it, and as architects of the health and social services that contribute to it;
- Address the social, economic, environmental and commercial determinants of health through evidence-based policies and actions across all sectors; and
- Ensure strong public health and primary care throughout people’s lives, as the core of integrated service delivery.

Itai Rusike, Community Working Group on Health, who represented the MMI Network on the panel, highlighted the role of communities and their structures and organizations, to be strengthened to actively participate in public health policy making and in the provision of the health services the communities want. The support of people and communities and, overall, the strengthening of responsive and democratic national structures, should be at the core of international cooperation.

Agnès Soucat, Director Health Systems Governance and Financing at WHO, agreed that the issue of development cooperation in the context of the SDG needs to be further explored. She recalled the overall framework of the World Health Organization’s 13th General Programme of Work for driving public health impact, with a differentiated approach based on each country’s capacity, ranging from fragile to mature health systems:

- fill critical gaps in emergencies – through service delivery
- build national institutions – through technical assistance
- build high performing systems – through strategic support
- develop systems of the future – through policy dialogue

In this sense, development cooperation must be “fit for purpose” and refer to the context. If countries still need external support, it should contribute to building the foundations of a health system, through investments in national institutions and policies. On the other hand, dealing with countries in transition towards a more mature health system, it is important to “de-learn”, to shift the way of working and not get stuck in the old patterns and routine. If this shift does not happen, aid has the potential to crowd out domestic funding and to distort national policies, strategies and allocations of funds.

Panellists also agreed that global solidarity and cooperation might shift towards producing and financing global public goods such as research and regulation that will support countries in their health policies. However, it is not obvious how to shift both attention and money to these more complex fields.

The session concluded with a broad agreement that the conversation needs to be continued, and with the related expectation and mandate to the organizers, including UHC2030, to provide modalities and platforms for this.

In the public interest? The role of international health cooperation in strengthening or weakening national health systems. MMI “self-organized session” at the Fourth People’s Health Assembly. Dhaka, 15-19 November 2018

Six years ago, the MMI Network contributed to the Third People’s Health Assembly in Cape Town with its workshop „In the public interest? The role of NGOs in national health systems and global health policy”. The two sessions on “The challenge of integration” and “NGOs – the good, the bad and the evil?” found great interest and showed us that there is a need to continue the conversation in the role of international actors in national health policies and systems beyond the initial focus on international NGOs.

Bringing the topic back to the Fourth People’s Health Assembly in Dhaka, we hoped to be able to provide again a space for an open debate between NGOs and social movements, between representatives of the global South and North, about what kind of solidarity, what kind of action and interaction is needed to advance Health for All.

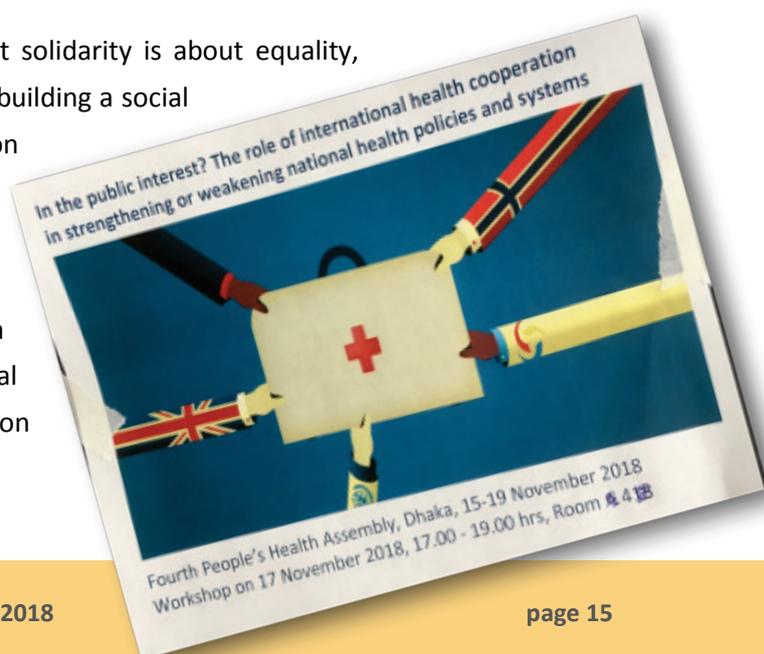
It was good to see that a debate on aid or development cooperation took place in various forms in other sessions of the Fourth People’s Health Assembly in Dhaka, in November 2018, oscillating between the call to stop aid (as it is seen part of the problem, not the solution, and cannot be “repaired”) and a critical perspective on what is needed to move cooperation and solidarity beyond aid (as the involvement of external actors in national health policies, systems and service delivery will remain a challenging reality in many countries).

In our own “self-organized session”, we expected to take along the following:

- to get a better understanding about how the role of “aid” in strengthening or weakening people centred and people owned national health policies and systems is assessed and debated by civil society representatives from various backgrounds;
- to renew and strengthen contacts among civil society experts and institutions interested to engage together in further defining a political position about what should be the role of international cooperation for global solidarity in health.

In the workshop, inputs (stories, analysis, perspectives) were provided in a lively democratic conversation by all participants and complemented by the representatives of the MMI Network who referred to our discussion paper published in 2016.

Concluding the workshop, participants agreed that solidarity is about equality, about a common fight for human rights and about building a social movement. They also agreed that the discussion about a solidarity and rights based approach in health cooperation needs to be continued and deepened. Workshop participants also concluded that efforts need to be undertaken to strengthen a critical civil society voice (beyond the typical “northern development NGOs”) in global fora on development cooperation and health.





MMI working group on Effective Health Cooperation: Work plan development and implementation

The activities reported above, and more to come, are outlined in the “MMI EHC work plan 2018-19”, a planning document adopted by the MMI Board and also submitted as a grant proposal to the Open Society Foundation (OSF).

Since the MMI sessions on “Health cooperation beyond aid” at the Antwerp ECTMIH conference in autumn 2017, OSF had shown an interest in our work in this field of work. A more structured conversation with an OSF representative took place as part of a dialogue and planning workshop of the MMI Board in February 2018 in Bilbao, related to the conference on “The State as health duty bearer – challenges and threats” organized by Medicus Mundi Bizkaia. The final version of the work plan was adopted by the Board in August, and OSF confirmed its grant in September.

The work plan and the OSF grant mainly cover the period of September 2018 to December 2019, but include references to the activities already implemented in the first semester of 2018 and provide an outlook to some follow-up activities in early 2020.

The overall objective is framed as follows: “In a rapidly changing and unstable world with increasing inequities, we promote democratic, legitimate and effective health cooperation for social justice, global solidarity, respect to human rights”. The plan covers two interrelated fields of work: Advocacy and policy dialogue at global, national, local levels; and institutional strengthening of International Health NGOs. At the level of activities, the plan also includes a section on institutional strengthening and sustainability of the MMI Network.

On 6 November 2018, the MMI Board invited Network members to an open planning meeting on “Health cooperation beyond aid - what key topics for 2019?” in Basel, related to the Symposium “Health for All by 2030: On the Right Track, or on the Verge of Failing?” organized by Medicus Mundi Switzerland.

The workshop provided some good directions for focusing the activities of MMI EHC on the realities of the Network members and other NGOs engaged in health cooperation, reacting to their specific demand – a conversation to be continued and intensified in 2019.



GLOBAL HEALTH POLICY AND GOVERNANCE: DIFFICULT QUESTIONS, DIFFICULT PROCESSES

Over the last ten years, Medicus Mundi International has become a respected and well known voice of civil society at the World Health Organization, also benefitting of its status as “NGO in official relations” and its long history of collaboration with WHO. Related to this, MMI has also developed a reputation as a dedicated and unbiased networker and convener for WHO related right-based civil society advocacy. In all these areas, 2018 was a year of intensive work – with some good progress.

Governing bodies of the World Health Organization: Watching and providing direct input

As in previous years, MMI addressed the World Health Assembly and two sessions of the WHO Executive Board with statements on various topics, in close collaboration with the People’s Health Movement and its “WHO Watch” project that is hosted in the delegation of Medicus Mundi International. MMI statements are available on the WHO Watch website and in particular in the comprehensive “WHO Tracker” provided by the People’s Health Movement.

WHO governance: Renewed engagement or shrinking space for civil society...

In the field of WHO governance, and as part of a broader civil society team, Medicus Mundi International continued to watch and critically comment on the implementation of the WHO Framework on Engagement with Non-State Actors (FENSA) adopted by the World Health Assembly in 2016. The engagement of many civil society organizations in the WHO financing and governance crisis and the need for sharing assessments, joint strategizing and coordinated interventions was also one of the roots of the Geneva Global Health Hub (G2H2) set up by a coalition of civil society organizations in 2016 and hosted since then by MMI.

In the initial period of a new WHO leadership team under Dr Tedros (elected as WHO Director-General in 2017), WHO governance has become even more dynamic, more confusing, less predictable, with a lot of new initiatives and processes. For this reason, and based on discussions among civil society advocates in autumn 2018, Medicus Mundi International and Bread for the World proposed to civil society colleagues at the Geneva Global Health Hub to set up a new civil society working group on “WHO and global health governance and financing” beyond the already established “FENSA Watch”. The new G2H2 working group was launched in December 2018. Its presentation outlines key references and starting point as follows:

“To launch this working group at this moment is based on our assessment that there are some current processes at the WHO that need our immediate attention, such as:

- WHO Engagement with non-State actors: Initial evaluation of the implementation of FENSA (2019, in preparation) and new plans for a ‘WHO Strategy on Engagement with non-State actors’;
- ‘Transformation of WHO’ with still unclear scope and consequences;
- Reform of WHO Governing Bodies and perspectives of a further shrinking space for civil society;

- Interaction of the new WHO leadership with various ‘civil society’ teams’ and related governance issues
- WHO financing: ‘Investment case’ launched in autumn 2018 and related creation of a CSO Advisory Group by the WHO secretariat;
- Preparation of a ‘Global Action Plan for healthy lives and well-being for all’ and related governance issues, including civil society representation.”

In fact, throughout the year 2018, the MMI Executive Secretary and other representatives of the Network were strongly involved in these challenging and controversial processes. As outlined in the introduction to our Annual Report, our engagement often started with being the ones who asked the “difficult” questions on objectives, governance and legitimacy. From our contacts with WHO representatives, we know that our input is both appreciated and taken into consideration.

The launch of the new G2H2 working group on WHO and global health governance will allow us to bring our engagement in this field to a new level, beyond our own capacities, with a team of civil society advocates and academics that are able to deepen the analysis and propose strategies of cooperation and joint political action. As a first step, the working group organized a half-day session on WHO governance in the civil society meetings ahead of the WHO Executive Board session in January 2019.



Civil society and Universal Health Coverage: Discussing with friends...

Sometimes it is difficult to decide if it is better to engage in a process and contribute to it from within or to critically watch it from the outside.

For Medicus Mundi International, and with our mixed membership and limited capacities, this is valid for all the multiple initiatives launched by the World Health Organization in the last year, but in particular also for the many so-called civil society initiatives and teams mushrooming in our main fields of work, mainly if we do not feel really confident about their tasks, legitimacy and governance.

In the field of health governance, we followed and critically commented on the work of a “WHO-Civil Society Task Team” from the outside, providing critical feedback on shortcomings and legitimacy issues to the Task Team coordinators, by correspondence and in meetings during the World Health Assembly and in autumn 2018 when the Task Team report was launched at the WHO headquarters.

In the case of the “International Partnership for UHC 2030” (UHC 2030) and despite the fact there are some concerns about the governance and mainstream narrative of this “multi-stakeholder partnership”, the Board of Medicus Mundi International decided in 2017 to join both UHC2030 and its Civil Society Engagement Mechanism (CSEM) as a member and to contribute to these structures from within, providing civil society input to key topics, including the role of health cooperation in strengthening or weakening health systems, but also critically watching their governance.

For partnerships and global health initiatives such as UHC2030, having a “civil society mechanism” has become a standard requirement, but as we have seen in the case of the CSEM, these civil society structures face considerable governance challenges: Financially, they depend on the money received from the partnership. They are set up in a rush and are expected to provide immediate output, e.g. in the form of “civil society statements”, while key governance and communication mechanism are still in the making. In a meeting with MMI representatives in December last year, a member of the CSEM Advisory Group put it as follows: “We know the problems, but we needed to build the ship while sailing.”

On this ground, and being an “interested”, outspoken and engaged member, representatives of Medicus Mundi International led an intensive conversation with the CSEM Secretariat and Advisory Group on the positioning and governance of CSEM and on the challenges related to the ambition of “representing the voice of civil society”. We also successfully promoted the transformation of a CSEM listserv from an instrument of one-way communication (Secretariat to members) to a space of interaction and democratic debate. At the end of 2018, we are confident that our input will be taken up in the further shaping of the CSEM. But this is not easy and needs our continued attention, and a continued conversation.



From MMI HRH to the HW4All Coalition: Raising civil society collaboration on Human Resources for Health to a next level?

The health workforce crisis and how to overcome it has been a key topic for the MMI Network since a long time. The MMI working group on Human Resources for Health (MMI HRH) was set up in 2006 and initially focused its work on the promotion of best practices among NGOs and private not-for-profit institutions (education, employment, retention of health personnel). In 2009 MMI HRH shifted its attention and work to influencing global policies and governance in the field of HRH, with a particular focus on the promotion and implementation of the "WHO Global Code of Practice on the International Recruitment of Health Personnel" adopted by the World Health Assembly in 2010. From 2013 to 2015, the MMI HRH working group was aligned with the MMI engagement in the European project "Health workers for all and all for health workers" HW4All.

In 2017, MMI HRH together with ACHEST, MSF and Wemos convened a civil society session on "How can civil society spur action on ensuring health workers for all?" at the 4th Global Forum on Human Resources for Health. As a result, MMI HRH promoted and supported the plan to bring civil society advocacy on key health workforce issues to a next level by launching a broader civil society coalition on HRH beyond the MMI Network membership.

On 20 May 2018, in a side event to the 71th World Health Assembly, representatives from a diverse group of civil society organizations, academic institutions, and health workers' professional associations and unions agreed to join forces and to establish the civil society Health Workers for All Coalition (HW4All Coalition): "The Coalition advocates access to health workers for all in order to fulfil the right to health and to reach Universal Health Coverage and the Sustainable Development Goals. We reignite advocacy on health workforce issues at the global, regional and local level."



The new coalition represents global, regional and local diverse groups of civil society organizations, academic institutions, and health workers’ professional associations and unions, and already counts more than 30 members. The secretariat of the HW4All Coalition is hosted by MMI Network member Wemos, and the MMI secretary is a member of the Coalition’s Steering Committee. However, the challenge of HW4All is quite the same as the one for CSEM: Building the ship while sailing....

After the successful launch of the HW4All Coalition, the MMI working group on HRH will continue to exist in a more informal way. Whenever necessary, the MMI Secretariat will convene Network members that are



particularly engaged in health workforce issues in order to coordinate the engagement of MMI in the new Coalition and in global HRH policy fora. Such fora include the World Health Organization and its governing body meetings, processes/consultations and hosted partnerships such as the Global Health Workforce Network and the International Platform on Health Worker Mobility. A work plan for MMI-WHO collaboration in this field was submitted to WHO in 2018, leading to the renewal of our status of being “in official relations” with WHO by the Executive Board in January 2019.

Based on the role and leadership of Medicus Mundi International in HRH related advocacy, representatives of MMI were invited by the organizers of the Fourth People’s Health Assembly in Dhaka to moderate a sub-plenary on HRH and to provide particular input into this sub-plenary. The resulting two-hour session was an intensive and inspiring moment for sharing insights into difficult realities of community health workers and other health personnel and their representatives and for discussing what can be done to make the voices of health workers better heard.

MMI hosting the Geneva Global Health Hub (G2H2)

We reported about the launch of the Geneva Global Health Hub in the Annual Report 2017. G2H2 is still a great project, and the MMI Network is proud to host its secretariat of at our office in Geneva, “outsourcing” part of our convening role in global health to this new structure.

The G2H2 Secretariat and Steering Committee directly report back to their association members. In our own Annual Report, we have therefore limited the reporting of G2H2 related activities of Medicus Mundi International to the two fields where we have been engaged, in 2018, beyond the secretariat mandate: setting up and coordinating a G2H2 task group for the jubilee of the Alma-Ata Declaration; and proposing, launching and co-coordinating a G2H2 working group on WHO and global health governance (see above).

It is good to see that both our engagement as secretariat and our leadership in some fields of joint civil society strategizing and action are highly estimated by our civil society colleagues.



MEDICUS MUNDI INTERNATIONAL: NETWORKING AND NETWORK DEVELOPMENT

Interactions among members of a network have always formal and informal elements. The Board and Secretariat of the MMI Network do not pretend to have an overview of all the informal contacts and cooperation established between Network members as a result of just knowing each other and meeting each other from time to time. To further promote such decentral cooperation, we have set up in 2017 the “MMI-cooperate” listserv, and we count on Network members using the MMI events for engaging in new conversations and maybe new partnerships.

At a more formal level, MMI continues to engage in meetings organized by Network members, promoting these events through our communication channels, inviting other members to participate and to provide inputs. In 2018 the year started with a great event organized by Medicus Mundi Bizkaia in Bilbao and ended with an equally great event organized by Medicus Mundi Switzerland in Basel, both attended by a considerable number of Network members.

The State as health duty bearer – challenges and threats. International symposium on health systems. Bilbao, 12-13 February 2018

In the symposium, experts from the health field at the international and local levels and from international cooperation discussed the privatization and commodification of health systems with a global-local approach. The lead organizers, medicusmundi Bizkaia, referred to their commitment to public health systems that guarantee access to the health of individuals and communities from an equity, inclusive and culturally relevant approach.

“The health system is a determinant of health that can contribute to reducing or increasing social inequalities in health. The way in which health and health care is considered, from a social rights approach as a public good or, on the contrary, as a commodity or private property, will determine both equal access to it by all groups of people. Population, as well as the quality of health care received.”
(medicusmundi Bizkaia)

A main quality of the very intensive two days of learning and sharing was the opportunity to compare realities and policies of countries in Central America with the realities and policies of Bizkaia, a rich region of Spain, struggling nevertheless with issues of equality and coverage..



Symposium “Health for All by 2030: On the Right Track, or on the Verge of Failing?” of Medicus Mundi Switzerland. Basel, 6-7 November 2018

The Symposium of Medicus Mundi Switzerland marked the end of the MMI involvement in the year of the Jubilee of the Alma-Ata Declaration.

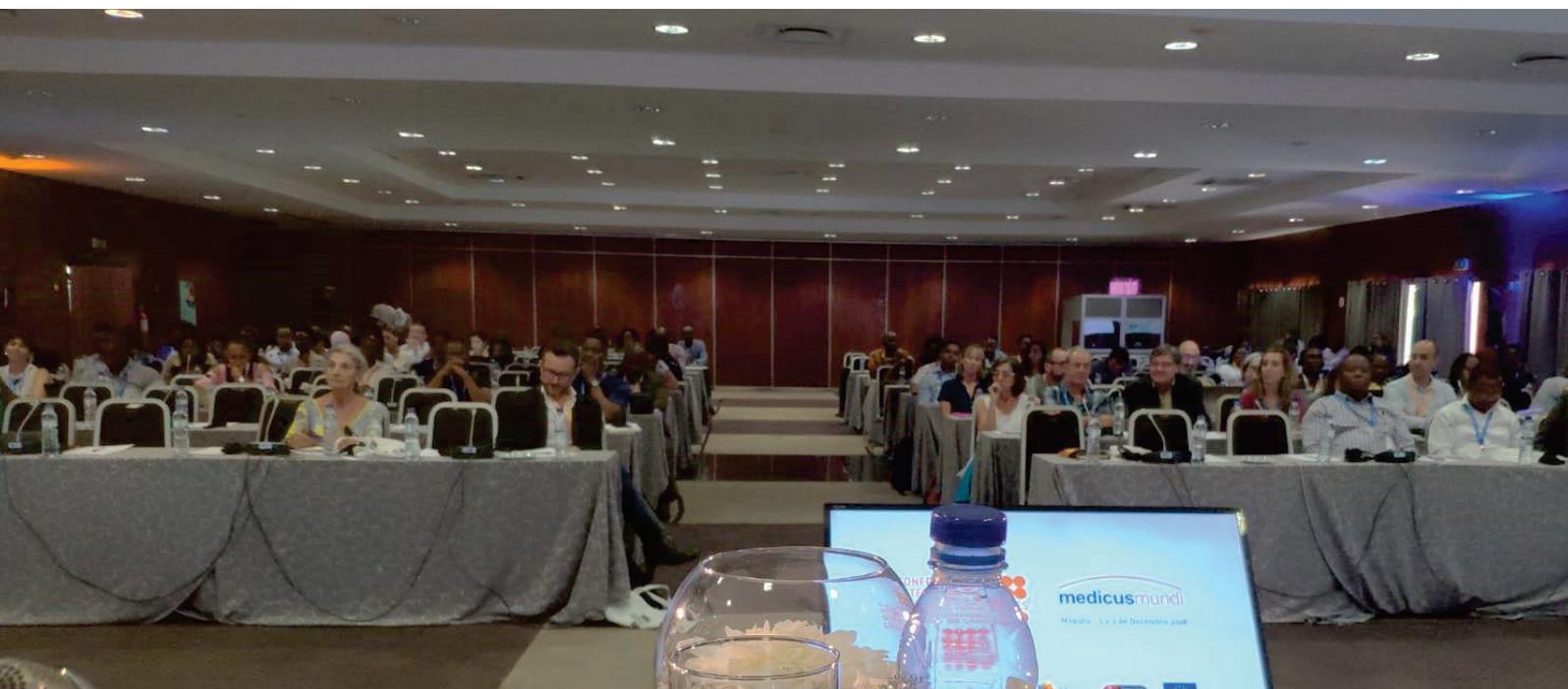
“Health is a fundamental human right. However, today inequality, poverty, exploitation, violence and injustice still prevent one billion people from accessing healthcare. To achieve the goal of “Health for All”, inequalities must be eliminated, resources better distributed by ensuring no-one is left behind, and political and economic interests must be geared towards achieving the goal. In the 40th anniversary year of the Alma-Ata Declaration, realising the vision of Alma-Ata is clearly more urgent than ever.” (MM Switzerland)

MMI contributed to the symposium with an input by the Executive Secretary Thomas Schwarz on the Astana Jubilee conference and with contributions to the concept of a well-attended film session with the movie “A luta continua” and a panel discussion with Ivan Zahinos (Medicus Mundi Mediterranea) and the former Minister of Health of Mozambique, Francisco Songane.



First African International Conference on Social Determinants on Health. Maputo, 5 December 2018

The Conference hosted by Medicus Mundi Mediterranea discussed several aspects of social determinants on health in Africa, sharing experiences of different African public and civil society organizations, with particular attention to health systems inequities, but also addressing other issues, as the relevance of socio-economic, health and environment management status among artisan small-scale gold miners in Uganda and Mozambique. Ahead of the Conference, a two-day training course was organized to explain the relationship between different social determinants (level of income, housing, transportation, working conditions, education, gender inequality, environment, social integration... without forgetting access to health services as a main issue) and the inequalities regarding how people get sick and die.



The president of Medicus Mundi International, Carlos Mediano, opened the Conference with two main ideas: the first that in our world health is exposed to an unprecedented privatization and commercialization and that health has become a relevant part of the “world business”. Secondly, he recalled that health is a social, economic, political question and above all, a fundamental human right.

This Conference was intended to be the first step towards a broader approach of how to improve population health beyond working only within the health system. But the main conclusion (and the first challenge Africa must face) was that there is a lack of studies about the grade of influence of the different factors in health’s population. This reality came to light in this Conference with the example of Mozambique, where most investigations in health are either biomedical or related to illnesses. They are not linked to the root causes of health inequities. So, the need for a new investigation national agenda in African countries is there, and it need to focus in Primary Health Care and social determinants on health if we want to enlighten their relevance to improve population’s health.

Welcome to Medics without Vacation

"Medics without Vacation comprises about 600 doctors and nurses. During their holidays they spend two to three weeks treating patients in African hospitals. Helping people who otherwise have no chance of recovery. Every week more than two teams leave for Africa. Our teams bring bandages, instruments and medication but also medical equipment

MEDICSWITHOUTVACATION
ARTSENZONDERVAKANTIE
MEDECINSANSVACANCES

KNOWLEDGE HEALS

Medics without Vacation develops long-term collaborations with partners. Our partners are hospitals and care centres in 5 African countries offering the best possible care to their patients in often difficult circumstances.

We help our partners in different ways to enhance their capacities. As such we send multidisciplinary teams of volunteers who during their stay exchange knowledge and experience with their African colleagues. In the first place via on the job training: practice support at the operating table or at the sickbed."

The Belgian NGO Medics without Vacation joined the MMI Network in July 2018. Welcome to our new member!

Photos and © info: www.azv.be/gallery



Services and sustainability: Steps to lead the MMI Network into the future

- *“MMI will promote knowledge sharing and mutual learning between actors in international health cooperation.”*
- *“MMI will provide autonomous, sustainable and stimulating spaces for the analysis and debate of global health and promote platforms for joint civil society advocacy, with a focus on the World Health Organization.”*
- *“MMI will enhance collaboration among Network members in view of joint projects and consortia.”*
- *“MMI will further invest in the Network’s consolidation and development.”*

If you compare the current Annual Report with the four main strategic directions of the Medicus Mundi International Network as outlined above and in the “MMI Network Strategy 2016-20”, it is obvious that there are two elements in the limelight and centre of our work, and two “difficult” ones, where progress is slower than expected.

While our activities and the report are focused on our work in the fields on the analysis and debate of international health cooperation and global health policies and governance and the provision of related platforms, the provision of concrete services to Network members in view of matchmaking and joint projects has not really taken off. And, as stated herewith and also visible in the financial report, we still struggle with the consolidation and further development of the Network in terms of membership and financing, ending the year 2018 again with a considerable financial loss and related decrease of our net equity, and with only one new Network member.

As a matter of life, even addressing a capacity issue depends on some core capacities available. This has been realized by the MMI Board and was addressed in its conversation with OSF about the terms for their grant. As a result, both parties agreed to add, to the two “technical” fields covered by the MMI EHC work plan and supported by OSF, a third one on “institutional strengthening and laying the ground for further activities”, with two particular fields of activities:

- Structured dialogue with MMI Network members and partners about their experiences, insights and assessments, practices/capacities and further demand for learning and sharing in view of “health cooperation beyond aid”.
- Fundraising, communication and membership consolidation and promotion

With the confirmation of the OSF grant in September 2018, MMI was not only able to increase the capacities of the Executive Secretary needed for the implementation of the work plan, but also to employing a dedicated junior staff for related fundraising, strategic communication and membership consolidation and promotion.

After the launch of a job advertisement and an intensive period of screening possible candidates, the year 2018 ended with the good news that yes, we have a “Fundraising and Strategic Communication Officer”: Vittorio Giorgetti started working at the MMI Geneva Office in January 2019. He will be supporting the MMI Board and Secretary over the next 15 months with strategies and specific activities on communication, relations with Network members and external partners, and fundraising. Welcome!

We are confident that this is an important step on the pathways to sustained relevance and success.

NETWORK MEMBERS

action medeor

St. Toeniserstrasse, 21
47918 Toenisvorst
Germany
www.medeor.de

Africa Christian Health Associations Platform

P.O. Box 30690
GPO Nairobi, Kenya
www.africachap.org

AMCES

08 BP 215, Cotonou
Benin
www.amces-benin.org

Community Working Group on Health CWGH

114 McChlery Avenue
Eastlea, Harare
Zimbabwe
www.cwgh.co.zw

Cordaid

P.O. Box 16440
2500 BK The Hague
The Netherlands
www.cordaid.com

Doctors with Africa CUAMM

Via San Francesco, 126
35121 Padova, Italy
www.cuamm.org

Ecumenical Pharmaceutical Network EPN

Rosami Court, Fourth Floor
Kilimani Muringa Road
Nairobi, Kenya
www.epnetwork.org

Emergenza Sorrisi

Via Salaria, 95
00198 Roma, Italy
www.emergenzasorrisi.it

Escuela Andaluza de Salud Pública EASP

Campus Universitario de Cartuja
Cuesta del Observatorio, 4
18011 Granada
Spain
www.easp.es

Health Poverty Action

Ground Floor
31-33 Bondway
London SW8 1SJ
United Kingdom
www.healthpovertyaction.org

i+solutions

Polanerbaan 11-A
3447 GN Woerden
The Netherlands
www.iplussolutions.org

International Health Policy Network, ITM Antwerp

Nationale straat 155
B-2000 Antwerp
Belgium
<http://www.internationalhealthpolicies.org/about-ihp/>

medico international

Burgstr. 106
60389 Frankfurt am Main
Germany
www.medico.de

Medics without Vacation

Rode Kruisplein 16
2800 Mechelen, Belgium
www.medicswithoutvacation.be

Medicus Mundi Italy

Via Collebeato 26
25121 Brescia, Italy
www.medicusmundi.it

Medicus Mundi Poland Redemptoris Missio

ul. Dabrowskiego 79
60529 Poznan, Poland
www.medicus.amp.edu.pl

Medicus Mundi Spain

c/ Lanuza 9. Local
28028 Madrid, Spain
www.medicusmundi.es

Medicus Mundi Switzerland

Network Health for All
Murbacherstrasse 34
4013 Basel, Switzerland
www.medicusmundi.ch

Memisa

Square de Meeûs 19
B – 1050 Brussel
Belgium
www.memisa.be

Wemos

Ellermanstraat 15-O
P.O. Box 1693
1000 BR Amsterdam
The Netherlands
www.wemos.nl

Status: May 2019

network
health for all