



ANNUAL REPORT 2008

“Sharing knowhow and joining forces towards Health for All.”

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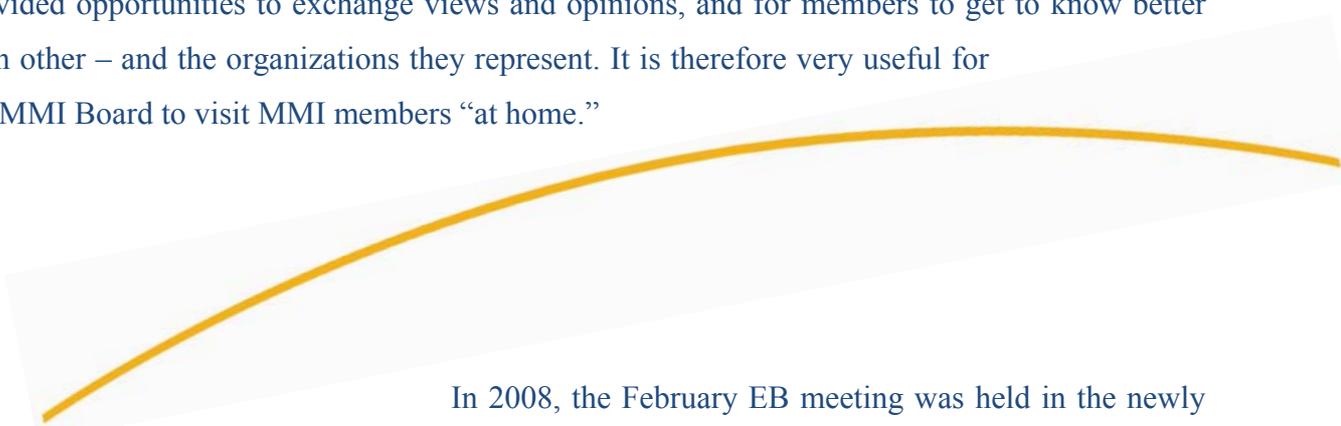
Impressum

RE-DEFINING OUR ROLE IN GLOBAL HEALTH

BY GUUS ESKENS, PRESIDENT

2008 has been a moving year for the Medicus Mundi International Network. For the second time in its history, the executive secretariat had to be relocated, on this occasion from Brussels, where it was housed at the premises of Medicus Mundi Belgium for over 20 years until the end of 2007, to Basel, where the secretariat found a new and hopefully stable basis within the offices of Medicus Mundi Switzerland. The start at least was a good one.

The Annual Assembly and the meetings of the Executive Board (EB) were used not only to deal with day-to-day business and for policy development, planning and reporting. They have also provided opportunities to exchange views and opinions, and for members to get to know better each other – and the organizations they represent. It is therefore very useful for the MMI Board to visit MMI members “at home.”



In 2008, the February EB meeting was held in the newly established secretariat office in Basel, while the October meeting took place in Rome at the General Secretariat of MMI’s “oldest” member, the Hospitaller Brothers of St John of God (Fatebenefratelli). Here the Board members were welcomed with great cordiality and warm words of friendship by Fra Donatus Forkan, the present superior general of the congregation, who gave us insight into the history and activities of the order: *“By the grace of God and hard work and good management, everything works well.”*

The former president of MMI, Sake Rypkema, joined us in Rome for a farewell dinner. The other invited former president, Miguel Argal, was not able to be with us in Rome due to illness.

The November EB meeting was held in the offices of Misereor in Aachen, where the Board had an opportunity to meet with senior staff of the organization and where, as a side event to our meeting, a workshop co-organized by Misereor and MMI was held under the title “Redefining Our Role in Global Health.”

The workshop was attended by some 25 participants, among them a number of representatives of German organizations active in the field of international health and interested to know more about the work of the Medicus Mundi International Network.

Workshop Re-defining our role in global health

Guus Eskens
MMI

**Introduction to the Medicus Mundi
International Network**

Gisela Schneider
Difäm

**Health challenges for Church related
health services in the 21st century**

Nina Urwantzoff
MISEREOR

**The importance of a health program
within Misereor's fight against poverty
and powerlessness**

Guus Eskens
MMI

**Renewing and enhancing collaboration
between NGOs and WHO: towards a shared
agenda. Results of a consultation**

Discussion

Working groups

Slow but steady. After a long and rather difficult start-up period, the execution of the MMI Strategic Plan 2010, approved by the General Assembly in 2007, is gradually taking shape. Implementation of the plan, which defines four key issues of the MMI Network and related midterm objectives and activities, is based on the commitment and the leadership of Network members. The plan says: "For specific activities working groups of member organizations provide and/or coordinate the expertise required and ensure that the activities are implemented as planned."

In 2008, two working groups established around the issues of *human resources for health* and *strategic positioning of private not-for-profit health care institutions* started their activities. Leadership (coordinators changed in both groups during 2008) and differing approaches to the group's theme or regarding the role of MMI in this field proved to be the main obstacles to a smooth start. But both groups finally succeeded to define a set of objectives for their work within the next two years and to develop related work plans and budgets for the year 2009, submitting them to the EB for approval.



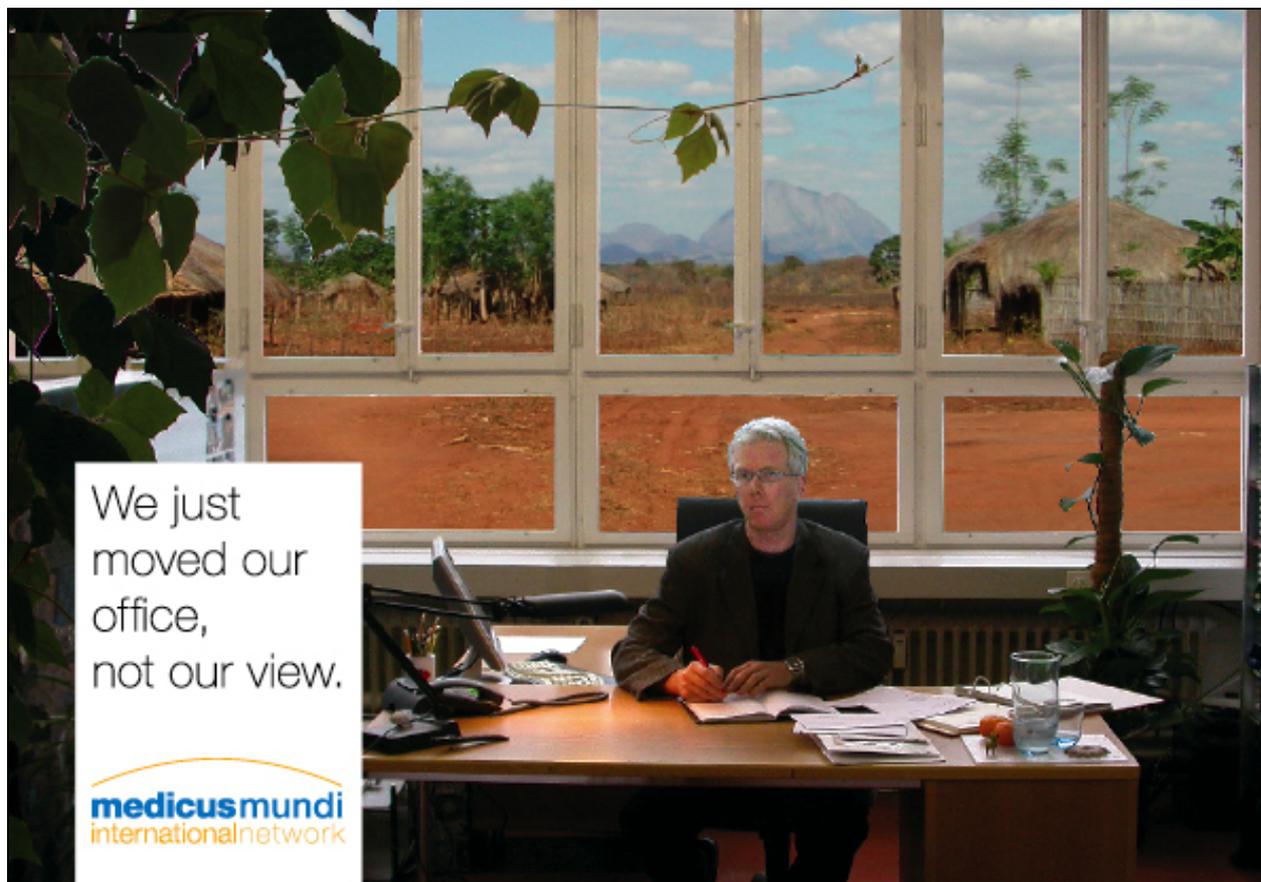
HRH working group meeting in Geneva, May 2008

In 2008, MMI's activities in the field of human resources for health and strategic positioning were supported financially by Cordaid, Misereor and Medicus Mundi Switzerland. We appreciate these commitments.

MMI Secretariat

Our new executive secretary, Thomas Schwarz, former codirector of MMS, took office on 2 January 2008. As a first step, secretariat regulations and a work plan were drafted by the secretary and discussed and adopted by the Board. After some initial problems, the Network management was soon on track. The working plan turned out to be feasible, but by the end of the year, the secretary's workload was significantly higher than the 120 days a year agreed with and reimbursed to Medicus Mundi Switzerland.

MMI ePlatform: During 2008 the secretariat considerably improved the possibilities for communication and networking between Medicus Mundi International Network members and partners. An electronic platform (website) has been developed and full documentation of meetings and events can now be accessed easily. Many documents and publications relevant to the work of MMI can be found on the website, as can all kinds of contributions by Network members as well as external resources. This is a great step forward. In 2009 the MMI Executive Secretariat will further develop the MMI ePlatform and animate members to contribute to it.



Network News: Since January 2008, a monthly electronic Newsletter containing updates on Network events, news of the secretariat, Network members and resources, and reports related to the Network’s key issues has been published by the secretariat and distributed to the Network members and partners. The feedback has been good: the “clients” appreciate this new networking tool.

Network support: In addition to these rather technical services and to the Network administration, the secretary has been actively involved in the two thematic working groups and has supported the EB in the organizational development of the MMI Network.

At its October meeting, the EB reviewed the work of the secretariat, concluding that the members are pleased with its increased professionalism and output and with what has been done so far. The inputs by the secretary to the organizational development of MMI were appreciated. “But Network members have to learn now how to make use of the new services and offers. Increased professionalism and efficacy of the secretariat has to correspond with increased professionalism and efficacy of the Board and the working groups.” This is still valid...

Providing input, sensitization and advocacy

Contracting experiences: In the context of the strategic positioning issue, MMI commissioned the Institute of Tropical Medicine in Antwerp to conduct a study with the intention to update our knowledge on the results of contracting between faith-based health institutions and public health authorities in Africa. The results of this study which took place throughout 2008 will be reported in May 2009 under the title “Contracting between faith-based and public health sector in sub-Saharan Africa: An ongoing crisis?”

Provisional results of the study were the subject of a technical meeting organized by MMI during the World Health Assembly (WHA) in Geneva in May 2008. After a similar side-event organized by MMI at the WHA 1999, it was the second gathering on the subject of “contracting.” The event was attended by a considerable number of WHA delegates from African states and by representatives of the MMI Network, other NGOs and the WHO.

Strategic Positioning: In July 2008, Thomas Vogel represented the Medicus Mundi International Network at the 8th Plenary Assembly of the Association of Episcopal Conferences of the Central African Region (ACERAC) in Bangui. During this conference he had the privilege to present our Network, its members and activities to the plenary and to discuss with a number of bishops the importance of the contribution of faith-based organizations in African health systems and the related challenges and need for support.

Networking: In May, MMI participated with a market stand shared with Medicus Mundi Switzerland at the Geneva Health Forum, and in September, the MMI president participated in a WHO planning consultation on “Renewing and Enhancing Collaboration with Non-Governmental Organizations: Towards a Shared Agenda”. Both events provided us with input for the development of a more coherent advocacy and network promotion approach.



Construction sites

In addition to the work plans of the MMI Secretariat and the two existing working groups, in fall 2008, the EB developed for the first time a work plan for its own activities, listing and addressing those “construction sites” in the organizational development of the MMI Network which need specific attention:

- Reviewing and developing basic MMI documents
- Network promotion, attracting new members
- Developing an MMI research strategy
- Redefining MMI’s relations with WHO and NGO networks and developing an MMI advocacy policy
- Preparing Board elections in 2010

The main challenge for 2009 will be to redefine the identity and role of the MMI Network. For that purpose, the MMI secretariat has been initiating and coordinating a systematic dialog with Network members to develop an actualized Network policy.

In 2009 we will also evaluate the impact of the several Bishops conferences on health co-organized or supported by MMI in several African countries over the last couple of years. The Board decided that the discussion and decision regarding our future policy and methodology of supporting regional and national Bishops conferences should not be influenced by already existing new plans, so plans to support the Bishops Conference of the DR Congo had to be postponed.

In addition, the two existing working groups will continue working on the main strategic issues of MMI’s strategic plan 2010, and eventually a third working group on *appropriate technology* will take off.

Towards the end of the year, the agreement between MMI and Medicus Mundi Switzerland for the hosting of the MMI Executive Secretariat will be reviewed.

The year 2009, the 45th year of the existence of the Medicus Mundi International Network, looks promising, but challenging. The Executive Board looks forward to an inspiring, enthusiastic and active participation of our members in all steps we will have to take to renew the essentials of our Network and realize our mission.

LET'S COME TOGETHER... AND THEN?

BY THOMAS SCHWARZ, EXECUTIVE SECRETARY

Networking means having a look beyond the boundary of your organization. Medicus Mundi International is a Network of NGOs working in the field of international health policy and/or cooperation. The Network members have a joint vision – all of them fight global poverty by promoting access to health and health care as a fundamental human right (“Health for All”). And all of them obviously must have had a clear idea why it made sense to come together, share knowledge and join forces when they founded Medicus Mundi International some 45 years ago or when they later on decided to join the Network. And now?

Networks are dynamic and complex systems influenced by their history and the personalities of their core members. The way the MMI Network developed during the last 45 years was not “planned” by its initiators – organizational development just happens, sometimes with a clear direction, sometimes influenced by strong internal or external interests and driving forces, sometimes dynamically, and sometimes going through an existential crisis.

Before I took over the secretariat of Medicus Mundi International, it was quite easy to understand *what MMI actually does or rather plans to do*: the “strategic plan 2007–2020” gives some clear guidelines. But it was – and still is – much more difficult to understand *what Medicus Mundi International actually is*.

I shared this problem with the Executive Board (EB) members. The minutes of the October EB meeting state:

“The secretary misses a document which clearly states who and what we are, how we see our particular role in international health cooperation and networking, what we concretely do (and what we do not...), who are our members and partners, what membership in the MMI network means and what we offer to our members – and to partners who are not members. For some of us, all this might be obvious, for others it is not, neither for our potential partners and future members.”

We concluded that the “repositioning” of the Medicus Mundi International Network deserved our highest attention – and that it needed some investment. The EB therefore included “reviewing and developing basic MMI documents” as a top priority in the MMI Executive Board work plan for the year 2009, asking the secretariat to take the lead.

Today we are on track. After a long consultation process, a network policy has been drafted and will be submitted to the 2009 Assembly, providing some answers to our questions about the identity of MMI. Together with the association's legally binding statutes, the policy will become *the* basic document of the Medicus Mundi International Network. First, it states simply:

- Yes, Medicus Mundi International is an NGO network.
- Yes, the core business of Medicus Mundi International is networking – providing members with a space for sharing know-how and joining forces.

The organization described in the Network policy is a decentrally organized one: 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. MMI members bear the overall responsibility for the MMI Network, its development and its activities, which are entirely based on the needs and demands expressed by its members.

Then, the policy becomes more concrete and contains a set of guiding principles and operational guidelines which can be translated again into more specific policies and strategic plans. These are the next steps and next tasks – and will be presented in a subsequent annual report. But let us start with step one, finalizing and adopting the policy, providing a firm ground for the new construction sites.



The electronic platform of Medicus Mundi International set up by the MMI secretariat in 2008 is not just a website, but a key tool for networking. It provides access to the members, key topics, events, news and resources of the Medicus Mundi International Network. The platform has been built – now let us use it! Everybody is welcome to join in and to contribute content.

The new MMI electronic platform intends to be many things at the same time: It is

...the gateway to a network of organizations

- showing and explaining the network character of Medicus Mundi International
- providing direct and quick access to our members: addresses and websites
- improving therefore the visibility of our members
- showing our members' profiles and fields of expertise
- showing our members' contributions to the network (reports, events, etc.)

...an effective working tool for our members

- increasing and improving the information and resources available
- helping to share experiences and good practices
- contributing to learning and capacity building

...the platform of an international “community of practice”

- built within and around the MMI Network and focusing on a set of key topics not yet exhaustively covered by other networks and communities
- including and connecting organizations, experts, professionals and thematic leaders from inside and outside the network
- including and connecting partners from the north and the south
- promoting new ideas and innovative solutions
- providing a platform for the publication/distribution of thematic reports, resources and events provided by the community of practice or its members
- providing a marketplace for expertise and common projects

...the showcase of MMI as a professional and dynamic organization

- promoting MMI as a leading organization in the field of international health
- showing the network's diversity and our common ground (vision, policy, key topics)
- providing our members with exclusive services (added value of membership)

- providing a platform for the publication/distribution of network documents, events, reports and resources
- attracting new members by showing the added value of network membership and explaining the terms of membership

The MMI ePlatform was launched in October 2008, in the English language (most of the content), but also in French and German (navigation and introductory pages). Other language surfaces can now be easily established if a Network member is interested and able to take the lead and provide us with the translations.

So far, the contents of the platform have almost exclusively been entered by the MMI secretary (searching for and collecting data), even if the content management system of the website would allow decentralized publication and also decentralized moderation of thematic pages. On the other hand, certain tools, mainly e-mail discussion forums, have not yet been developed, as there is no demand from the thematic working groups or other Network members.

So the platform is built. I invite you to visit and to use it – and to get in touch with me if you need tailor-made instructions on how to handle the device.

The screenshot shows the MMI electronic Platform website. The browser window title is "MMI electronic Platform — MMI". The address bar shows "http://mmi.4teamwork.ch/en/". The website header includes the "medicusmundi internationalnetwork" logo and a search bar with "DE EN FR" language options. A blue banner below the header reads "WE FIGHT GLOBAL POVERTY BY PROMOTING HEALTH".

The main content area is divided into several sections:

- HOME**: A navigation menu with links for "THE NETWORK", "NETWORK TOPICS", "NETWORK EVENTS", and "NETWORK NEWS".
- Quote**: "We fight global poverty by promoting health. Within the Medicus Mundi International Network, we share our know-how and our commitment for accessible, equitable and sustainable health care."
- Text**: "Medicus Mundi International (MMI) is a Network of non-governmental organisations working in the field of international health cooperation. The electronic platform (ePlatform) of Medicus Mundi International provides access to the members, key topics, events, news and resources of our Network. You are welcome to join in and to contribute content."
- Image**: A photograph of a group of people in front of a building labeled "POSTO DE SAÚDE".
- Calendar**: A calendar for September 2008, with the 30th highlighted.
- Log in**: A login form with fields for "Login Name" and "Password", a "log in" button, and links for "Forgot your password?" and "New user?".
- Latest additions**: A section titled "Event Network: MMI" featuring "MMI Executive Board Meeting" in Rome, 10th October 2008. The text describes the meeting's focus on reviewing activities and planning for the next year. A "Read more" link is provided. An aerial photograph of Rome is shown below the text.

CONTRACTING – AN ONGOING CRISIS?

BY DELPHINE BOULENGER AND BART CRIEL, ITM ANTWERP

The MMI contracting study was completed in March 2009 and the report “Contracting between faith-based and public health sector in sub-Saharan Africa: An ongoing crisis?” was approved by the MMI Network in early April. This report is the result of 18 months of intensive work conducted both in the field (Cameroon, Chad, Tanzania and Uganda) and in the office of the Institute of Tropical Medicine Antwerp by Delphine Boulenger, Basile Keugoung and Bart Criel.

The research team would like to take the opportunity here to thank the Medicus Mundi International Network for its support and patience. The Executive Board members – as well as some other contacts – have been provided with a copy of the document and the reactions received so far have been positive. Furthermore, informal announcement of the study’s completion appears to be generating great interest, especially in the field. This is encouraging for both the authors and MMI and calls for further steps based on issued recommendations and the study’s main results.

Analysis...

The contracting study’s main results have been developed in the report’s cross-cutting analysis section and can be summarized as follows:

- The five case-studies witness the general crisis of contracting relationships between the faith-based (FB) and public sectors, contributing to and further nurturing the financial and human resources crisis faced by church health facilities. The dysfunction of the contracting experiences manifests itself mainly through their static and imbalanced character.
- Awareness of this crisis appears largely confined to the FB sector and the peripheral level.
- The dysfunction of the contracting experiences can be explained by multiple factors including: the lack of information and inadequate preparation of actors; the lack of adequate support mechanisms and monitoring and evaluation systems; insufficient respect of contracting commitments by the public sector; imperfect local decentralization processes and the subsequent dichotomy between central and peripheral levels, which weaken the follow-up capacities and explain the predominant role of interpersonal relations to the detriment of institutional solutions.

- Contracts between PEPFAR and the FB hospitals in Uganda provide a valuable and contrary point of reference despite the genuine risks inherent to their selective, vertical approach of contracting. They offer interesting avenues for improving classic contracting relationships, based on their specificity and predictability, the quality of their monitoring, steering and evaluation mechanisms and the donor's overall respect for commitments.
- Unless rapidly tackled, the current crisis carries the risk of further disintegration of the partnership between the FB and public sectors.



**Contracting between
faith-based and
public health sector in
Sub-Saharan Africa:
An ongoing crisis?**

**The case of
Cameroon, Tanzania,
Chad and Uganda**

Report, May 2009

medicusmundi
internationalnetwork



...and Action

Focusing on the possible role of the MMI Network and the indisputable necessity to convey the “lessons” drawn by the study, some steps have already been decided which will be further developed in the coming months. MMI has contracted Delphine Boulenger for an additional period of four months, starting in May 2009, to ensure adequate follow-up.

- The official launch of the report will take place on 21 May as a lunch event during the MMI Annual Assembly and Executive Board Meeting, with the possible presence of some of the participants from the 62nd World Health Assembly. This event may be a first opportunity to draw the attention of the international community to the study.
- This will be followed by the physical dissemination of the report documents in the field, especially among key stakeholders and participants in the study in the four different case countries. This step will be carried out by Delphine Boulenger, in close collaboration with the MMI general secretariat in Basel.
- In accordance with the report’s recommendations, Delphine’s main task will be to assess further the desirability and demand for along with modalities of possible local restitution workshops in the four countries of the study, both with local public and FB sector stakeholders. This step should result in defined workshop protocol(s) and an agenda for the period 2009–2010, preliminary to the actual organization of local restitution events. MMI has chosen here to leave the lead to the countries themselves: their choices and preferences will determine the form of the above-mentioned workshops (if requested) as well as MMI’s degree of involvement taking the Network’s and its members’ capacities into account.

Feedback following dissemination of the report (both from the MMI Network community and other stakeholders) will be taken into account to nurture the process and possible following developments. Contacts provided in the report documents and the MMI Network’s ePlatform are likely to be used to achieve this end: modalities will be developed by Delphine Boulenger and MMI’s secretariat and further details communicated as soon as possible.

HELPING ALL PLAYERS PULL AT THE SAME ROPE

BY THOMAS VOGEL, MEDICUS MUNDI SWITZERLAND

In June 2008, the Medicus Mundi International Network was invited to the 8th Plenary Assembly of the Association of Episcopal Conferences of the Central African Region (ACERAC). This exceptional invitation was a unique opportunity for a lay organization to talk directly to more than 60 bishops of the Central African Region. All six countries of the region were represented: Cameroon, Chad, Congo, Gabon, Equatorial Guinea and the Central African Republic.

For MMI, participating in the ACERAC conference was obvious considering its long history working with faith-based organizations. Furthermore, this conference at a very high hierarchical level of the Catholic Church allowed MMI to fulfill its role of working with international bodies rather than at the field level, where members of its Network are active.

Presenting the Network and promoting our aspiration

Faith-based-related health services account for about 40% of the provision of health care and services in Africa. They typically operate alongside national health planning exercises and their contribution is often, therefore, not officially recognized. This constitutes our rationale to encourage their linkage to respective public sector counterparts and planning processes using contracting as a tool for discussion and as a process to reach agreements.

The goals of MMI's presence in Bangui were (1) to present our organization, the Network, its members and activities, (2) to raise the bishops' awareness of the paramount importance of the contribution of faith-based organizations in sub-Saharan African health systems, especially in remote areas and/or for the most vulnerable, (3) to involve them in the transformation of African health systems and (4) to promote contracting as a tool to work in partnership with all public and private actors of their respective national health system, assigning tasks, roles and responsibilities to the various stakeholders.

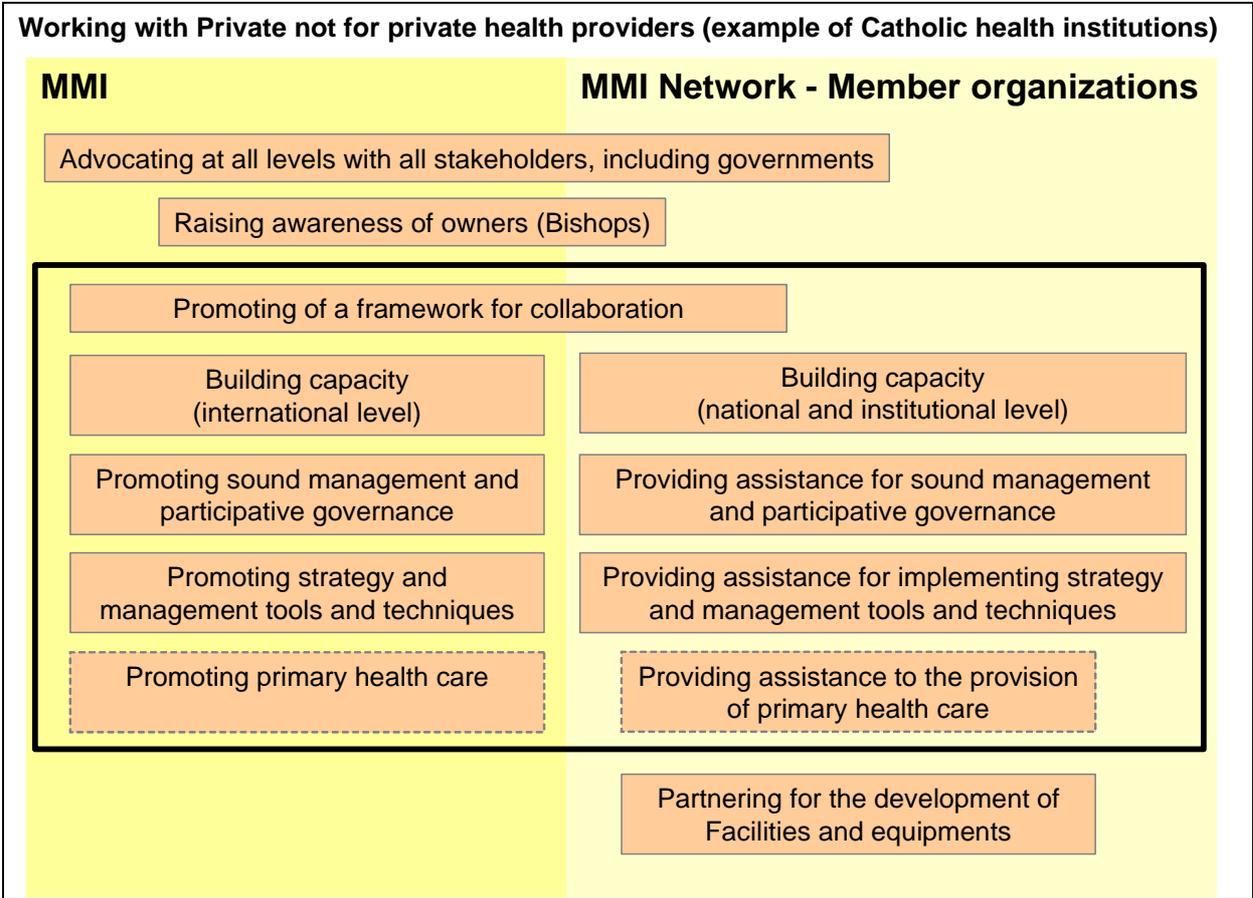
During our presentation to the bishops, we could address such issues as the necessity to have all actors joining forces to achieve further improvements in health, the imperative of sound and transparent financial management as well as participative governance mechanisms. All these would of course need to rely on capable and dedicated professionals, supported by an established human resources management system.

Finally, we could promote Medicus Mundi International Network as an organization dedicated to alleviating poverty by promoting health, presenting each member’s activities and specialty.

An unachieved goal to pursue

Medicus Mundi International will certainly continue helping players in sub-Saharan health systems contribute to the achievement of health for all, responding to the needs and expectations of many partners in international health.

Doing this, Medicus Mundi International will follow ETC Crystal and Wemos’ guidance, as they stated in a 2003 report: “Collaboration with NGOs, in particular church related health institutions, has become more important than with the for-profit private sector. Since NGOs often specifically target vulnerable population groups or underserved areas, and their objectives are closer to those of the government, the public sector has turned towards contracting out to the not-for-profit sector.”



We look forward to playing an instrumental role in this endeavor and hope our partners will recognize the value of our contribution. Nevertheless, in order to make a difference and guarantee a sustainable change, the Network needs to act as such and to make sure both Medicus Mundi International and its member organizations are pulling at the same rope.

EQUAL OPPORTUNITIES FOR HEALTH: ACTION FOR DEVELOPMENT

BY SERENA FORESI, ELISABETTA BERTOTTI, AND GIOVANNI PUTOTO, CUAMM

Doctors with Africa Cuamm, committed for over 50 years to promoting health as a right in Africa, have launched a public awareness campaign on global health at the European level. Many European organizations are sharing this effort. This is important. In particular, it is very encouraging to note how members of the Medicus Mundi International Network cooperate in this and other similar projects toward a common goal. We believe that this is a learning process that also helps enhance the effectiveness of the MMI Network.

Health is a fundamental and universal human right incorporated into international legislation. Health is essential for the full development of human potential, not only for the physical, but also for the intellectual and emotional growth of every individual and for the development of the productive and learning capacities required to ensure economic well-being and social advancement, both of which, in their turn, are a necessary element to avert potential social imbalances and conflicts.

Guaranteeing health for all means promoting equal opportunities, justice, development and peace. Today, this seems to be one path that could be followed, given the general agreement within the corpus of preventive and curative medical technologies, the scientific knowledge and financial resources available and, for the first time in history, the commitment of all nations to the fight against poverty in their pursuit of the eight ambitious Millennium Goals, whose health objectives concern malnutrition, cutting infant mortality rates, improving maternal health and controlling epidemics.

Nevertheless, even though there has been an overall improvement in people's health status at the global level, the improvement has really only affected certain sections of the world population. Not only are the disparities between nations growing – especially between those of the North and the South – but the gap is also widening between social groups within nations themselves. This is particularly clear and significant in developing countries, where access to health services is difficult for people who are already economically and socially vulnerable, which causes them to regress even further and deepens their poverty.

These differences, which are strong indicators that everyone's right to health is not being respected despite the above-mentioned resources and knowledge, are unacceptable not only

economically and politically but also at the ethical and moral level: they are unnecessary, avoidable and unjust.

However even though there are still many health systems which are not able to guarantee the right to the best standards of health care possible – due to poor technical or managerial skills, for lack of political will, or lack of responsible organizations – the advent of a global health approach offers an opportunity for recognizing the value and the potential of each human being and promoting the right to health for all.

Based on these premises, and convinced that achieving equal opportunities in health care requires coordinated action and consensus at the international level, in line with their 2008–2015 Strategic Plan, Medici con l’Africa Cuamm, member of the MMI Network, has been promoting the project *Equal opportunities for health: action for development*, cofinanced by the European Union, and carried out over a two-year period (May 2007 – April 2009), in partnership with sister organizations of MMI and other representatives from the health community.

The overall aim of the project has been to mobilize public opinion in Europe in order to promote global health and equal opportunities for health, by encouraging strategies for creating more equal relations between the North and the South and for reducing poverty and social exclusion in developing countries.

The project intends to continue pursuing this objective, firstly, through the provision of information and training to raise awareness among the wider health community on questions of global health and equal opportunities for health care. The project targets students, teaching personnel in Human Sciences Schools, representatives of local and district health authorities and centers of research, scientific societies and all categories of health workers, including representatives of NGOs and other associations involved in promoting the right to health.

Health workers, both present and future, can be directly involved in two ways. On the one hand they will adopt a more global approach to health and develop and reinforce those competences and abilities which are required to face the challenges, both social and professional, posed by a globalized world – for example, having to treat patients from a variety of geographical areas or meeting the challenges posed by new contagious diseases. They will also be able to take up the many new opportunities of, for example, becoming involved in international work. On the other hand, given their various social and professional roles and the variety of contexts in which they work, health workers can carry out an important function as information spreaders and opinion makers. In other words, they can act as a pressure group for promoting a global approach to health and by elaborating more egalitarian health policies, becoming de facto activists in the

As well as intervening at the level of training, *Equal opportunities for health: action for development* is committed to raising awareness by organizing workshops for promoters and activists in order to increase their knowledge and competencies both on questions of global health and on the techniques of communication and awareness raising. Volunteers too, in their turn, will be involved in organizing workshops and awareness days around the country and Health Equality Days in Italian faculties of medicine and surgery. An international conference dedicated to the theme of global health will aim to raise awareness at the political level in order to promote effective and radical innovations in the field of education and health policies.

Given the importance of disseminating information in order to mobilize public opinion, communication activities have been constantly underway. Information updates on project activities, useful links and bibliographic resources all have their space on the Medici con l’Africa Cuamm website dedicated to the project. Various publications have been produced with contributions from all the partners and associations involved in the project, including, in English, an issue of the review *Salute e Sviluppo – Health and Development*, an electronic newsletter and other printed materials dedicated to the theme of global health, and the 2008 Italian Global Health Watch Report on Global Health (also in English). The teaching and information materials collate and present (along with other material) the results of a study carried out within the project by the Uganda Martyrs University of Nkozi on the question of inequality of access to health services in Uganda. The materials produced are being disseminated by all the partners and associates involved in the project within their own reference community and using their own channels of communication to increase the impact.

Project impact is ensured by the importance and influence of the partners involved: 29 partners and associates representing medical-health communities in six European Union member States (Italy, Germany, Poland, the UK, Belgium and Spain) working to promote an efficient exchange of knowledge, experience and good practices and to create new synergies at the European level. They also help to develop the international consensus required to increase political and institutional support, which in turn will influence the way in which public health policies are elaborated. All efforts that will, ultimately, guarantee human well-being and promote a more equal world.

www.mediciconlafrica.org/globalhealth

FROM POZNAN TO KIABAKARI

BY JUSTYNA POLOWY AND MATEUSZ COFTA, REDEMPTORIS MISSIO

The year 2008 saw a breakthrough in the work of Redemptoris Missio, as we successfully launched the Pier Giorgio Frassati Health Center in Kiabakari, Tanzania.

Kiabakari is a village in the Mara Region in northern Tanzania, Musoma Rural District. The project began in the year 2004 with the help of volunteers from Salesian Missionary Voluntary Service from Poland, who started to build a health center supported by Polish donors. A milestone development came in 2007, when the Polish Ministry of Foreign Affairs started to support the project with a donation from the “Polish Aid” Program, which allowed construction of the health center to be completed and the purchase of medical equipment and medicines essential to begin working with patients.

The first patients were admitted on 18 January 2008 by two Polish doctors, Gabriela Majkut and Jakub Kowalczyk, the medical coordinators of the project, both of them Redemptoris Missio volunteers. Today there are two clinical officers, two laboratory assistants, three nurses and four medical assistants working in Kiabakari. Work is administrated by Mateusz Cofta, the President of Redemptoris Missio, and by the Medical Coordinator Jadwiga Żyłka.



The mobile clinic

The Kiabakari Health Center is now well supplied with medical diagnostic equipment (hematologic and biochemistry analyzers, USG, fetal Doppler, ELISA). The laboratory and the dispensary work six days a week. The Mother and Child Health Clinic is run in cooperation with the District Medical Office of Musoma. There are also two wards (male and female) for hospitalization, with seven beds each. Outreach mobile clinics are organized twice a month to help people living in villages at a distance from Kiabakari to access mother and child health care, vaccination programs and antimalarial treatment.

Kiabakari has three main funding sources: money from a health insurance fund, donations made by Redemptoris Missio supporters, and patients' fees. The administration is making efforts to obtain additional financial resources from the District Medical Officer for training staff and for the mobile clinics – everything to provide better-quality health care and to reach more local people.

The health center has to develop and come up to people's expectations and needs. Redemptoris Missio and the Poznań University of Medical Sciences are therefore trying to develop cooperation with the Weill-Bugando College of Health Sciences in Mwanza, Tanzania. The cooperation should include scientific cooperation, medical staff exchange and creating a community health center in Kiabakari. In October 2008 Prof. Krystyna Pecold, an ophthalmologist, spent two weeks in Kiabakari consulting patients with eye problems. This was the first of many Polish medical expeditions to Tanzania planned for the coming years.

Redemptoris Missio hopes that its past and future activities are the right steps to take to reach the long-term aims of maintaining high-quality assistance for the Kiabakari region and providing access to primary health care for more people.

Based on the need of its member organizations to share more intensely experience and knowledge on health-related topics, the Medicus Mundi Switzerland (MMS) Network launched in 2003 a platform on HIV/AIDS and international cooperation: aidsfocus.ch.

“It’s the people that make the music!” This is a very appropriate characterization of a community of practice (CoP), which also applies to *aidsfocus.ch*, the Swiss platform on HIV/AIDS and international cooperation. Committed people who are eager to share and learn are a key element and requirement of a lively thematic platform. Since its inception, platform *aidsfocus.ch* has developed into a central pivot in international cooperation on issues surrounding HIV and AIDS, winning as partners a representative and growing number of organizations – today numbering 33.

Evaluating and learning from the experiences of the past five years while developing the platform have highlighted five important factors that are relevant to the success of a vital community.

A shared praxis-oriented theme...

With HIV and AIDS, MMS chose a topic that is of concern to any individual or organization working in development cooperation. Such work in Africa and increasingly on other continents is no longer thinkable or doable without dealing with the epidemic. The impact of AIDS extends far beyond the health sector and requires a transversal and multisectoral approach. Organizations specialized in health as well as other NGOs who join the platform as partners share the objectives of improving the effectiveness of HIV prevention, care, treatment and support of people living with HIV and AIDS, and mitigating the impact of the epidemic.

The platform *aidsfocus.ch* responds to and harnesses the potential of all the organizations participating in international cooperation. The issues that are taken up and discussed at the conferences, meeting points or in the newsletters range from medical and health issues (antiretroviral therapies, vertical mother-child transmission) through psychosocial themes (memory work) to social, political and cultural questions (property and inheritance rights, life insurance).

The annual conference has developed into the most important annual event for knowledge sharing and as a source of inspiration. Annual conference topics are decided by the partner organizations, reflecting the challenges they are faced with in their work in the field and their

need for new inputs. The 2005 conference, for example, on integrated HIV treatment and care, which showed that antiretroviral treatment is feasible in resource-limited settings, met with a broad response. It contributed considerably to discussions about and to supporting the acceptance of antiretroviral therapies in Swiss development cooperation. This year's conference will look at culturally appropriate approaches in the AIDS response, a rather neglected aspect in international programs so far. The thematic anchorage in the field experience of partner organizations, linked with sensitive surveillance of developments in the international debate, are specific qualities of *aidsfocus.ch*.

... a basic consensus ...

With information and experience exchange as a starting point, the platform has worked towards a shared basic understanding of central issues in the area of HIV, AIDS and international collaboration. It was and is a continuous balancing act between clear positioning on current topics – such as access to medication and fighting patenting – and the attempt to function primarily as a broadly accessible exchange platform.

The objective to advocate on behalf of people living with or affected by HIV and AIDS requires more clarity in the positioning of *aidsfocus.ch*. Platform partners have successfully worked out a shared basic consensus on fundamental issues and set these out in position papers on comprehensive HIV prevention, treatment and care for all. These position papers are much appreciated by various partners as they provide an orientation when an organization is elaborating its own positions and policies. They also give weight to these positions, since more than 30 other organizations stand behind them. However, the development of a shared understanding of advocacy and lobby work remains an ongoing process.

... some use-oriented instruments

To ensure continuous sharing and mutual learning among the partner organizations, the platform provides the following instruments and services: the website, the electronic bulletin *aidsfocus.news*, the annual conference, the forum, meeting points, working groups and jointly developed products such as the film on memory work.

The *memory work* project with film, conference and toolkit may serve as a good example of the platform's working methods and use of instruments. On the initiative of a partner organization, memory work was taken up as a promising approach for the psychosocial support of children affected by HIV and AIDS. A working group was formed which became instrumental in producing the film "Strength from remembering" for sensitization, information and motivation for implementation. Experiences in memory work in the field and the felt need for methodological guidance led to the production of a toolkit on memory work. Today, the film and

toolkit are used by many partner organizations and others in projects for awareness raising, sensitization, psychosocial support, and to introduce memory work activities in many countries of the South.

... a lot of commitment by motivated people

Alongside professional expertise, the most important resources for an effective and active platform are those in shortest supply: personal commitment and time. Time-consuming working groups often encounter difficulties but prove their value for short-term objectives, such as the preparation of a conference. *aidsfocus.ch* keeps experimenting with new forms of sharing and joint learning that involve people and respect their limited time resources, e.g. “Meeting points” or the peer group on mainstreaming.



...and proactive and strong facilitation and coordination

Unlike rather informal CoPs, the platform provides formal structures and instruments backed up by a strong coordination to animate and sustain the exchange. The coordination of the *aidsfocus.ch* project, run by MMS, covers networking, service provision and communication. It identifies and disseminates relevant and new practices from the partner organizations but also provides independent input. The preparation and maintenance of instruments such as events, the website and electronic news allow the different partner organizations to learn about each other's activities and approaches and also provide motivation for collaborations.

Will MMS launch additional thematic platforms? Thematic platforms are definitely effective methods of knowledge management and joint learning, which support the participants in their work in international health cooperation. There are many topics which would benefit from more focused and continuous attention and which could count on the expertise and experience of MMS members. However, as said before, it is the people that make the music, and human resources for facilitation and participation are resources in short supply.

www.aidsfocus.ch



GLOBAL FUND: NOT ONLY LIGHT BUT ALSO SOME SHADOW

BY NICOLAUS LORENZ, MEDICUS MUNDI SWITZERLAND

The Global Fund to Fight HIV/AIDS Tuberculosis and Malaria has made a difference to hundreds of thousands of people living with HIV and AIDS, tuberculosis, and those facing malaria infection. At the same time, it has been promoting broad participation and country ownership through the Country Coordinating Mechanisms (CCMs), which provide a platform for national, governmental and nongovernmental and international stakeholders to meet and decide on issues primarily linked to the Global Fund. However the CCMs, by bringing all stakeholders together, also have the potential to become a coordinating mechanism for the health sector in general.

If there is a lot of light, there is also some shadow. At the Swiss Tropical Institute (STI), a member of the Medicus Mundi Switzerland Network, we are well placed to comment on these darker zones, because the STI acts as a so-called *Local Fund Agent* (LFA) for the Global Fund. The LFA assesses, for example, the principal recipient's capacity to implement the grant, and has to review proposed budgets and work plans. Once the grants are signed, the LFA has to independently oversee program performance and the accountable use of funds and thus acquires deep insight into the realities of grant implementation. At present, the STI is an LFA in 16 countries/regions.

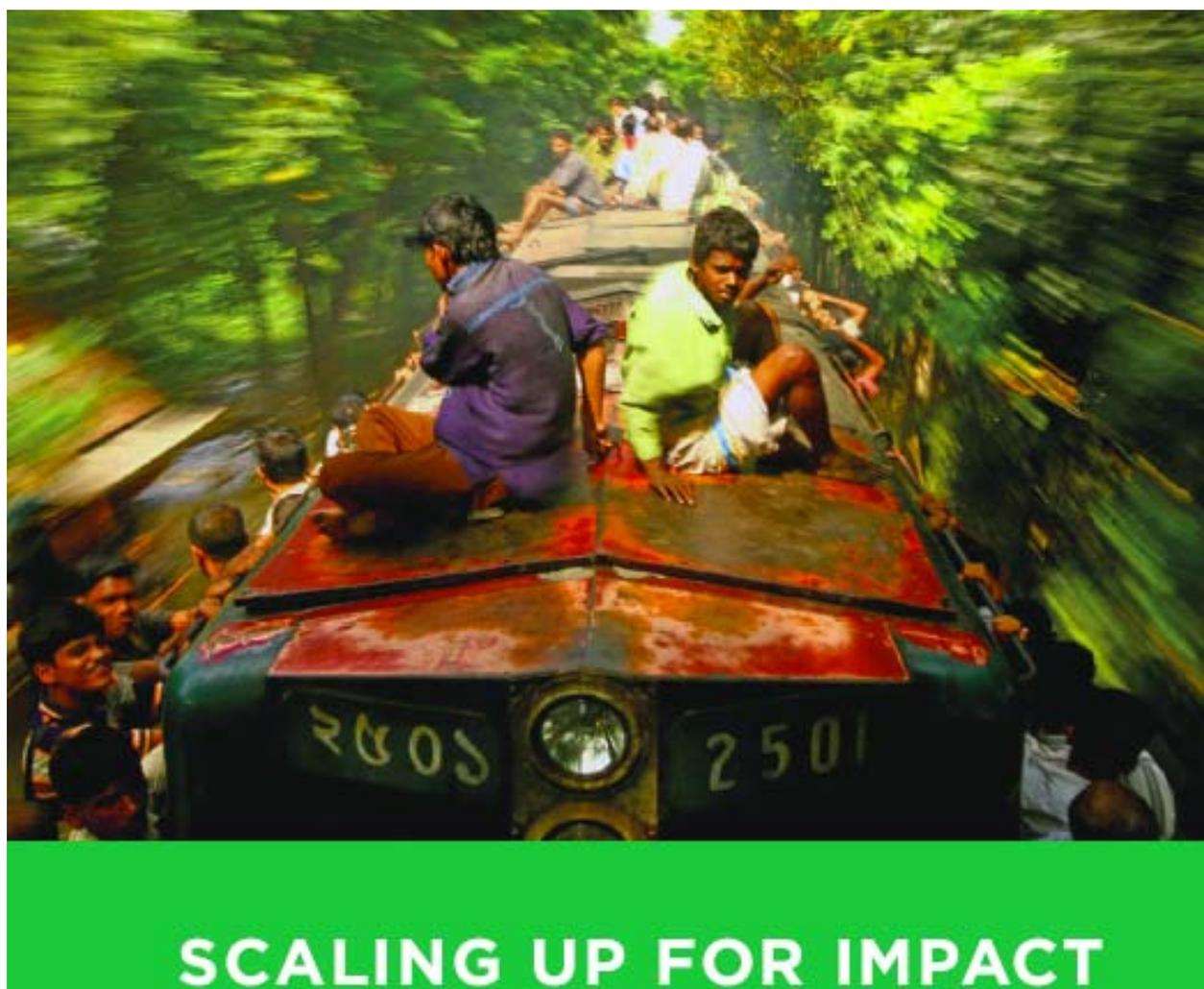
The complex impact of the Global Fund (and other Global Health Initiatives) on health systems cannot be fully discussed here. However, I would like to raise two points, which often do not receive sufficient attention.

Although the Global Fund has signed the Paris Declaration on aid effectiveness, the grants funded by the Global Fund are often not well integrated into health systems and support coming from other external sources. At the STI we observe that in many countries, malaria and HIV/AIDS control programs are still executed in parallel, often by the same executing body or principal recipient, without even a minimal dialog or coordination across programs. For example, monitoring and evaluation frameworks of the World Bank-supported Africa Multi-Country HIV/AIDS Programs (MAP) coexist and overlap in many countries with Global Fund-supported HIV/AIDS programs. Topping ups and salary incentives paid for governmental staff through Global Fund grants tend to be higher than those funded from other programs.

Often the argument is used that the nongovernmental sector (including members of the Medicus Mundi International Network) pays better, and in order to retain good staff such incentives need

to be paid. It is clear that CCMs should play a more prominent role in harmonizing programs funded by different sources and have to be actively encouraged to pay attention to this aspect.

A second issue, which is widely neglected – also in the context of the MMI Network – is the need for more transparency. Indeed, the Global Fund has been instrumental in promoting transparency and practices of good governance, thereby making these key criteria for funding decisions. The Global Fund support to Uganda, Ukraine and most recently to Chad (the STI is the LFA!) was mainly interrupted because of poor governance of the principal recipient and insufficient oversight from the CCM. This highlights the sad fact that the health sector is one of most corruption-affected areas.



Cover of the GFATM Progress Report 2009

The STI has taken up this challenge to an LFA to address such issues and to gain hands-on insight and experience. It has triggered for example research on corruption in the health facilities, which is jointly undertaken with the Basel Institute on Governance and funded by the Swiss National Science Foundation.

www.sti.ch

2008: FINANCIAL FACTS & FIGURES

Capital Account

Assets	Previous Year		2008	
I. Long-term fixed assets		691.23		24,911.00
II. Short-term fixed assets		161,254.27		135,992.56
Cash in Hand	284.25		348.78	
Cash in banks	150,750.02		135643.78	
Other receivables	10,220.00			
Total Assets		161,945.50		160,903.56
Liabilities	Previous Year		2008	
I. Net equity		85,829.23		92,383.13
Status 1 st January	93,742.36		85,829.23	
Net loss / income	- 7,913.13		6,553.90	
II. Accruals		3,595.00		4,500.00
III. Project funds not yet appropriated		66,845.57		24,729.44
IV. Other liabilities		5,675.70		39,290.99
Total Liabilities		161,945.50		160,903.56

Statement of revenue and expense

Revenue	Previous Year	Budget 2008	Accounts 2008	Budget 2009
Membership contributions	60330.00	74600.00	73200.00	77700.00
Donations and extraordinary subsidies	305.00	6805.00	6500.00	0.00
Interest and similar income	4980.44	4095.00	5989.22	2000.00
Project administration overhead (7%)		3500.00	730.46	3000.00
Subtotal Revenue	65615.44	89000.00	86419.68	82700.00
Expenses	Previous Year	Budget 2008	Accounts 2008	Budget 2009
General expenses secretariat	27300.00	48000.00	48000.00	48000.00
Travel costs / Hospitality	19906.70	13000.00	6798.47	11000.00
Other expenses secretariat	6'543.22	1000.00	797.30	5000.00
Public relations and printed matter	872.08	12000.00	1508.49	6600.00
Project expenses not covered by project funds	0.00	6000.00	10225.88	5000.00
Other expenses	18133.25	9000.00	12048.05	10000.00
Investment and related depreciations	773.32	25000.00	487.59	8466.20
Subtotal expenses	73528.57	114000.00	79865.78	94066.20
Net win / loss	-7913.13	- 25000.00	6553.90	- 11366.20

All figures in EUR

This is a summary of the financial statements of MMI. For details and explications, please refer to the "Report on the Audit of the Financial Accounting as of December 31, 2008 for the Association Medicus Mundi International e.V." by Dr. Heilmaier & Partner GmbH, submitted to the MMI Annual General Assembly in May 2009. The report can be ordered at the MMI secretariat.

NETWORK MEMBERS

action medeor, Germany

St. Toeniserstrasse, 21
47918 Toenisvorst
tel. +49-2156-97.880
fax +49-2156-97.88.88
info@medeor.org
www.medeor.de

AGEH, Germany

Postfach 21 01 28
50527 Köln
phone +49-221-88.960
fax +49-221-88.961.00
infoline@ageh.org
www.ageh.de

AMCES, Benin

08 BP 215, Cotonou, Benin
phone +229-30.62.77
fax +229-30.62.78
amces@bow.intnet.bj
www.multimania.com/
cotonou/amces

Cordaid, the Netherlands

P.O. Box 16440
2500 BK The Hague
phone +31-70-3136-300
fax +31-70-3136-301
cordaid@cordaid.nl
www.cordaid.com

Doctors with Africa CUAMM, Italy

via San Francesco, 126
35121 Padova
phone +39-049-875.62.22
fax +39-049-875.47.38
cuamm@cuamm.org
www.cuamm.org

Fatebenefratelli, Italy

Hospitaller Order of St. John of God
Via Della Nocetta 263
I - 00164 Roma
phone +39-6-60.49.81
fax +39-6-63.71.02
curiafbf@tin.it
www.oh-fbf.it

Medicus Mundi Italy

via Martinengo da Barco, 6/A
25121 Brescia
phone +39-030-375.25.17
fax +39-030-43.266
info@medicusmundi.it
www.medicusmundi.it

Medicus Mundi Poland

Foundation of Humanitarian Aid

Redemptoris Missio
ul. Dabrowskiego 79, PL-60529 Poznan
phone +48-61-847.74.58 (195)
fax +48-61-847.74.90
medicus@mail.am.poznan.pl
www.medicus.amp.edu.pl/

Medicus Mundi Spain

c/ Lanuza 9. Local
28028 Madrid
phone +349-1-319.58.49
fax +349-1-319.57.38
federacion@medicusmundi.es
www.medicusmundi.es

Medicus Mundi Switzerland

Network Health for All
Murbacherstrasse, 34
4013 Basel
phone +41-61-383.18.10
info@medicusmundi.ch
www.medicusmundi.ch

MISEREOR, Germany

Mozartstraße 9
52064 Aachen
phone +49 (0) 241 442-0
fax +49 (0) 241 442-188
info@misereor.de
www.misereor.de



medicus mundi international network

ANNUAL REPORT 2008

The Annual Report 2008 of the Medicus Mundi International Network has been published by the Executive Board and Secretariat of Medicus Mundi International.

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Special thanks for contributions to:

- Delphine Boulenger and Bart Criel, ITG Antwerp
- Nicolaus Lorenz, Thomas Vogel and Helena Zweifel, Medicus Mundi Switzerland
- Serena Foresi, Elisabetta Bertotti and Giovanni Putoto, CUAMM
- Justyna Polowy and Mateusz Cofta, Redemptoris Missio

Basel, May 2009

Guus Eskens, President

Thomas Schwarz, Executive Secretary

MEDICUS MUNDI INTERNATIONAL NETWORK

Murbacherstrasse 34, CH-4013 Basel

Phone (+41) (61) 383 18 11

office@medicusmundi.org

www.medicusmundi.org

Bank EUR: Pax-Bank, D-52064 Aachen

BIC GENODED1PAX, IBAN DE23 3706 0193 1011 1340 13

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