

ANNUAL REPORT 2009

Work in (good) progress

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Medicus Mundi International Network: Annual Report 2009

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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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STEPPING BACK AS MMI PRESIDENT

BY GUUS ESKENS

This is the sixth and last annual report of the Medicus Mundi Internatinal Network that was written under my presidency of the Executive Board of MMI.

As you can see, the strong focus on issues like Human Resources for Health and Strategic positioning of private not for profit health institutions reflects the central strategic directives of the current Strategic Plan (2007-2010) of the Medicus Mundi International Network. As a consequence of this strategy, the “brand” MMI has more or less become aligned with these two strategic objectives during the years of this Strategic Plan.

During the next General Assembly of MMI, in May 2010, I will step back as president of Medicus Mundi International. I did the job with extremely great pleasure, although it was not always that easy. It was often time consuming, but also very rewarding. I really enjoyed all contacts I was able to develop and to maintain during the past six years. Especially with those of you, members of the MMI Executive Board and advisors, with whom I met so often and regularly since I became a member of the EB in 1996. And let’s face it: it is thanks to the enormous energy, the perseverance and long term commitment of many Board members, ex-Board members and advisors, that the MMI Network is alive and with a bright future.



During my presidency the first Strategic Plan in MMI's over 45 years of history came into existence. This was an important step for Medicus Mundi International in defining the objectives for a longer term. The plan meant also for MMI a transition from "activism" into a clear and more coherent programme. During the review of this plan we concluded that, although not all objectives of the plan could be realised, having a plan alone could be considered as main step in the direction of further professionalisation of the MMI Network.

During the implementation of the strategy, MMI was, due to circumstances beyond its control, forced to move its secretariat from Brussels, where it was housed so many years in the offices of Medicus Mundi Belgium, to Basel, where the secretariat found a warm accomodation within the premises of Medicus Mundi Switzerland. Thanks to the energy and the professional attitude of the newly appointed executive secretary, a professionally well functioning MMI secretariat was put in place soon. And together with that soon afterwards also a well functioning website on which all important MMI related matters and documents could be made available for all members.

During the last couple of months the MMI Executive Board and the MMI Executive Secretary spent considerable amounts of time and energy on the review of the the current plan and, on the basis of this review and a contextual analysis, the development of a new MMI strategy for the years 2011-2015. This new plan will be submitted to the Network's General Assembly in May 2010.

And what will the future bring for the Medicus Mundi International Network? New members, a new president, new leadership and a new strategy only? I guess this will largely depend on the amounts of time and energy that we all are prepared to invest in this new plan! Cooperation of members on issues related to health system strenghtening in less developed countries will be the joint and common agenda of all Network members – with a strong focus on advocacy towards international policy makers. By doing that we will try to transform the MMI Network into a real community of change.

The future of Medicus Mundi International is in its members' hands. It was an privilege to serve on our Board as the MMI president.

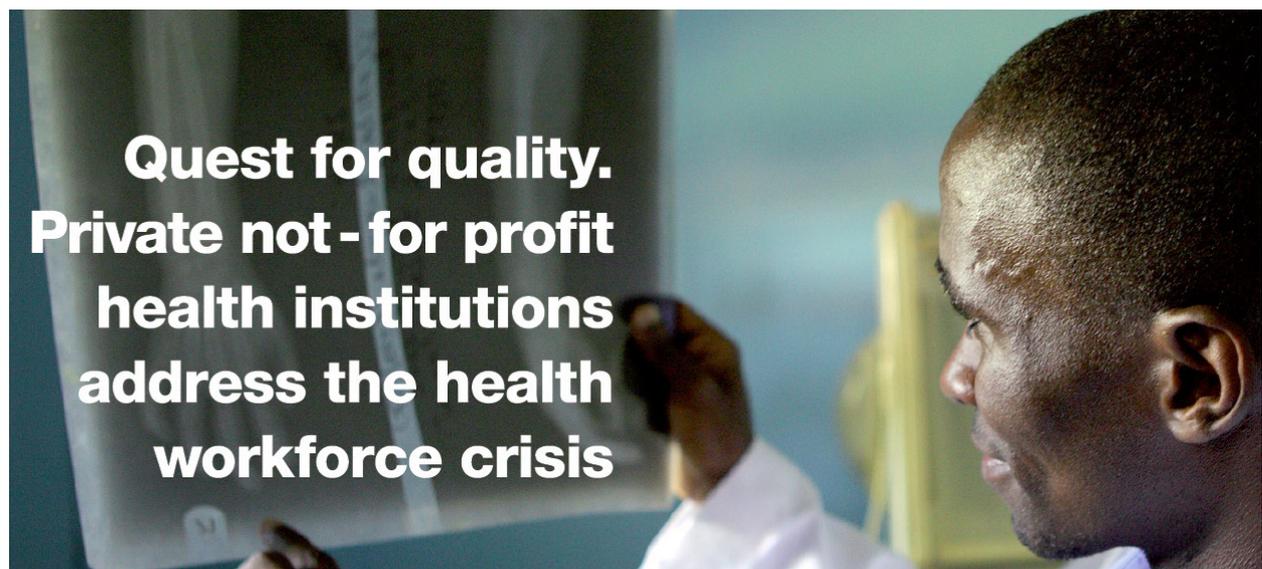


Guus Eskens

FROM GENEVA TO COPENHAGEN

In 2009, and after the successful “quest for quality” technical meeting during the World Health Assembly, the MMI Network developed a position on international migration of health workers, even if this proved to be difficult as the debate was new for most of the Network members. International migration is not the most important single factor contributing to the health workforce crisis, but it is a problem MMI can tackle in Europe and in the countries the Network members are based in.

Private not-for-profit organisations play a crucial role in health provision for the poor in many countries and struggle to become a fully integrated actor within the public health system. In the international debate their role is often overlooked. The private not-for-profit sector has made significant contributions to reducing health personnel attrition rates with emphasis on improving retention of health workers deployed in often neglected rural areas.



**Quest for quality.
Private not-for profit
health institutions
address the health
workforce crisis**

Geneva, 20 May 2009
Side event to 62nd WHA

medicusmundi
international network

Cordaid 

In a technical meeting organized as a side event to the 62nd World Health Assembly, the MMI Network and Cordaid presented a number of these initiatives and discussed their implications for a national health workforce strategy. The meeting was a success – and the input of Jean Marc Braichet (WHO) and the resulting discussions about international migration of health workers lead the HRH working group to a new direction...

WHO Code of practice on international recruitment of health personnel

In early June, the MMI Secretary sent a “urgent message” to the Network members: “We learned in Geneva about the postponement of the finalization of the WHO code of practice on the international recruitment of health personnel to the next year’s WHA. As you see, the issue is now in our countries and regional committees. WHO Europe will have its annual meeting in Copenhagen, on 14-17 September. MMI is invited to participate and to deliver statements. This could be a thrilling test for future joint advocacy activities, but it needs a rapid reaction and, related to this, capacities and coordination/leadership. What can you offer?”

The reaction was not as fast as expected, but it was there, and it became stronger and stronger. The MMI working group soon found a strong partner in Anke Tijtsma of Wemos, and she was mandated to lead the Network’s advocacy in this field. As a first milestone MMI submitted a statement at the WHO EURO meeting in September in Copenhagen.

The advocacy efforts of the MMI Network are geared towards the further emergence and strengthening of sustainable national health systems in developing countries with a sufficient number of health staff to ensure equitable access to health care by the population. Regarding international migration, MMI looks at the push and pull factors in the source and destination countries and advocates for actions, interventions, measures, and policy changes in the respective countries of the members and at the EC in Brussels which prevent further negative impact on Health System Strengthening and Human Resources for Health in developing countries.



Several MMI members started advocating in their home countries to encouraging their governments to take a more pro-active role in policy discussions related to HRH at European and international level. As an example, Medicus Mundi Switzerland organized a roundtable in Bern, on the eve of the MMI EB meeting.

Advocacy in the field of international migration was also a useful experience which helped MMI to develop its own advocacy policy.

Thank you! We appreciate the considerable financial contributions of our Network members Cordaid, Medicus Mundi Switzerland and Misereor to the 2009 work plans of the MMI Working groups “Human Resources for Health” and “Strategic Positioning”.

FROM KAMPALA TO GENEVA - AND BACK TO KAMPALA

The MMI working group "Strategic positioning of private not-for-profit healthcare institutions" (STR) had a good year, with the publication of the contracting study and the successful Uganda restitution workshop as highlights and with some interesting developments such as the ongoing dialogue with Christian Health Associations and our involvement in the Synod on Africa.

The MMI STR working group used the biennial conference of African Christian Health Associations (CHAs) in Kampala, February 2009, to lead a dialogue with the CHAs and selected operational partners about their approach regarding strategical and management issues and about an eventual support by MMI making sure we do not duplicate our eventual input. The meeting was an good experience; the CHAs platform obviously covers a need and could be an interesting partner for the MMI Network. The working group decided to maintain a dialogue with the CHAs, but not to rush into concrete activities.

Contracting report: Publication and follow-up Kampala workshop and declaration, 9-10 December 2009

With the long expected finalization of the "contracting report" by the ITM Antwerp team, the report's publication on CD-Rom and the MMI website, its launch at a side event to the MMI Assembly in May and the follow-up activities developed by the main author, Delphine Boulenger, who was employed by MMI for three months, there was a lot of dynamism in the field of contracting.



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

However, follow-up plans and tasks had to be redefined as the budget was not sufficient to cover all our initial plans. In August, a new follow-up work plan focusing on one country restitution workshop in Uganda, in December 2009, was developed.

In that national workshop stakeholders from the public and private (faith-based) health sector discussed the MMI contracting report and, more generally, the challenges of integrating the private not for profit sector in the national health system of Uganda. In the preparation of the workshop, the ITM Antwerp played an important role, relying of the Makerere University as a strong partner. Based on an institutional framework of cooperation, funds could be made available.

The partnership between the privat and the public sector in Uganda is not an easy one. The situation worsened over the last years into a real crisis in the fields of financial resources, attrition of staff in private not-for-profit hospitals, and the not finished partnership agreement which became the main topic of the Kampala workshop. Therefore, in the workshop, technical aspects of how to properly build contracts (PEPFAR as benchmark) addressed in the contracting study became less important than the re-creation of an interface for cooperation between public and private sector. The workshop provided a space for discussions and sharing. Commitments were made in front of witnesses and finally put into a “Kampala declaration on the partnership between the Public and Private Not For Profit subsectors in the Ugandan Health System”.

Results of MMI’s involvement in catholic bishops conferences

The MMI EB decided in early 2009 that until the results of a survey of the results of MMI’s involvement in previous catholic bishops conferences were known and a decision was made regarding the future policy and methodology of supporting regional and national bishops conferences, no concrete activities shall take place in this field.

The survey undertaken by the MI Würzburg was concluded in December 2009. Discussing the survey report, the working group agreed that, after this long period of partnership with African bishops, and after the Synod for Africa in October 2009 to which MMI was invited to contribute – Edgar Widmer participated in a AISAC working conference in May and contributed to a health paper submitted to the Synod –, the African bishops might have received enough MMI input regarding strategic positioning and stewardship of their health services. The group decided not to organize future activities for the bishops only, but to integrate them into other programs, mainly around contracting.



FROM THE HAGUE TO TOENISVORST

“When the MMI Executive Board meets, this means that a considerable number of committed people undertake considerable efforts to be at the same place in the same moment. To give an example: When the MMI EB met in The Hague, in March 2009, José Utrera was just coming back from Malawi, Tanzania und Uganda. Bart Criel, Nina Urwanzoff and Johan van Rixtel arrived from Uganda, Nick Lorenz from somewhere in the Caucasus, Giovanni Putoto from Ethiopia, and Carlos Mediano from Cameroon. And Guus Eskens invested a whole day into MMI business in a moment when international NGOs were thrown out of the Sudan by the military regime which lead his organisation into a series of emergency conferences.”

This quote from the report of the first EB meeting in 2009 confirms that time of dedicated people is a precious resource of any Network – and that our Board members, together with the members of the working groups, are a key resource of the Medicus Mundi International Network.

In 2009, the MMI Board worked in a more “rational” way than in previous years: In addition to the work plans of the MMI Secretariat and the two working groups, the EB developed for the first time an annual work plan for its own activities, listing and addressing those “construction sites” in the organizational development of the MMI Network which needed specific attention:

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

The Board implemented this plan successfully. Its main focus throughout 2009 was the development of a set of new basic documents laying the ground for the further development of the Medicus Mundi International Network. After the adoption of the MMI Network Policy by the Assembly, in May 2009, the organizational development process first resulted in the adoption of two further key documents by the Board:

- MMI Research Policy, adopted by the Board in September
- MMI Advocacy Policy, adopted by the Board in November

Based on the MMI Network Policy the secretariat and the EB members started promoting MMI Network membership among potential new members, using the definition of MMI membership given by the Network Policy:

MMI Network membership is open to private not-for-profit institutions that

- *are working in the field of international health cooperation or advocacy;*
- *share our vision of Health for All;*
- *are committed to joining forces toward achieving shared goals, participating in Network activities and contributing to the development of the Network;*
- *are able to fulfill the related duties.*

Regarding financial contributions, the Network policy says: “The membership fee of each MMI Network member is calculated individually, according to its financial potential.” After a first round of feedback by potential new members, the Board agreed, in its September meeting, that the Network will not refuse new members just because they are not in a position to pay the expected fee. Since then, the Dutch Wemos Foundation and Smile Train Italy Onlus submitted requests for membership, and there are further candidates “in the pipeline”.

At its November meeting, the Board also started the review of the “MMI Strategic Plan 2007-2010” and the development of a new strategy for the years to come. This process continued in 2010 and will – hopefully – be concluded with the adoption of a “MMI Network Strategy 2011-2015” by the Annual Assembly in May.

Executive Board meetings

Friday 6th March 2009 at Cordaid, The Hague: Before the meeting, the MMI Board was briefed by Godelieve van Heteren, Cordaid’s Director for International Programs, about current developments in Cordaid of importance for MMI: Cordaid’s focus in the field of access to health will remain more or less the same as in the past two years. Key issues are performance based finances; human resources for health; basic infrastructure; investment into systems (horizontal approach). Cordaid intends to arrange its efforts around these issues into global communities for change.



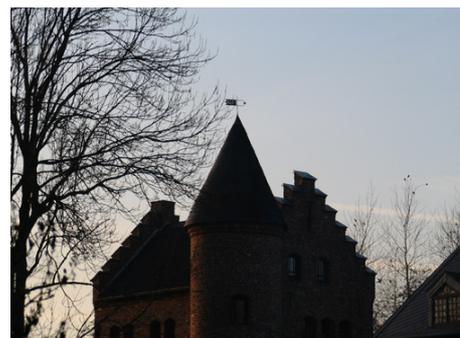
Thursday 21st May 2009 at Château de Bossey, Geneva: The meeting followed the Annual Assembly and focused on the implementation of the EB work plan 2009. The meeting took place behind this window...



Friday 25th September 2009 at Bildungszentrum 21, Basel: The Board adopted the MMI Research Policy. Together with Thomas Vogel, President of Medicus Mundi Switzerland, the Board reviewed the agreement between MMI and Medicus Mundi Switzerland for the hosting of the MMI Executive Secretariat (2008-2010), concluding that the termination of the contract with MM Switzerland is not an issue for MMI. A new contract will be developed in 2010 covering the same period as the next strategic plan.



Friday 27th November 2009 at action medeor, Toenisvorst: Before its own meeting, the MMI Board had a meeting with representatives of action medeor about recent developments and plans of this important German member of the MMI Network. The Board finalized the EB and Secretariat work plans 2010 and adopted the 2010 budget. It adopted the MMI Advocacy Policy and reviewed the Strategic Plan 2007-2010.



Members of the MMI Executive Board (2009)

- Guus Eskens, Chairman
- Nick Lorenz, vice-Chairman
- Carlos Mediano, second vice-Chairman
- Bernd Pastors, treasurer
- Nina Urwanzoff, secretary
- Monique Lagro, member (replaced by Arjan de Wagt)
- Giovanni Putoto, member

A Farewell to Harrie van Balen



*In 2009, the Medicus Mundi International Network mourned the death of its former President Professor Harrie Van Balen (*16.8.1930 †20.6.2009). “Harrie served on the Executive Board of Medicus Mundi International for two terms and his presidency has been of great significance to Medicus Mundi International. To many of us and to many health workers that were deployed overseas in developing countries through the members of Medicus Mundi International in the eighties and the nineties, Harrie has been a great friend and a source of inspiration. Many will remember Harrie as their most friendly and committed professor, someone who always put the position of the poor in less developed countries right in the centre of our attention.” (Guus Eskens)*

FRAMEWORKS FOR ADVOCACY AND RESEARCH COOPERATION

The “MMI Network Policy” adopted by the Network’s Assembly in May 2009 provides answers to our questions about the identity of MMI. Together with the association’s legally binding statutes, the policy have become the basic document of the Medicus Mundi International Network. 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.

Based on the Network Policy – and referring to it, the Executive Board developed and adopted in 2009 two further basic documents addressing key issues of networking within MMI:



MMI Research Policy

This policy document of the Medicus Mundi International Network Policy and describes the Network’s a reliable evidence. The document reflects an a results in a set of specific mandates for the Ne

To accomplish their mission in the field international health cooperation in a n rational – and finally more sustainable – way, non-governmental organisations which members and partners of the Medicus M International Network are in dire need of reli evidence on “what works and what does not”.

On the other hand, undertaking advocacy sensitization activities at an international le which is the other main activity of the Network and its members, also needs to rooted in reliable evidence.



Public health issues such as the health workf crisis or the integration of private not-for-p institutions into the national health system can be tackled without a clear understanding of v

MMI Advocacy Policy

This policy document of the Medicus Mundi International Network is rooted in the overall MMI Network Policy adopted in May 2009. It describes why we regard advocacy as a core activity of our Network and provides a set of guiding principles for the further development of our strategies, programs and activities in this field.

In this paper, we use “advocacy” in the sense of social advocacy: the attempt to influence public policy by a series of actions taken and issues highlighted. Social advocacy aims at changing the “what is” into a “what should be” - a more decent and more just society. In a globalized world, social change requires advocacy beyond countries’ borders: transnational advocacy and international advocacy, based on international networks and coalitions.

Advocacy entails activities such as lobbying and raising awareness through campaigning: Lobbying is understood as trying to influence decision makers in an informal but structural way. The target groups for lobbying are decision makers, politicians, local authorities and companies. For certain advocacy issues there might be opportunities to raise awareness and to influence a wider audience through campaigning.



“The Executive Secretariat works with great autonomy, however on the basis of an annual operating plan and budget, to be approved by the MMI General Assembly. The Executive Secretariat cooperates closely with the MMI Board, the President and the MMI members.”
(agreement)

The 2009 work plan for the MMI Executive Secretariat was based on the agreement between Medicus Mundi International and Medicus Mundi Switzerland signed in October 2007.

Service Module 1, MMI Executive secretariat and administration including the production of e-newsletter: There was a peak of activities before the May meetings when the secretariat prepared the reports and the Assembly. The monthly e-newsletter has become a much appreciated networking tool. Even if most of its content can (could) be found on the electronic platform, network members and partners seem to prefer news arriving in their mailbox... The secretary also started to publish ad hoc “Network flashes” with urgent calls of Network members.

Service Module 2, Development, management and moderation of a common IT platform: There was rather less work than planned for the secretariat, as working groups did not ask for integrated community tools. No translations of the ePlatform into other languages (Spanish, Dutch, Italian, Polish...) took place. The secretary used the free capacities to develop some new community features on the “web.02” (Twitter, Facebook).

Service Module 3, Support for organisational development and strengthening of the MMI Network: This was a key activity not only for the Board, but also for the secretary who contributed substantially to the development of the MMI Network policy and, after the Assembly, worked on the research and advocacy policies, but slowing down in summer, as there were problems to get in touch with the Network members. The secretariat developed also some activities in the fields of Network extension and representation, however leaving the lead to the Board.

Service Module 4, Support to MMI working groups and delegates: After a first half of the year with substantially more work than planned (HRH event and launch of contracting study in Geneva, both in May), the secretariat drastically reduced “speed” – and output – in the second half of the year.

2009: FINANCIAL FACTS & FIGURES

Capital Account

Assets	Previous Year		2009	
I. Long-term fixed assets		24'911.00		16'445.00
II. Short-term fixed assets		135'992.56		107'226.58
Cash in Hand	348.78		92.63	
Cash in banks	135'643.78		107'133.95	
Total Assets		160'903.56		123'671.58
Liabilities	Previous Year		2009	
I. Net equity		92'383.13		97'451.07
Status 1 st January	85'829.23		92'383.13	
Net loss / income	6'553.90		5'067.94	
II. Accruals		4'500.00		4'700.00
III. Project funds not yet appropriated		24'729.44		9'453.55
IV. Other liabilities		39'290.99		12'066.96
Total Liabilities		160'903.56		123'671.58

Statement of revenue and expense

Revenue	Previous Year	Budget 2009	Accounts 2009	Budget 2010
Membership contributions	73'200.00	77'700.00	77'700.00	79'700.00
Donations and extraordinary subsidies	6'500.00	0.00	0.00	0.00
Interest and similar income	5'989.22	2'000.00	1'570.15	1'000.00
Project administration overhead (7%)	730.46	3'000.00	2'309.07	2'000.00
Subtotal Revenue	86'419.68	82'700.00	81'579.22	82'700.00
Expenses	Previous Year	Budget 2009	Accounts 2009	Budget 2010
General expenses secretariat	48'000.00	48'000.00	48'000.00	48'000.00
Travel costs / Hospitality	6'798.47	15'000.00	8'336.73	13'000.00
Other expenses secretariat	797.30	5'000.00	3'535.15	5'500.00
Public relations and printed matter	1'508.49	2'600.00	447.09	4'500.00
Project expenses not covered by project funds	10'225.88	5'000.00	230.16	2'000.00
Other expenses	12'048.05	10'000.00	7'496.15	9'500.00
Investment and related depreciations	487.59	8'466.20	8'466.00	8'466.20
Subtotal expenses	79'865.78	94'066.20	76'511.28	90'966.20
Net win / loss	6'553.90	- 11'366.20	5'067.94	- 8'266.20

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, 2009 for the Association Medicus Mundi International e.V." by Dr. Heilmaier & Partner GmbH, available 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

If accepted by the Assembly, the Wemos Foundation (The Netherlands) and Smile Train Italy Onlus will join the Network in May 2010.