40 years of fighting global poverty by promoting health

On the occasion of the MMI-presentation in Berlin at the Deutsche Parlamentarische Gesellschaft on

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medicusmundi international

medicusmundi

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Contents

Greeting

Heidemarie Wieczorek-Zeul German Federal Minister of Economic Cooperation and Development

This year Medicus Mundi International is celebrating the 40th year of its existence. On the occasion of this anniversary I would like to offer you my heartfelt congratulations.
Under the "umbrella" of Medicus Mundi International eleven European nongovernmental organizations have joined forces to strive for improved medical care for disadvantaged countries and people in need - in line with the WHO target of "health for all".

Healthcare is not a luxury available to individuals only when their country has achieved a certain state of development, but rather a necessary investment in the economic, social and political future of a society. Good health can form a basis for economic growth and the reduction of poverty, the various facets of which are not only interdependent, but also have mutual causes. For example, the World Health Organization is aware that the lack of access to clean drinking water is responsible for many diseases and deaths. Many diseases could be simply avoided, but the required knowledge with respect to hygiene or the minimal sums of money required are not available. On the other hand, a poor state of health reduces the level of gainful activities and productivity, exacerbating the social hardship of the individual. A frightening example of this is HIV/AIDS, which is not only a continuously expanding pandemic, but has also become a far-reaching obstacle to development in many countries, particularly those in southern Africa.

If a sustained improvement in the worldwide health situation is to be brought about, the structures and living conditions have to be tackled that cause people to be particularly vulnerable and susceptible to disease, i.e. the combating of poverty, promotion of education, protection of the environment and natural resources and measures to promote income have to be linked to one another. This indissoluble connection between the real living conditions and the health situation of each individual is not only borne out in your motto for this celebration and for the specialist congress planned for the end of November, i.e. "40 years of fighting global poverty by promoting health", but it also forms the sum and substance of the commitment you have shown over the past 40 years, for which I should like to offer you my express gratitude here today.

I would like to wish Medicus Mundi International and its member organisations - as well as all employees, friends and associates - an enjoyable celebration and all the best for their future commitments to development policy, every success and a good deal of "staying power" in their work for improved medical conditions for the poorest of the poor!

Heidemarie Wieczorek-Zeul
German Federal Minister of Economic Cooperation and Development

Greeting

Miguel Angel Argal
MMI, president

Ladies and Gentlemen,
It is a great pleasure for us to be with you today to present the Medicus Mundi International Association.

Medicus Mundi International is an international organization for cooperation in the health sector. It was founded in 1963 and has dedicated itself for the last 40 years to improving medical care services mainly in southern countries, but also those in the East. It has, moreover, been working in the field of sensitization and education for development in the North.

Medicus Mundi has maintained official relations with the World Health Organization for the past 20 years.

We have members in Belgium, Spain, the Netherlands, Italy and Switzerland. The following organizations belong to MMI: action medeor and AGEH in Germany, Fatebenefratelli in Rome, which is in charge of 200 hospitals in 40 countries, CUAMM: the International College for Health Cooperation in Developing Countries in Padua, Italy, the Foundation of Humanitarian Aid in Poland and the AMCES association in Benin.

MMI concentrates almost all of its efforts on structural improvement of the health sector from the perspective of integral development. If a disaster strikes an area, the organization will normally intervene only in those countries where it was present before the incident occurred. Some of the associations like action medeor, for example, intervene systematically in cases of emergency.

We participated in the Conference of Alma Ata and since then have continued to reflect upon the evolution of Primary Health Care. MMI has made its contribution to the list of essential medicines. The organization proposed parameters for writing reports about the activities of hospitals and their evaluation. The document, which summarizes these parameters and also contains proposals to finance Primary Health Care, has been distributed by the World Health Organization. The topics we have dealt with lately have been the contracting and development of human resources.

In 1998 MMI, its delegations and the members of the organization participated in 942 projects which were developed in more than 100 countries in the three continents of the southern hemisphere. Today it is no longer our principal aim to provide personnel assistance (in 1998 we sent only about 200 people to developing countries), but to cooperate with our partners, offering them our assistance, helping them with their education and maintaining an exchange. Our main intention is to support them and to encourage civil society to stimulate dialogue and democratization.

We have experienced not only considerable success in developmental tasks, but difficulties too. In future, MMI will not only play an important role in the North, but will also defend the South in debates which demand more justice and solidarity in the world.

One of the permanent tasks in our activities has been to reflect upon the best way of improving individual as well as community health. Our publications, congresses and seminars provide evidence of this.

We have always sought dialogue at all levels. We are convinced that the information exchange we propose is interesting and would like to invite you all to participate actively in it.

Miguel Angel Argal
President of Medicus Mundi International

Greeting

Heinz-Josef Vogt
action medeor, chairman of the board of directors

Ladies and Gentlemen, dear friends,
I am glad to welcome you here, in the house of the Parliamentary Society. It is a great honour for me as a member of the board of action medeor to organize together with the Association for Foreign Aid this jubilee event on occasion of the 40th anniversary of Medicus Mundi International.

For more than 40 years, our members have been active in health care, each of them in his or her special field. We provide health experts, medicine, technical equipment, financial funds, expertise and accompaniment and research.

Our help is urgently required, today more than ever.
Hunger and natural disasters threaten people's life in the developing countries. The statistics are alarming. Despite many help actions, the health situation in the needy countries is continuously worsening:
In South Africa, approximately 30 million people are HIV positive, tuberculosis is advancing, and malaria continues to be one of the main causes of death. Every year, 15 million human beings die from mainly these infectious di-seases, due to a lack of nutriment and medicine. The maternal and infant mortality rates are still much too high.

And we know: invalid persons cannot work, invalid persons cannot go to school, invalid persons have no prospects and cannot provide for their future. And we also know: health has tremendous consequences on a country's social, economical and political situation, yes even on its security policy.

In the year 2001, Jeffrey Sachs as Manager of the „Commission On Macroeconomics And Health" showed that a good state of health is a strong economical situation's result, but the opposite is true: economic growth is a significant result of an improved health situation – therefore, only healthy people can make progress with the economy. In the meantime, heads of states and governments have recognized this. The motto is now: "health creates development". Until recently, development experts would have protested and said: "no, this is exactly the other way round: development creates health". They were convinced that the health problem would be solved automatically – when the countries would become wealthy.

Development economists nowadays know: only healthy people are able to create prosperity. Empirical studies support this new approach. A fundamental basis to create prosperity can only be caused by a successful improvement of the disastrous health situation in the needy countries. Already in 1994, action medeor organised together with Medicus Mundi International and the AGEH a symposium in Krefeld with the motto: "health creates development".

However, the essential developments towards better health cannot be activated without sufficient financial resources. More than 30 years ago already, the rich countries of the UN Resolution committed themselves to grant 0.7 percent of their gross national product as public development help. Many European governments have fallen behind this self-commitment. So is the German Federal Government which is however hoping to reach 0.33 percent, but it has fallen far behind the set target of 0.7 percent.

With the fulfilment of the UN Resolution, more than approximately 175 thousand millions US Dollars would be available world-wide for the development co-operation. According to international studies, this amount would be sufficient to finance all social basic services required for a lasting elimination of the poverty. This would include contributions to the support of health programmes in developing countries by which every year millions of human lives could be saved. At the same time, we could expect a significant economical and also political stabilization of the developing countries, as per the previously explained correlation. Additional to the financial resources, we are dependent on the readiness of committed people in the North and the South, who will promote together in partnership and participatively a lasting development.

Dear audience, all who have committed themselves personally within the past 40 years to this target, have deserved the thanks of all of us.

Heinz-Josef Vogt
Chairman of the action medeor board of directors

Greeting

Michael Steeb
AGEH, managing director

Mr. President,
Ladies and Gentlemen,
dear friends,

I am very grateful for the opportunity to welcome you all on behalf of AGEH here in our new, old capital Berlin. In the 1960s, MMI played an important role for catholic development organizations in Germany. As an eye-opener, MMI made us aware of the importance of health as a fundamental factor of development, just thinking of the late Prälat Dossing or Professor Dr. Heinrich Jentgens. At that time, MM Germany had its office on the AGEH premises. Later on, action medeor and AGEH succeeded MM Germany in the membership of MMI and in a rather friendly relationship our "advisory group for health issues" started to document AGEH's active interest in the matter of health.

A 40th anniversary is not at all a reason to reflect about retiring from work. It might be a reason for looking back upon the past, but first of all a 40 year old, healthy boy should face the challenges of the future – and there are quite a lot.

Therefore, the future of MMI is promising and challenging. The new general director of WHO, Dr. Lee, emphasizes in his introductory speech:
Commitment to improve Primary Health Care
Commitment to the goal "Health for All"
Human Resource Development is among the five key priorities for the coming action plans.
These have been objectives on the MMI-agenda for years.

So, Primary Health Care has been a major objective for MMI since 1978. Contracting as a necessity to implement Primary Health Care services in a sustainable way at the local and district level has been the logical next step. Since the mid eighties, MMI has been the advocate of strengthening health services by promoting collaboration between national health services at the district/regional level and local NGOs through "contracting". In this respect MMI has worked in close contact with the WHO. In spring of 2002 MMI published the "Guidelines for Contracting". An official approval from the WHO has been achieved this year. A sustainable health system is essential for every country. We hope to count on MMI and its continuous further support for this important field.

The MMI goal "Health for All", was announced as WHO-goal in 1984 and was adopted by MMI.
Health is an integral part of human life. Beyond the personal well-being it influences the ability of the individual to learn, to work and to play an active role in society. Being healthy is being capable of doing things. "Capability" and "capacity" are related terms. In this aspect promoting health is "capacity building" at a very basic, but very essential level. This was reflected in the MMI Symposium "Health Promotes Development" held in Krefeld in 1994 (organized by action medeor and AGEH). And a recent study of WHO also emphasizes that investment in health care has positive effects on economic growth. "Health pays".

Human Resource Development
The World Health Report 2000 stated that human resources are the most important of the health system's inputs and human resources are a key determinant of performance of health care institutions. But human resources are also pointed out as

the chief bottleneck in attempts to scale up interventions on the major health problems like AIDS, maternal health or Malaria.
Human Resource Development has always been a main goal of MMI. In the beginning the partner organisations of MMI engaged successfully in the training of medical personnel. Many countries now can meet the necessary output of skilled staff.
The present holds new challenges: The number of highly qualified medical staff is still insufficient, the impact of HIV/AIDS and global professional migration as well as performance management are emerging topics.
MMI has already picked up the new challenge. This is shown by the recent publication (August 2003) of a study about MMI's role in Human Resource Development. MM Switzerland recently, in September 2003, held a workshop on Human Resource Development. There will be a conference in November 2003 in Tönisvorst on "Human Resource Development" as a next step.

But, as everybody knows, there are dark, dark clouds in the heaven of development strategies. Already in 1988, an old and wise Tanzanian witchdoctor told me, when neither the traditional witchdoctors nor the white man's modern medicine know a treatment against ukimvi, HIV/AIDS is nothing but death. Till today, in Africa his prophecy comes true in a terrible way, day by day.

Therefore, health for all in the light of HIV/AIDS has a new dimension. HIV/AIDS as a new challenge where MMI and its members are asked to engage their expertise in finding solutions to prevent AIDS and supply treatment to all who need it. MMI's long lasting work on contracting will be an essential element in combining all efforts to combat AIDS. This challenge will be the strongest proof of our thesis "Health promotes Development".

Congratulations to MMI, wishing you strength and energy in tackling the future tasks and we wish you a pleasant stay in Berlin and lots of fruitful discussions.

Thanks

Michael Steeb, Managing director of AGEH

History and Philosophy

Dr. med. Edgar Widmer MMI, member of the board

In the year 2000, at the occasion of the 75 year jubilee of our Dutch Branch MEMISA, we realised that the German Medical Mission Institute in Würzburg, the Catholic Medical Mission Board in New York, the Congregation of the Medical Mission Sisters, the Foundation Ad Lucem of France active in the Cameroons, as well as the Swiss Medical Mission Doctors Society had started at the same time, long before they collaborated with Medicus Mundi. Their foundation at the time was probably the response to the Encyclica "Maximum illud" of Benedict XV which in the year 1921 gave the initial start for Catholic Medical-Mission-Work, while Protestants had much earlier engaged in health.

Each one of the mentioned organisations worked on its own without actively sharing experiences, until 35 years later a first international gathering of medical mission doctors brought them together. They met in London in the year 1962. Exponents of this meeting were some heads of Tropical Institutes, such as Prof. Oomen from Amsterdam, Prof. Jannsens from Antwerp, Prof. Genitlini from the Salpétrière of Paris and Dr. Jentgens from Cologne and Dr. Manresa from Barcelona, both surgeons and Tb-specialists. These men had gathered experiences from the Congo, Cameroon and East Africa to the remote islands of Borneo, Sumatra, Celebes, Flores and New Guinea. They were questioning whether the pure charitable activities of missionary hospitals had a real impact on the health conditions of the surrounding populations. They felt that apart curative actions a wider approach was necessary and practical work in the field had to be linked to academic analysis. Co-ordination was needed.

Let us remember, in 1955, at the Bandung Conference 29 countries denounced colonialism and launched the Non Aligned Movement under the guidance of the presidents: Sukarno from Indonesia, Nehru from India, Nasser from Egypt and Tito from Yugoslavia. A page was turned in world history.

The decade beginning in 1960 was crucial for the independence of the Third World. Rapidly throughout the former colonies new relationships were established between foreign technical assistants and local professionals.

These were the contexts within which Medicus Mundi had its origin, when one year after the London Conference the International Organisation for Co-operation in Health Care was founded.

On December 8th 1963, Misereor hosted in Aachen the members of the organisation to be registered. Medicus Mundi International became a corporate body according to German law. Misereor had been created by the German Bishop's Conference just two years earlier as an institution for assistance to the Third World. Misereor and MMI became partners and its first chairman, Mgr. Dossing for many years was our senior councillor and supporter of MMI. France, Belgium Spain, the Netherlands and later Ireland, Italy, Poland and Switzerland became national members of MMI and several international professional groupings became associate members of MMI.

Some years ago in a booklet we described the vision, intentions and the proceedings of our organisation. From the very first meeting, the members of the organisation agreed on the first objective: professional cooperation for development. From that time onwards, the ideals of MMI have been very similar to those of the World Health Organisation. But just as WHO depends on governmental policies, the medical assistance provided by the churches is not accepted everywhere. In addition nationalistic feelings which were very keen so soon after independence made it not

desirable to employ doctors originating from the former colonial powers. This led MMI from the very beginning to the conviction that the organisation should be not only professional and international but also non-denominational and non-governmental. On the other hand, MMI wanted to be ready to offer its help to any private hospital or governmental service that could use it, given the great number of doctors posts which were vacant in the recently independent countries, and the dramatic absence of local staff to fill them in.

Another vigorously debated issue: Should MMI concentrate on financial and material assistance, or should it rather focus on personnel assistance? The first option was not rejected, since the material aspect can't be avoided, but the emphasis should be on human contact and personal commitment. The main objective should be stated as follows: Let us offer to the most needy populations in the developing countries the abundance of medical technology and share our experience of developed countries. This was the way in which European doctors felt to be able to participate in the struggle for social justice on a planetary scale. It was not surprising that more and more an identification between Medicus Mundi doctors and the need felt by the poor population became the background for MMI meetings.

This vision might have been generous and comforting, but there was a great gap between these intentions and hospital traditions in Africa which have been casting wistful eyes towards Paris, London and Lisbon. The doctor's role was before all charitable, at that time. First you had to be sick to be eligible for medical care. This system was widespread throughout Africa and tropical Asia, but had very little influence on the health status of the population. MMI wanted to change this approach by considering the community as a whole as the patient. No substantial improvements in health status could be expected without extending preventive care to all groups at risk, without protecting particularly mothers and children, without immunization campaigns, without recruiting local people coming from the community itself. This new "mission" implies that hospitals had to open their gates and engage in "extra-mural" activities. Curative work, as essential and inevitable as it is, had to go hand in hand with the prevention of disease and health promotion. Finally the old question charity asked: "For whom?" was changing and became: "With whom?" The main concern was no longer to work for the most needy but to work with them on equal terms. "Partnership" became the new key word in international co-operation. This was also why medical and paramedical training had to be given priority. The objective of MMI, as of all technical assistance, was to work itself out of job, by helping to establish professional cadres in these countries.

Discussions among ourselves and continuous dialogue with our partners at our international or national meetings, kept us à jour with the ongoing changes in health policies and development strategies. Free from centralistic bureaucracy our organisation remained flexible and able to actively participate in different world platforms, and keep being engaged in advocacy for the disinherited world. Throughout the passed 40 years MMI had been working together with partners in more than 60 countries. We have not counted the number of expatriate doctors we have recruited and accompanied during their stay abroad. Even if this could be an indicator of our work, we thinks the most important challenge we had was to try to enable local populations to become self sufficient partners in our globalised world.

Dr. med. Edgar Widmer
Member of the MMI-board

North-South-Dialogue

1974 Aix la Chapelle, *"Development of basic health services health-care planning and the contribution of NGOs"* 1975 Rüschlikon, *"The fundamental role of auxiliary personnel in delivering PHC to the people."* 1976 Brussels, *"Reorientation of health policies towards people's needs"* 1977 Amsterdam, *"The decentralisation of medical care from hospital to the community"* 1978 Halifax, "*NGOs and PHC"* 1978 Alma Ata, *"Primary Health Care"* 1978 Geneva, *"The Role of NGOs that aim at the strengthening of PHC in developing countries"* 1979 Geneva, *"Implementation of the Alma Ata Declaration by MMI with the aid of European governments"* 1980 Toenisvorst, *"Drug production and public policy"* 1981 Liechtenstein, *"Concepts of health and ethical choices"* 1981 Yaoundé, *"First African Workshop on PHC"* 1982 Barcelona, *"Support by non-governmental medical services for the improvement of PHC"* 1983 Geneva, *"What prospects is there for cooperation? Are we once again going to train European health workers and send them overseas? Or instead are we going to collaborate with governments to train local health workers in the organisation of PHC?"* 1983 MMI/WHO, *"Guidelines for Hospital Reports"* 1984 Rome, *"Strengthening coordination of health activities by local NGOs towards health for all"* 1985 Geneva WHA, *"The importance of the NGOs for national health policies"* 1985 Dodoma, *"Churches Consultation on PHC"* 1986 Geneva, *"MMI and the role of hospitals for PHC"* 1986 Geneva, 40th WHA/MMI, *"Health Economics and the Financing of Health Services"* 1987 Harare, *"The District Health Concept"* 1987 Antwerp, *"District and First Referral Hospitals in Sub Saharan Africa"* 1987 Basel, *"Aids in the Third World"* 1987 Paris, *"Emergency today, Health tomorrow"* 1988 Geneva, *"Leadership for Development for All"* 1989 Brussels, "*La gestion décentralisée, second soufflé de Santé Primaires"* 1989 Brussels, *"District Health Systems and the Health Care Revolution"* 1990 Basel, *"District Health Management"* 1990 Geneva, *"Solutions possibles face aux couts de la santé a l'échelon du district"* 1991 Rotterdam, *"Health Care and Structural Adjustment Programmes, a political and financial dilemma"* 1992 Barcelona, *"El impacto de la cooperacion sanitaria en las comunidades locales del tercer mundo"* 1992 WHO/MMI, "*The Hospital in rural and urban districts"* 1993 Desenzano, *"NGO's and the District Health System"* 1994 Asafo, Ghana, *"SSP et l'hôpital dans le district"* 1994 MMI-mail survey, *"Cooperation between NGOs and Health Authorities at District Level"* 1994 Krefeld, "*Gesundheit schafft Entwicklung"* 1995 Granada, *"Sustainability in Development Aid"* 1995 Padova, "*Mental Health Care in the PHC System"* 1997 Pamplona, *"El Sur y Medios de Communicacion"* 1998 Dakar, *"Contractual Approach as a Tool for the Implementation of National Health Policies"* 1998 Geneva, *"A plea to contract not for profit, public serving private health care institution, as an integral part of the health districts"* 1998 Bern, *"Gesundheit für alle,, eine Standortbestimmung"* 1999 San Sebastian, *"Es possible la salud en medio de la pobreza?"* 1999 Dar es Salaam/Conakry, *"Updating Health Care Development Cooperation"* 1999 Dakar, *"L'approche contractuelle dans les services de santé décentralisés en Afrique"* 1999 Caserta, *"La tutela della Dignità della Perona nel Cinquantesimo Anniversario della Proclamazione della Carta dei Diritti dell'Uomo"* 2000 Rotterdam, "*How popular is health care ? Adoption or Rejection of PHC-concepts in Developing Countries"* 2000 Soesterberg, *"The Church and its Involvement with Healthy"* 2000 Padova, *"Africa nel 2000: Salute per tutti?"* 2000 Geneva, MMI proposing the WHO resolution on: *"Improving Health for All at district, level by formalising Partnership with Non Governmental Institutions with a Public Purpose"* 2001 Brussels, *"Financing Health"* 2001 Vatican, *"Practical Actions to be promoted in Relation to the Power of Pharmaceutical Industries"* 2001 Vatican*," Health and Power in Relation to Hospitals"* 2001 Padova, *"HIV /AIDS in countries with limited resources"* 2002 Basel, *"HIV/AIDS: Die Herausforderung annehmen"* 2003 MMI, *"The contractual approach, methodological guidelines"* 2003 MMI, *"Human Resources Development and MMI's role?"* 2003 Berlin, *"Medicus Mundi: 40 years fighting global poverty through health promotion"* 2003 Basel, *"Getting the most health from resources"* 2003 Toenisvorst, *"HIV/AIDS related HRD"*

The main fields of activities

In the epoch of community development, decolonisation and selfdetermination, all sectors of development, health care included, made a move from professionally defined actions towards activities resulting from an interaction between users and providers.
In Congo, already in 1958, Jacques Meert stated that "a technical error is less detrimental then an error that jeopardizes the selfconfidence of the local people". So, even in the colonial period, to be an European was not necessarily an obstacle to catch the spirit of that epoch.

The professors Janssens from Belgium, Jentgens from Germany and Oomen from Holland, belonged to those "catchers" and the document they submitted in London in 1962 to the International Association of Catholic doctors was a catalyst for the foundation of MMI: a group of public-spirited health professionals, grasping the spirit of the epoch, and realizing that their insights into the health system, gained by the reflection on their own experience in health care in developing countries, could contribute to a balanced development of the envisaged rapid change of the health system during the last decades of the 20th century.

Prof. Dr. Harrie van Balen
MMI, member of the board

From the very beginning it was obvious that the organisation should be professional, international, non-denominational and non-governmental. This definition has made it possible to create channels of communication at all relevant levels.
In order to remain professional, channels for continuous interaction with scientific institutions (Amsterdam, Antwerp, Basel, Barcelona, Nijmegen) were developed.
In order to keep in touch with the reality, encounters on the field and exchanges with local governmental and non-governmental authorities as well as with field workers were organised.

In order to keep pace with the worldwide health policies, channels for exchanges with international decision makers (WHO, European Union, Worldbank, UNICEF, Pontifical Council) were developed.

Since 1978 MMI is even acknowledged as an organisation in official relation with the WHO (resolution 63 r.27). This recognition procures the branches of MMI an official status for collaboration with their own governments, with Third World governments and with international organisations such as the European Union. In 1991 also the Spanish government recognised the merits of MMI, by awarding the Price of the Prince of Asturias.

The contacts at different levels inspired the publications and meetings, realised by MMI, often in collaboration with scientific institutions or with WHO. During the years that the general assembly of the WHO, where we are officially invited, lasted two weeks, MMI organised its own general assembly on the Saturday of the first WHO week. It was an opportunity to invite, together with the national branches of MMI, official representatives of the countries where MMI members where active and confront each others view on experiences which were considered to be relevant in that stage of the evolution. Gradually these international colloquia were organised by the national branches. Since the duration of the general assembly of the WHO has been shortened, official representatives do not have the time anymore to join a simultaneous MMI general assembly but, organised at an other period of the year, the colloquia with our members and guests from governments, churches and scientific institutions go on.

Our tune varied along those 40 years.
MMI's concern was and is to keep rationalisation and participation in balance in the continuously changing health system. Themes and melody were chosen in order to draw the attention of the branches and the local partners to variables of the system which had gained too much or not enough importance for the harmonious development of sustainable health projects.

During the sixties, the dramatic absence of local staff was the main matter of concern of MMI. We had to respond to the local requests for expatriate human resources, requests made as well by governmental as by non-governmental institutions. Great efforts were made to recruit medical and paramedical personnel able to keep the health facilities in the run and to organise the activities according to locally felt needs. In order to respond adequately to these requests the training of motivated candidates was entrusted to scientific institutions which offered a relevant curriculum.

The reflection on our own experiences and on those of similar organisations (e.g. by the Christian Medical Commission) and on publications such as Maurice King's 'Health Care in developing Countries', oriented the projects more and more to the emerging "Primary Health Care" approach.

In 1968, the publication by MMI of "Concepts 1" reflected this evolution. It was edited by professor Oomen and translated in French, Spanish, German and Portuguese. While it showed to be an excellent tool for exchanges of the MMI concepts with other governmental and non-governmental organisations and with fieldworkers, it was followed in 1975 by a complementary "Concepts 2" and in 1985 and by "North-South Dialogue and Health", an overview of 25 years experience on the field. Moreover, up to now 70 newsletters have informed our readers not only on the activities of MMI and its branches but also on our concept of an adequate health care system, which remains congruent with the PHC concept.
Allow me therefore to recall that, according to that concept, the adequacy of a health care system implies the preservation of a fair equilibrium between the following inseparable components:
– access to relevant care
– sustainability in an existing and evolving social, economic and cultural context
– scientific analysis and readjustment of effectiveness and efficiency
– dialogue as a basis for people's participation
– promotion of selfhelp and selfdetermination

The international office of Medicus Mundi conducted only one comprehensive field project. In 1972, the Ministry of Health of Niger, in order to strengthen the state-owned health care system, requested, trough the diocese of Niamey, international assistance. A project to assign physicians to several districts as advisers of the nurse-practitioners in charge of these districts, was set up. It was financed by Misereor and the technical aspects were entrusted to MMI. In 1974 a change of regime went along with a more realistic health policy. The new government made a very bright analysis of the undesired consequences the well-intentioned initial project brought along in that stage of development: it depreciated the esteem of the nurse-practitioner in the mind of local inhabitants and authorities; it created needs which exceeded the resources available at that level; it was not realistic to foresee in less then a decade the assignment of local doctors at that level. It was a lesson in how to initiate, in a given context, a long term sustainable health project and related training. Consequently the project has been renegotiated, appointing these doctors as team-

members at a higher level, in the "direction départementale". In that position, the MMI doctors, respecting the national health policy and master-plan, contributed several years to the organisation of complementing levels of care and to the supervision and continuous training of the staff at district level. At the end of the eighties it became realistic to appoint local doctors at the district level and the experienced MMI doctors, jointly with senior local doctors, were asked to set up a practical training of district medical officers. It was a very instructive experience on the importance of the component "sustainability in an existing and evolving social, economic and cultural context".
Hundreds of other Medicus Mundi field projects, with governmental or non-governmental counterparts in Africa, Asia and Latin America, were conducted by the national branches. Since 1974 the approaches, observations, analyses and lessons learned are discussed in annual colloquia. Linked with the general assembly it is an opportunity to adjust the PHC inspired policy of the organisation.

So we come back to the tunes and melodies of MMI in the choir.
From '74 to '76 the absolute priority to develop correctly functioning health centres and referral levels was stressed. It covered adjusted training; the way to show the re-levance of these concepts to local health personnel; the delegation of tasks to less qualified but correctly supervised personnel; the participation of the population, based on dialogue with individuals, families and genuine representatives of the communities to be served; the respect for the traditional health care based on the local health culture.

In 1977 it was deemed necessary to highlight the role of the hospitals in the strengthening of the first line health services. This essential dimension of what later was called the health district would remain an important topic in the correlation with the WHO and scientific institutions. Testimonies to this are: in 1985, in collaboration with WHO, the spreading of guidelines for annual reports of hospitals committed to the strengthening of a two tiers system; the publication in 1990, in collaboration with the institute for tropical medicine in Antwerp, of the result of a mail survey in 25 sub-Sahara countries, addressed by MMI in 1988 to 173 hospitals, linked with national branches of Medicus Mundi. The booklet, entitled "District and first referral Hospitals in sub-Saharan Africa, an empirical Typology" contributed to the publication, also in 1990, of a WHO paper "The Role of the Hospital in the District: delivering or supporting Primary Health Care?" Later on this question on the role of the hospital forced itself to the African Brothers of Saint John of God. On their demand, MMI organised for the Brothers in 1994, in Asafo (Ghana), a workshop on this theme.

The Alma-Ata declaration on Primary Health Care has taken place in 1978. Being in official relation with the WHO and as member of the NGO-group for PHC, MMI has participated in may of that year, in Halifax, in a workshop, charged to produce a document on the role of non-governmental organisations in the realisation of Primary Health Care. In September the document has been submitted to the Alma-Ata conference where MMI was also invited. In 1981, based on this idea, MMI organised in Yaounde, in collaboration with the ministry of health of Cameroon, a workshop on "NGO Support for the Strengthening of PHC". This initiative met with a wide response, not only in Cameroon: the workshop document was further used via the WHO and via the Institute for Tropical Medicine in Basel.

In 1979 MMI made a plea for the financial support of European governments to NGO's who adapt their activities to existing master plans for the implementation of

the national PHC policy. The theme was also elaborated in an article published in 1985 in the WHO magazine "World Health". It was drafted by MMI as member of the NGO-group for PHC and entitled: "Guiding Principles for external Financing of Health Services".

More specific topics have also been developed:
When in 1980 action medeor organised the annual colloquium, the possibilities to realise the indispensable access to essential drugs was the theme. While the procurement of reliable essential drugs became more problematic, the topic was put again on the agenda in 1994 and in 2000. The problem of counterfeited drugs and the dilemma between the economic and the social goals of the pharmaceutical industry has then been analysed.

During these two decades other specific aspects, important for the harmonious development of the health care system, have been debated: culturally different concepts of health and ethical choices; the resistance to change as well from the side of the population as from the side of the administration and the professionals; the structural difficulties of doctors from developing countries to commit themselves to PHC; interference of emergency with the development of sustainable general health services; mass media and the South; how to face the HIV problem; how to integrate mental health care in general health services.
But efforts converge more and more to essential conditions for successful Primary Health Care

During the WHO conference in Harare in 1987, the realisation of health districts was considered to be an essential condition for successful Primary Health Care. Gradually MMI as well as its member organisations focussed their efforts more and more on the development of adequate health districts where state owned and non-for-profit private health institutions coordinate their activities in order to function as an integrated system.
The proposed model was indeed very inspiring for the implementation of Primary Health Care. In that challenging model four components are considered to be essential:
– traditional and modern home care and community care
– first line health care facilities, technically and culturally acceptable, interacting with the individual users, their families and representative groups of the population
– district hospitals, acting as referral level and technical support for the first line
– a district management team, able to conciliate top-down and bottom-up planning

During the colloquia of 1989, 1990 and 1993 the MMI members, joined by guests from developing countries, compared the proposed model with the health districts they were familiar with. Special attention was given to the training requirements for the staff. Invited by WHO, MMI participated in 1995 in a study group preparing a report on "Improving the Performance of Health Centres in the District".

In course of time the inevitable role of non-governmental health care facilities for the normal functioning of health districts was accepted by all parties. But, local NGO's needed a responsible common spokesman in order to negotiate with the national authorities. Therefore, more attention was given to the strengthening of national coordinating agencies of church-related NGO's, able to identify and support reliable local partners. In most of the African countries those coordinating agencies became

the interface between local NGO's and the members of MMI. In 1999 the Anglophone agencies have been invited to a MMI partner consultation on "Updating Health Care Co-operation" in Dar-Es-Salaam, the francophone ones in Conakry.
The consequences of real partnership and the successes and failures in the implementation were analysed.

The need to involve the concerned non-governmental partners in all stages of policy development and in all stages of the organisation of the district emerged. But good intentions alone do not suffice to succeed.
Without clear contracts between the official authorities and the private partners the result of the coordination was too hazardous. During the WHO General Assembly of 1998 MMI was authorized to organise, in the Palais des Nations in Geneva, a round table on "Contracting in Health Care". Great efforts were made to consult and to brief during and after the assembly, representatives of governments who manifested interest for the topic. One year later the delegation of Tchad drafted a proposal for a WHO resolution recommending governments the contracting with reliable private partners. The resolution was finally accepted by the general assembly of the WHO in 2003. In the meantime MMI had informed African church related coordinating agencies on this matter. In 2000, during the colloquium organised by the Dutch branch on the occasion of the 75th anniversary of Memisa, a workshop with African bishops dealt with "The Church and its Involvement with Health: The healing Ministry". The statement and the commitments formulated by the participants at the end of the workshop pave the way for transparent contracting with national and local authorities.
An even more compelling problem, due to the living conditions in many countries in Central Africa, is the threat on the quality and quantity of well performing health personnel. For the coming years MMI will focus its efforts mainly on these two issues: contracting and human resources development.

Prof. Dr. med. Harrie van Balen
Member of the MMI-board

medicusmundi

International organisation for cooperation in health care

- Medicus Mundi International (MMI) is a nongovernmental organisation (NGO)
- MMI is an official liaison of the World Health Organisation (WHO) as an accredited partner organisation (resolution eb63r.27)
- MMI is independent of religious or political ideologies

Objectives

- promotion of health and health services for the underprivileged, especially in developing countries with respect for the unique value of the human being, as an individual and as a member of the community
- participation in the drive to achieve the WHO aim ´Health for All`

Mode of operations

- the initiation of long-term sustainable health care projects
- the support of basic curative and preventive activities which are oriented towards Primary Health Care (PHC)
- MMI cooperates with many local governmental and non-governmental institutions in the spirit of partnership
- MMI supports projects through personnel assistance (health experts), financial assistance (capital, drugs, equipment, etc.) and professional advice (research, evaluation, supervision)

Members of MMI

- Medicus Mundi Belgium
- Medicus Mundi Italy
- Medicus Mundi Spain
- Medicus Mundi Switzerland
- action medeor, Germany
- AGEH, Germany
- Cordaid (former Memisa), Netherlands
- CUAMM, Italy

Associated members of MMI

- Fatebenefratelli, Italy
- AMCES, Bénin
- Foundation of Humanitarian Aid, Poland

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Close interchange with doctrine and research

MMI is in a close interchange with doctrine and research as with the network of European institutions for higher education in international health, called TROP MED. The main emphasis in the cooperation with TROP MED is on:

- Training
- Evaluations
- Scientific analysis
- Operational research
- Management counselling
- Development of new strategies
- Development of new methodologies
- Monitoring
- Fact finding
- Feasibility studies
- Sharing of experiences
- Health systems research

Paradigm-shift after Alma Ata

After 25 years, the conference of Alma Ata is still an important part of MMI´s philosophy. Based on the conference, many changes have evolved:

from Charity
to Cooperation
from Paternalism
to Partnership
from Ghetto mentality
to Public/private collaboration
from Vertical approach
to Community based approach
from Diseases oriented care
to Health oriented interventions
from Sending expatriate personnel
to Local Human Resources Development (HRD)
from Parasitology centred courses on tropical medicine
to Teaching based on health care serving human development

Meeting on Contracting in Geneva, 1999

Contracting

- Medicus Mundi International (MMI) is an international healthcare cooperation recognised by the WHO, whose members support government and non-government non-profit institutions in developing countries, promoting fair access to high quality healthcare
- MMI recommends that governments adopt a contracting approach with those non-governmental (NGO) health care institutions who assume a public purpose
- this will be an efficient means of integrating existing health care facilities into the district health systems

Active partners

- active participation is a crucial condition to achieve relevance and effectiveness of care
- the aim thereby should be to achieve actively involved individuals and groups of people not only as clients, but also as partners in shaping and securing the provisions of required services
- for this, decentralising (part of) the responsibility for decision-making and budgeting to the operational level is absolutely essential, whether to public sector organisations / institutions or to private organisations or other public services oriented institutions, rooted in a local community

Responsibility of governments

- Governments are considered to be responsible for creating conditions which assure people's universal equitable access to the best possible level of health care, adapted to the individual`s social, economic and cultural situation

Doctor treats child in Mozambique

Providing high quality treatment more efficiently

- several years of practical experience have shown that the various public health organisations need to be brought together
- with this in mind, at its Harare conference in 1987, the WHO encouraged close cooperation between state and private institutions in setting up district healthcare systems that would provide high quality treatment more efficiently

WHO resolution on contract guidelines

- in its 2003 report on "The Role of Contract Arrangements in Improving the Performance of Healthcare Systems", the WHO secretariat points out that a resolution concerning contract arrangements will be submitted to the general assembly of the WHO and that, like MMI, it is keen to see contract guidelines drawn up
- this resolution was passed at the World Healthcare Assembly on May 27th, 2003

Reaching consensus

Efficient coordination and cooperation with public and private partner organisations as providers is only feasible at the operational level, if actors involved agree on common objectives as well as on clearly defined elements, such as: target groups, expected productivity, quality and efficiency, as well as budgets, financial support, reporting and indicators.

Commitments should be specified

Reaching consensus with all stakeholders involved is just a first step towards a productive and durable partnership. The commitments, to which they subscribe, should be specified in contracts.

Respecting national health policy

Furthermore, a more general legal framework needs to be developed as well in order to guarantee that the contracts signed, whether at a national or at a decentralised level, respect national health policy and that implementation of the contractually arranged agreements can eventually be legally enforced.

Necessary changes in healthcare policy

In many countries, the authorities responsible for healthcare are now required to make changes, such as:
seeking new synergies between sectors and between the entities of the healthcare system and seeking new means of finance, taking developments in society into account.

Mothers and children waiting for treatment

medicusmundi

Human Resources Development A continuous concern of Medicus Mundi International

- Human Resources Development (HRD) has been among the key issues pursued since the foundation of Medicus Mundi and formost by its national members, to contribute to the overall sustainability of the healthcare programmes and institutions supported.

Manage people, not assets

- Whereas health care is about complex problem solving by professionals in the interest of the patient and society, health workforce management requires a commitment eliciting approach instead of command and control.
- Non governmental organisations (NGOs) like Medicus Mundi International are currently developing such innovative, context-adapted approaches to better manage their staff. These approaches also offer avenues to break the vicious circle in public services.

Breaking the vicious circle

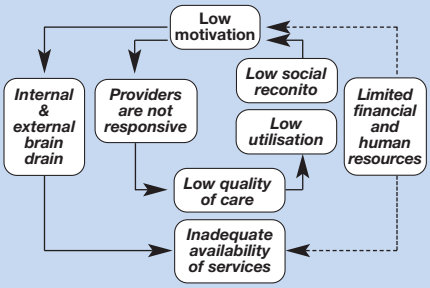
- A commitment eliciting approach results in personal development & increased self-esteem.
- It recognises personnel as an essential partner in offering good health care.

Laboratory technicians in Benin

Crisis in health care in developing countries

- provider's viewpoint: Low salaries, inadequate working conditions, no career perspectives, rigid organisational structures
- patient's viewpoint: Unresponsive providers, services poorly acceptable and accessible
- health system/service manager's viewpoint: Inefficient and low performance

A negative feedback loop underlies the drisis



Professional malaise is a major push factor in the brain drain

- each year 27,000 professionals leave Africa, each costing the continent $184,000
- Benin has only 330 doctors for its 5.700,000 inhabitants, but 300 doctors from Benin work in Paris
- besides political instability and difficult socioeconomic conditions, not being able to attain professional standards and social recognition pushes health professionals to leave their country

Commitment eliciting health workforce management

- a real concern for material and working conditions
- supportive leadership, stressing group achievement
- employee involvement in a trusting environment

Failing sources of recognition contribute to professional malaise

- system & managers: inappropriate management styles, limited resources, rigid bureaucracies
- peers: little peer pressure, weak professional culture
- users/community: little voice, often not listened to
- self: insufficient identification with role models

Training health personnel in Mozambique

action medeor

Objectives

- providing access to essential pharmaceuticals
- making an effort to reduce illnesses related to poverty: HIV/AIDS, malaria, tuberculosis and leishmaniasis
- developing and supporting primary health care services
- providing aid in cases of emergencies and catastrophes

Medical aid worldwide

- action medeor was founded in 1964 with the aim of providing essential medicines and medical equipment to poor and needy people in developing countries
- action medeor supports over 10.000 local health projects in 140 countries
- medical-pharmaceutical expertise and local projects are core tasks of action medeor
- health care projects are developed in cooperation with experienced non-profit organisations and local experts

Mode of operations

- all pharmaceutical products are manufactured for action medeor by various approved pharmaceutical companies
- the medicines are shipped to health care centres around the world on behalf of other relief organizations, initiatives or private persons – either against payment of cost price or as a donation from action medeor

Regions convered

Geographic areas

- action medeor sees its task in especially helping thousands of small health stations and in supplying and supporting health stations mainly in Africa, Asia, Latin America and Eastern Europe

Memberships

- Association of German Development Non-Governmental Organizations e.V. (VENRO), Bonn
- Medicus Mundi International, Brussels
- Federal Association of the Pharmaceutical Manufactures, Bonn
- Federal Association of the German Wholesale and Foreign Trade e.V., Berlin (Member of the Board of Trustees)
- Action Alliance against AIDS, Tübingen

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Logistics

The permanent stock at action medeor compromises approximately 300,000 containers of medicines. It is therefore possible to pack and dispatch necessary medicines and equipment within a very short time. action medeor sends medicines to many small health stations. The majority share of the deliveries has an order volume of less than 1,000 €.

Pharmaceutical expertise

Pharmaceutical expertise has been a permanent component of the statues of the association since 1998. For action medeor, the access to basic life-saving medicines is closely associated with the correct dosage of the respective medicines. Therefore, action medeor offers assistance in developing a rational therapy, in order to guarantee that the medicines can be used economically and effectively.

Local production

An important step forward in the fight against AIDS, while at the same time preventing the influx of ineffective or dangerous counterfeits, is to provide assistance in setting up local production sites for the antiretroviral medication Afri-Vir® developed by the Thai pharmacist Dr. Krisana Kraisintu. One example is D. R. Congo where production start is planned for 2004. Furthermore, action medeor will provide pharmaceutical expertise and will play a part in ensuring that the medicines reach AIDS patients by distributing these to numerous local partners.

Production of drugs

action medeor pharmacist provides advice

AGEH

New perspectives

- Association for Development Cooperation (AGEH) is the specialist agency of the German Catholics for all aspects of personnel cooperation
- AGEH is the oldest German personnel agency
- AGEH was founded in 1959 at the initiative of Catholic associations and organisations
- AGEH recruits experts to work in the development services

Objectives

- the active participation in improving the quality of life for people in the South and the East
- the support of partners overseas and in the reformed countries of Eastern Europe inadvancing their causes, wherever help is needed, through development cooperation
- the provision of competent support to cooperation partners in achieving their objectives
- the opportunity to demonstrate people's Christian commitment to a just and peaceful world in the context of development projects
- the cooperation with partners and selecting, training and supporting experts as a means of ensuring the success of all of their work

Mode of operations

- the support of development projects run by German aid organisations and partners in developing countries through individual recruitment of the right staff to meet their needs
- advice on all aspects of personnel cooperation and international volunteer services
- backup services in respect of contractual and insurance arrangements
- individual competence-building measures, training courses and consultations for experts, volunteers and others involved in development cooperation
- active commitment within Germany to sustainable development in our One World

Main working areas of development workers

Geographic areas

- Africa
- Latin America
- Asia
- Middle and East European countries

Working areas

- social services
- health services
- development of organisations
- agriculture
- crafts and techniques

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Programmes of AGEH

Development workers

The German Development Worker Act forms the legal foundation for such placements. Development workers need to have completed a recognised occupation qualification and several years or professional experience in a field relevant to the project in which they will work.

Short-term advisior

Deployment of experts with longstanding professional experience in the field of development cooperation, including several years of overseas experience. As "Advisors" they take on short term duties for the local projectpartner and the donor.

Experts in preliminary and emergency aid

Personnel support for organisations providing humanitarian aid. The rapid deployment of experienced personnel gives them the potential to lay the foundations for reconstruction work with enduring benefits, even during emergency aid measures.

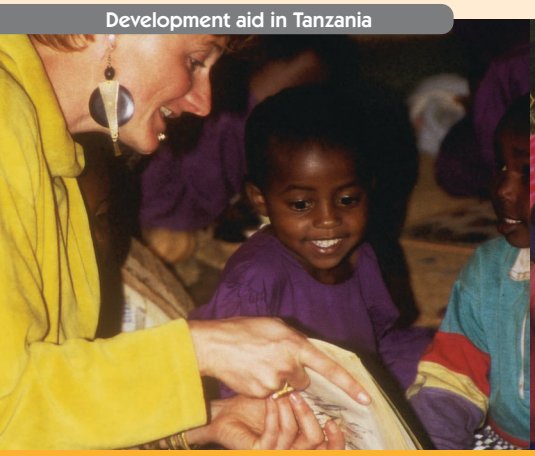
Civil peace service workers

Placement of specially trained and fully qualified experts in development projects in the field of conflict prevention, reconciliation work and post-conflict care.

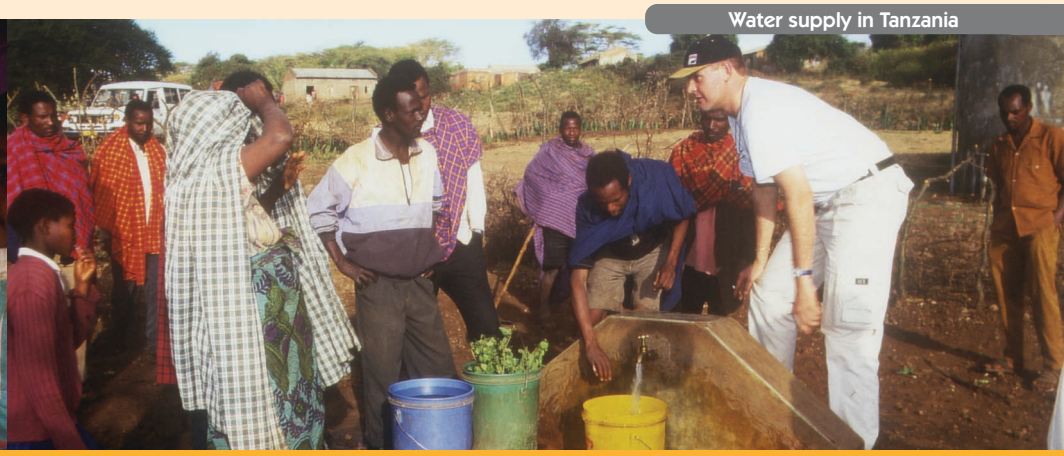
International voluntary services

Handling of enquiries and advice on all issues relating to the overseas employment, preparation and monitoring of volunteers. This includes holding seminars and providing insurance for young people while they are serving as volunteers.

Development aid in Tanzania



Water supply in Tanzania



Cordaid

Cordaid / Memisa - Sharing Health

- Memisa was founded in 1925
- In 1984 Memisa merged with Medicus Mundi
- Cordaid was founded the end of 1999 following the merger of Memisa, Mensen in Nood and Vastenaktie, also Catholic organisations (non-medical)

Mode of operations

Cordaid is:

- working in close cooperation with local partner organizations
- providing knowledge and means so that local people can develop their own health care systems
- sending medical workers abroad for longer periods, for assistance and sometimes to fill acute shortages of medical staff
- focussing on local health policy and management of health centres

Objectives

- aim towards making sustainable improvements in the health of the poor and vulnerable groups
- focus on the prevention and treatment of HIV/AIDS as well as the consequences thereof
- to build a structural health care system in developing countries
- to make health care accessible to people all over the world regardless of religion, race, political views, descent or gender and with respect towards their own culture and medical traditions

Healthcare workers in the medical centre of Surinam

Supporting a victims of HIV/AIDS

- supporting local organisations with integration of the HIV/AIDS issue into existing activities
- including information in teaching programmes at schools
- supporting clubs that organise activities for and with people infected with HIV/AIDS

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HIV/AIDS in Africa

The extent of HIV/AIDS in Africa

- organisations and governments are increasingly acknowledging the problems connected with the disease from the point of view of health care and social, economic and cultural consequences
- in large parts of Africa, fewer and fewer people are available to work, and traditional family ties are disintegrating as a consequence of HIV/AIDS
- there is a direct connection between poverty and HIV/AIDS
- people who are infected or sick are more vulnerable, cannot work enough or cannot work at all
- they spend a lot of money on treatment and therefore become poorer and in this way have less, or even no access to good care and medicines

A great deal of attention is devoted to the problem in Africa

- bishops in Cameroon have included the care of HIV/AIDS patients in their programmes
- these encouraging results serve as an example that it is possible to halt the stigmatisation of people who live with HIV/AIDS
- Cordaid does this also through lobbying and action campaigns, e.g. by participating in Share-Net and Stop AIDS Now in the Netherlands

Mother and child care in the townships of Addis Abeba

MEDICUS MUNDI BELGIEN

Cooperation in Health in Development

- Medicus Mundi Belgium (MMB) is a non-governmental and not-for-profit organization established under Belgian law with its headquarters in Brussels
- MMB is an organisation specialising in Public Health Care for developing countries
- MMB was founded in 1961, therefore it can look back on more than 40 years of experience
- MMB is a technical organization that responds efficiently to special demands as they occur during the running of a project

Mode of operations

- MMB works closely together with national governments, international development agencies, non government partners, and private organisations
- MMB is liaising with research organizations and Public Health Institutions in low income and industrialized countries
- the creation and the establishment of a project is always carried out together with the host community in order to bring preventive and curative care to the entire population
- the programmes all correspond to the priorities in the field of health care and actions are carried out taking into consideration the long term perspective
- MMB is an organisation, which takes fully responsibility for its activities by sharing information with other organizations and by supervisory missions and on the spot evaluations. This scientific role also includes the specific training of its personnel, corresponding to the demand and situational logic of a specific project

Objectives

- to promote, to protect and to maintain health of the population in least development countries, based on the Primary Health Care Strategy (Alma-Ata 1978)

MMB is presently involved in health projects in

- Cameroon
- Congo
- Guinea
- Conakry
- Kenya
- South Africa
- Zimbabwe

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The health disitrict of Kapolowe (Congo)

- A partnership between Medicus Mundi and the direction committee of the district assures an acceptable quality of health care and practical training for health workers in spite of the deterioration of the economic situation.
- A direction committee manages the two levels of the district (a private non-profit hospital and state owned health centres) as an integrated system, based on the Primary Health Care strategy.
- The Public Health Department of the University of Lubumbashi guides the district direction in its management of the system and in the organisation of sessions of practical training for medical students and nurses and of apprenticeships preparing future district medical officers to their job.
- This guidance is reinforced by an annual visit to Kapolowe of a senior consultant, experienced in the organisation of integrated health districts.

MEDICUS MUNDI ITALY

Background

- Medicus Mundi Italy is a voluntary work association for health care cooperation, founded in Brescia (Italy) in 1971; it has been officially recognized as NGO in 1980
- Medicus Mundi Italy was recognized by the Italian Ministry for foreign affairs and by the European Union for its activities of information and international cooperation

Mode of operations

- the interventions and projects of Medicus Mundi start with the requests of a community (dioceses missions, hospitals, public institutions)
- From the beginning, local partners take part in the planning and carrying out of the project. Before starting, Medicus Mundi carries out a feasibility study of the project and consequently checks on its implementation

Objectives

- health care cooperation including health care training
- global development projects in cooperation with other NGOs community development intervention
- environment hygiene
- restoring and delivery of medical equipment and technical support

Center of Mental Health, Goma (Zaire)

Main fields of activity

- setting up of dispensaries in the countryside and in towns as well as setting up laboratories and multipurpose diagnostic facilities
- training of basic health operators
- updating courses of tropical medicine
- delivery of medical equipment
- sending out of medical specialists for a limited period
- publishing of „Bollettino della Medicus Mundi Italia"

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Projects

- **an integrated program of agricultural and sanitary development – Coast and Hinterland Baixada Maranhense Ocidental – Maranhao State – Brazil**
  The programme is aimed at the improvement of living conditions of children and adolescents in Baixada maranhense to limit their migration towards urban cities.
- **construction of a clinic, a primary and a secondary school in Teresina Piaui- Brasil**
  It is an integrated multidisciplinary program aimed at supporting cultural, social and health programmes in Teresina.
- **Ecological agriculture and sociomedical development for the native "Ticuna" population. Alto Solimoes Amazon State – Brazil**
  This integrated project is aimed at improving the agriculture and food supplementation and, eventually, health conditions of the remote Indios Ticuna population.
- **vocational training, orphans' education and support to the centre for disabled people in Rilima – Rwanda**
  Two-year courses for rehabilitation therapists have been set-up to limit the negative effects of the war consequences. Most graduated therapists have been recruited by the Rilima Rehabilitation Center.
- **basic sanitary assistance in the Bijagos Islands- Guinea Bissau**
- **school for dental therapists in Addis Abeba – Ethiopia**
  In collaboration with the Ministry of Health of Ethiopia, two-year courses for dental therapists have been set-up in Addis Abeba.
- **fight against HIV/AIDS in Ouagadougou (Burkina Faso)**
  In collaboration with the University of Brescia, the Brescia Spedali Civili Hospital and the St Camille Delegation in Burkina Faso, Medicus Mundi Italy is participating in the fight against HIV/AIDS in Ouagadougou.

Health education in Medicus Mundi Outpatient Department in Bijagos Islands (Guinea Bissau)

MEDICUS MUNDI SPAIN

FOR A HEALTHY WORLD

- Medicus Mundi Spain is an NGO founded in 1963 by a group of health professionals who made cooperation tasks in developing countries
- in 1991 MM Spain was recognized with the Prize "Príncipe de Asturias de la Concordia"
- Medicus Mundi exists to contribute to generate changes in the society, fomenting a culture of solidarity and commitment, that makes possible the eradication of poverty and allows that health would be a right of all the citizens.

Mode of operations

- Medicus sets out the protection of health as a basic component of human rights, from the promotion of primary health care to support the public health system. This guarantees access to a quality health attention to all people, without distinction of race, sex, religion or economic standard.
- Each local community is responsible for the development. It is the main actor of this process. Consequently, they must define the model and the strategy of their own development.

Objectives

- promotion of health in the poorest regions, with projects that are based on the strategy of the primary attention of health
- the support to the local organizations stimulating the total participation of the community, to make integral, continued and sustainable programs, respectful with the culture and the tradition
- the promotion of the education for health and for development and the change of mentality of institutions of the industrialized countries

AIDS orphan in Burkina Faso

Employees

- 16 offices with 62 workers in Spain
- 49 people in the field:

  20 in South and Central America

  19 in Africa

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Project Guetemala

- **Project Title:** Implementation of a system of primary health attention of first level in three districts, with pilot experiences
- **Total Project Cost:** 2.086,960 €
- **EU Contribution (% of total):** 1.500,000 € (71,87 %)
- **Overall Objective:** Improvement of the health of the populations of the districts numbers 9 and 10 in Nahualá and Santa Catarina Ixtahuacán, Sololá and the District of San Juan Ostuncalco in Quetzaltenango through the implementation of a system of primary health based on previous experiences
- **Specific Objectives:** Implementation of a system of primary health of first level in three districts, with pilot experiences
- **Target Group:** 20,136 people majority of the rural population, farmers, indigenous, monolingual and illiterate natives

Main working areas

Geographic areas

- Bolivia
- Ecuador
- Peru
- Republica Dominicana
- Guatemala
- Honduras
- Nicaragua
- El Salvador
- Angola
- Burkina Faso
- Malawi
- Mozambique
- Rwanda
- Brazil
- India
- Morocco
- Democratic Republic of Congo

Sectoral areas

- primary attention of health
- integral projects
- empowerment of civil society
- humanitarian aid
- education for the development

Black gold (petroleum) in Ecuador destructs people and enviroment

MEDICUS MUNDI SWITZERLAND

Network Health for All

- Medicus Mundi Switzerland was founded in 1972 and is a network of Swiss organisations active in the field of development and health
- MMS is committed to a common vision: health for all

Mode of operations

- networks and connects Swiss health development organisations
- promotes exchange and sharing of knowledge and experiences among organisations
- provides need based services in order to support its members in their activities
- provides input to organisations for reflection and development of activities
- cultivates the exchange with MMI, organisations and networks on an international level as well as within Switzerland

Objectives

- creating conditions that allow people worldwide to attain and sustain the highest positive level of health
- access to health care
- overcoming poverty
- active involvement in international health co-operation
- co-operation as an integral part of the network

Network of MMS

Medicus Mundi Switzerland is a co-operation of 39 organisations, as e.g. Swiss Red Cross, CBM or Stiftung terre des hommes

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Aidsfocus.ch – A project by Medicus Mundi Switzerland

aims

- creating a platform for Swiss organisations committed to fighting the HIV/AIDS epidemic
- creating transparency for ongoing activities of diverse actors, so that the organisations know from each other who is active in which field and which services they have to offer
- capitalising and exchanging experiences in order to learn from each other, thus creating "Communities of practice"
- providing condensed and accessible information for organisations and its staff, allowing them to be informed about new developments, ongoing debates etc.
- offering strategic and operative alliances, in order to define common positions on approaches, best practices, guidelines, etc.
- sensibilisation and advocacy regarding the implications of the HIV/AIDS issue on international cooperation

achieved by

- collection and presentation of relevant information on the website www.aidsfocus.ch and editing the monthly electronic information bulletin
- creation and facilitation of communities of practice (face to face as well as e-mail discussion groups)
- organisation and facilitation of a yearly conference

support

- Aidsfocus.ch is a project of MMS, but it would not function without the support of Swiss organisations and individuals, who support it financially as well as through their active contribution. The conceptualisation of the project is based on the felt need of MMS members that are faced with the traumatic impact of the pandemic on their partners in the field. Aidsfocus.ch is also supported by the Swiss Agency for Development and Cooperation (SDC).

CUAMM
MEDICI CON
L'AFRICA

CUAMM Doctors with africa

- Cuamm Doctors with Africa is one of the most important non-governmental organisations (NGOs) in Italy in the field of health
- Cuamm is running 28 international cooperation projects with 16 hospitals, 8 nurse training schools, 2 universities and 10 AIDS-, TB- and Malaria-control-programmes

Mode of operations

- Doctors with Africa is expression of a different way of giving to others, that means participation, exchange, common effort, to work and to suffer together
- it reinforces the difference between programme of emergency and of development

Objectives

- accessibility of services and fair financing of the health system
- guaranteeing long-term support to hospitals and territorial services, contributing to recurrent costs and supporting the development of local human resources
- activating and sustaining fair forms of financing of the health system, built on solidarity and risk sharing (local mortgages, community financial schemes, and so on)

Kibaigwa Village, Tanzania

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African Countries Representative Offices
Luanda - Angola
Addis Abeba - Ethiopia
Nyhururu - Kenya
Maputo - Mozambique
Kigali - Rwanda
Cuamm Nyagatare - Rwanda
Dar Es Salaam – Tanzania
Kampala – Uganda

Cuamm's interventions are articulated in a series of integrated approaches

At district level

Cuamm cooperates in the management, in the administration, in the maintenance and in the information system

In rural hospitals

Governmental or private: Cuamm sends medical personnel, trains local personnel, integrates equipment, cooperates in the management of services

Primary health care

Cuamm operates out reach services, with sensitisation, prevention, health education, environmental hygiene

Training of personnel

Cuamm upgrades, qualifies, improves and trains local personnel either in professional schools or on the job

Study and research

in professional level, uni-versities and national insti-tutions

Emergency aid

when it is necessary to face essential needs of survival, in conditions of severe social and health crisis

Specific sectors

Cuamm pays particular attention to child and maternal health, nutrition, sexually transmitted diseases, disability

Medical Department, Beira Hospital, Mozambique

Deu Caritas Est

Fatebenefratelli

Caring for sick and needy persons

- the Hospitaller Order of St. John of God was founded in Spain by John Ciudad in the 16th century
- nowadays John's work is continued by 50,000 of his followers world-wide, who inspired by his example, dedicate themselves to the provision of social services, preventative medicine, welfare and healthcare services in 49 countries world-wide

Mode of operations

- effective and efficient resource management
- holistic care and concern for the patient
- managerial transparency
- maintaining the charitable and social character of each centre
- professionalism of all who work in the centre or service
- each centre is organised in such a way that it ensures pluralism
- motivate workers through appropriate delegation
- providing opportunities to develop their skills
- creating a culture of membership of the centre

Objectives

- the focus of attention of all the followers of St. John of God is the person for whom the service is being provided
- the innate dignity and rights of people who are sick or in need are respected and promoted as a priority
- the freedom of conscience of those cared for, and those working with the Hospitaller Order of St. John of God is guaranteed
- the ethos, philosophy and values of the Order are upheld in all its centres and services

Partners

- general hospitals
- psychiatric hospitals
- centres for people with learning disability
- centres for people which physically disability
- homes for elderly persons
- domiciliary services
- dispensaires
- out patient clinics
- pharmac
- traditional medicine
- rehabilitation centres for people with chemical dependency
- university clinics, nursing colleges and schools and research centres
- paediatric hospitals
- hospices

Facts & Figures

- 50,000 members world wide
- represented in 22 provinces or regions
- centres and services are provided in 49 countries with more than 400 hospitals, including education and training facilities for the mentally and physically disabled; the elderly

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Fatebenefratelli

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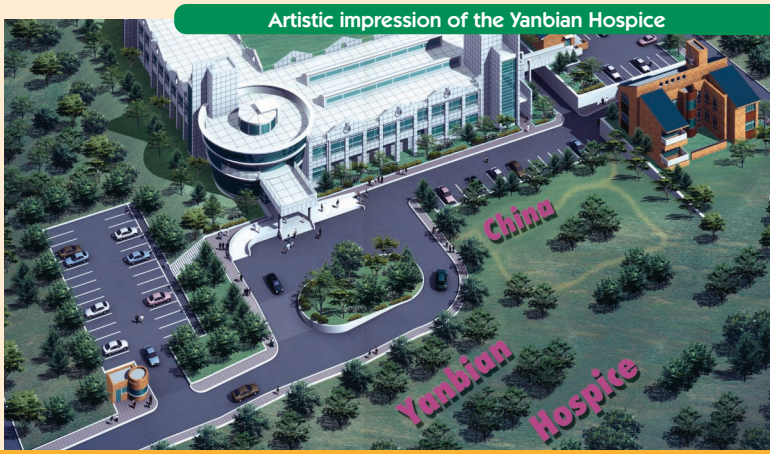
Model Hospice in China

The initial step into China was an invitation from the Regional Minister of Health, Dr. Xunam Li, asking the Hospitaller Order of St. John of God to set up a model hospice for persons terminally ill from cancer. Dr. Li helped to identify the Yanbian Seconds Peoples Hospital in Yanji, (independent Korean prefecture in North East China) which eventually formed a partnership with one of the Order's Hospitals in South Korea. After three years of preparatory work by a six member team a historic partnership agreement was signed between the two partners, St. John of God Hospital, Kwangju, Korea and Yanbian Second People's Hospital, Yanji in September 2001. On October 3rd 2003 the foundation stone of the new hospice was laid and work on its construction commenced.

The Services provided by the Hospice will include:

- residential hospice and palliative care services
- home care services
- day hospital
- mortuary services
- education around palliative care
- care of the sick and dying
- care of the bereaved
- family counselling
- other ancillary services

Artistic impression of the Yanbian Hospice



Background

- association for medical private non profit, confessional and social organisations in Benin
- AMCES was founded in March of 1985 and was officially registered
- AMCES is an affiliated member of Medicus Mundi International
- AMCES offers 40% of the hospital ser-vices in Benin
- its services cover 1/4 of the Benin population which means about 2 million people
- AMCES = 7 referral hospitals
- AMCES = 20 health units and 27 health services training

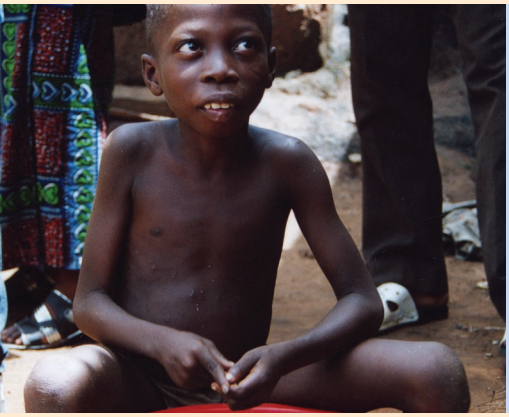
Mode of operations

To strengthen the organisational capacities of the members through:

- institutional and technical support
- research and studies
- exchange of experiences and training
- lobbying
- evaluations
- provision of health services
- promotion of health projects
- coordination

Objectives

- to improve the private social health sector
- to link the private social health institutions
- to contribute to the good functioning of the institutions
- to stimulate capitalisation of experiences
- to strengthen co-operation between public and private social work
- to make a structural contribution to the health system



Working areas

- AMCES has a contract of confidence with the Ministry of Health
- AMCES carries out studies and consultancies for the Ministry of Health
- AMCES is member of the inter-ministry commission to prepare a decree on contracting
- AMCES attends partner-meetings in the health sector
- AMCES is board member of the central store of essential drugs and medical consumables of Benin CAME

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Implementation of the seat agreement of Medicus Mundi International

- second community health training session for health personnel organised in collaboration with the University of Abomey Calavi (Benin) and the Catholic University of Lille (France), 30 participants from private and public institutions came from Benin, Togo, Chad, Cameroon and D. R. Congo
- to start a documentation centre/databank for the members
- collect medical-technical materials for the centres
- financing AMCES activities

medicusmundi

Fundacja Pomocy Humanitarnej
<< Redemptoris Missio >>

Acting by following the suggestions of "Redemptoris Missio" encyclic

In Poznań, Poland the tradition of an academic organisation helping missionaries goes back to the year 1926. In 1992 the Humanitarian Aid Foundation, "Redemptoris Missio", based at the University of Medical Sciences in Poznań, was registered as a non profit, non governmental relief organisation. Its official relations with Medicus Mundi International (MMI) started in 1994; since 1997 the foundation has a status of an associate member of MMI.

Mode of operations

- training the missionaries, medical doctors, nurses and students in tropical health problems
- sending medical doctors, nurses and students to the missions conducting medical activities
- organising medical and financial help for some missions
- documenting missionary activities and promoting the voluntary activities for the poorest people

Objectives

The aim of the foundation is to promote an interest in major health problems in poor societies and to deliver humanitarian help, both personnel and materials to the most needed communities in developing countries through Polish Catholic Missions abroad.

Partners

- Polish Episcopate's Mission Committee
- National Centre for Catholic Missionaries Formation
- Caritas Poland
- University of Medical Sciences in Poznań

Activities in the last 10 years

- three training courses or seminars per year
- 36 students sent for summer training to the missions in Africa and India
- 25 medical doctors and 4 nurses sent to the missions abroad
- 120,000 US $ sent to the missions and, especially those taking care of people suffering from leprosy
- presenting the experiences and medical issues encountered by missions in publications at meetings, by expositions and concerts

Contact

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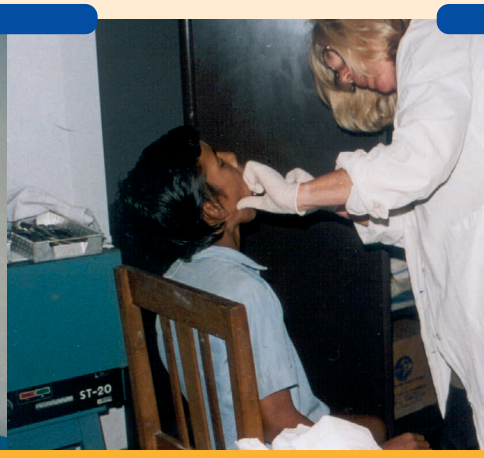
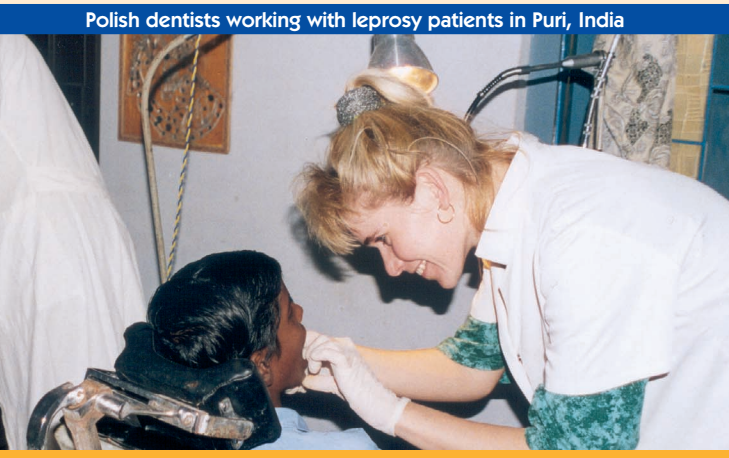
Project examples

- Financing the construction of a new outpatient clinic in Kiabakari, a remote area in Tanzania. After the clinic is ready it will be supplied with medical equipment and medicaments and run further by offering personnel and material help from Poznań Medical Faculty. This is a joint venture of the Foundation in Poznań and Salesian misionary volunteers from Krakow, being supported and blessed by Bishop Justin Samba from Musoma Diocese, Tanzania.
- Publishing a quarterly Medicus Mundi Polonia, addressed to people interested in the medical problems and activities occurring in the missions abroad. It covers news from Poland, missions abroad, World Health Organisation, Medicus Mundi International, Pontifical Council for Health Pastoral Care. Basic and up-dated reviews are regularly published on the major global health problems (HIV/AIDS, malaria, tuberculosis, leprosy, maternal and child care, diarrhoea, cholera, dermatological diseases, SARS).

Polish sister working in Ghana



Polish dentists working with leprosy patients in Puri, India



Moments

Miguel Angel Argal, president of MMI (left)
Michael Steeb, managing director of AGEH

Audience during the MMI-presentation at the
Deutsche Parlamentarische Gesellschaft in Berlin

The MMI-members on a sight-seeing tour
in front of the Brandenburger Tor

Dr. med Edgar Widmer
(member of the MMI-board)

Walter Schöler, German MP and deputy chairman of the action medeor
board of directors; Dr. Elke Leonhard, German MP and president of the
Deutsche Parlamentarische Gesellschaft (from left to right)

Bernd Pastors, managing director of action medeor
and Heinz-Josef Vogt, chairman of the action medeor
board of directors (from left to right)