

## Moving health cooperation beyond aid MMI Annual Report 2017

*This is a preliminary, (almost) text only version of the Annual Report, with an introduction by President and the report by the Secretariat. A complete and fully illustrated version, including also key financial facts and figures and the Network members' "Short stories", will be available soon and sent to Network members.*

Dear members and partners,

The world is changing fast. New technologies are completely modifying our lives, as everybody immediately can be connected and knows what happens in the most remote part of the world. In the economic field, unfortunately, we have experienced the downside of this globalized and interconnected world that at the same time lacks a functional global governance mechanism. Let us not forget that it was a local problem in the United States that caused the last world economic and financial crisis...

While we are used to apply a global perspective in the fields of economy or communication, we don't have the same global vision for the right to health. Health inequities in the world are still a big problem that makes a lot of people suffer and die, even if we have the knowledge and capacities to end most of it. Moreover, diseases do not need passports and we can't stop them at the borders, as we can see in some epidemics such as Ebola, but also in other global problems such as diabetes or hepatitis.

Improving health services is essential, but better health for all cannot be achieved without addressing poverty, social protection, gender equity, nutrition: the social, political and economic determinants of health and health policies. The World Health Organization is rightfully promoting Universal Health Coverage (UHC), but we can't forget the determinants of health and the political context of health care and health cooperation if we really want to change the present situation. The Sustainable Development Goals (SDGs) and the commitment by all countries to achieve them by 2030 are based on such a global vision necessary to build a better and sustainable world. It is high time to move from rhetoric to action!

The MMI Network has adapted its activities to the challenging environment. We are successfully implementing our Network Strategy 2016-20 with the two main fields of international health cooperation and global health policy and governance, at the same time aiming at having more organizations on board to expand our influence and activities. In 2017, we have welcomed two new members, the Andalusian School of Public Health (EASP) and the Health Policy Unit of the Institute of Tropical Medicine Antwerp (ITM). MMI is also looking for innovative ways of funding our work, exploring ways to achieve a sustainable financing.

As you will see in this Annual Report, the activities of our working groups on Global Health Governance (GHG), Effective Health Cooperation (EHC) and Human Resources for Health (HRH) are strongly interrelated.

In the area of global health governance, we continued with our work related to the World Health Organization and its processes and governing body meetings. We are happy to have seen the successful start of the Geneva Global Health Hub (G2H2) hosted by the MMI secretariat. With our engagement in the G2H2 meetings and working groups such as “FENSA Watch” or the task team “40 years of Alma Ata” for the celebration of the jubilee of the Alma Ata declaration in 2018, we benefit ourselves considerably from this new facility.

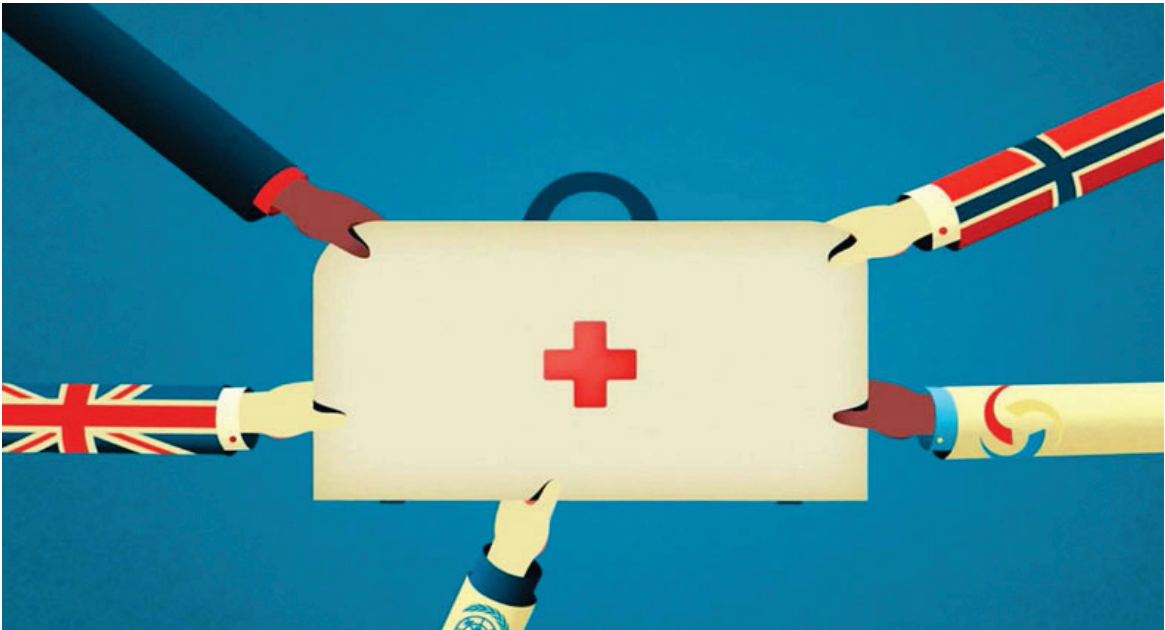
In 2017, we focused a lot of attention and activities on continuing and deepening our reflections about health cooperation beyond aid, at the same time engaging in the International Partnership for UHC 2030 (UHC2030) where we hope to contribute a critical and constructive civil society perspective: To reach health for all, more aspects than just health coverage need to be addressed.

Our working group of Human Resources for Health (HRH) had a complicate path in 2017, due to the complex environment, a period of transition between former global structures (GHWA and HWAI) and not yet fully established new ones, in which our Network is involved. Even so, the active participation of MMI in the 4<sup>th</sup> Global Forum on Human Resources for Health in Dublin shows that this work is still relevant.

Overall, and beyond our own work, the year 2017 has again ended with more questions than certainties. The international institutions are quite confident that they know what needs to be achieved in global health, but there is no consensus in how to do this. So there is “enough” work ahead, also for the MMI Network. We are confident that we are on our way. And we look forward to the Jubilee of the Alma-Ata Conference that took place in 1987 and its Declaration that inspired so many of us - and continues to do so.

The MMI Network is first and foremost a member-based association and the participation of its active members is key to its results. Therefore I heartily thank all our members for their ongoing engagement and suport, but also my SC colleagues, the working group coordinators and members and the Executive Secretary for making MMI a lively and inspiring community.

Carlos Mediano, President  
Medicus Mundi International Network



# ”Moving health cooperation beyond aid”

In our Strategy 2016-20 adopted by the members in 2015, the Medicus Mundi International Network framed the two main fields of work of the MMI Network as follows:

- “We will promote knowledge sharing and mutual learning between actors in international health cooperation.”
- “We will provide autonomous, sustainable and stimulating spaces for the analysis and debate of global health and promote platforms for joint civil society advocacy.”

Our understanding of the interconnectedness of these two fields of work, our broad overall vision of what it needs to achieve Health for All combined with our approach of linking practice with evidence and the local and national with the global level allow the MMI Network and its members to deal with these two fields of work not just as separate “tracks”, but as a holistic one.

In the last year, this has become particularly visible in the MMI working group on Effective Health Cooperation (MMI EHC) which has been engaged, at the same time, in advocating actors in international health cooperation to “move cooperation beyond aid” (see the current chapter) and in addressing governance challenges in the international institutions dealing with the promotion of Universal Health Cooperation (see the chapter on global governance). We will focus in the current report on this working group, without neglecting to include reports on activities and achievements in our other fields of work.

## **Promoting relevance, legitimacy and effectiveness**

The MMI Network aims at contributing to the debate on ways in which actors in development cooperation such as international NGOs or bilateral agencies can engage in a relevant, legitimate and effective way to achieving universal access to health. Our work is historically rooted in the engagement of MMI Network members in health cooperation, in the promotion of health systems strengthening and the structural integration of “private not-for-profit” organizations in national health systems, and in the promotion of evidence based health cooperation, but also in the traditional role of the Network of being a space for sharing, mutual learning and cooperation.

In our understanding, expressed in a discussion paper published in 2016, relevant, legitimate and effective health cooperation has some “core qualities” as follows:

- It contributes to achieving universal access to health.
- It is fully aware of its structural role, responsibilities and limitations.
- It continuously reflects on how to improve its approaches and practices.

Moving health cooperation “beyond aid” – our slogan of the past year – therefore means to add these core qualities to the humanitarian gesture of “helping” and “filling gaps” in which health cooperation is historically rooted. The result shall NOT be the transformation of aid into business, but, again, renewed and strengthened relevance, legitimacy and effectiveness of our efforts and contributions.

*“We invite institutions and professionals engaged in health cooperation to critically position themselves, to refer to the criticism of development cooperation and to participate in an intersectoral dialogue on how to do things better. If we take this seriously, we might need to accept that a paradigm shift is required that breaks with the continuum process of development cooperation for health as it has been conducted during the last 50 years.” (MMI discussion paper)*

When the MMI EHC working group presented, in September 2016, its discussion paper on “Health Cooperation: Its relevance, legitimacy and effectiveness as a contribution to achieving universal access to health” at a workshop in Berlin, it was clear to us that this was just the beginning of a journey, and not the end of it. And we invited the MMI Network members and partners to join us in this journey.

Since then, and in the past year, the joint reflection within and beyond the MMI Network on “health cooperation beyond aid” has led us from Berlin to Geneva and Antwerp.

## MMI Health Cooperation workshop Geneva, 27 May 2017

Since 2014, the MMI Network has met once a year, for its Assembly and health cooperation workshop, in the middle of “International Geneva”, close to the Palais des Nations and the World Health Assembly (WHA). This arrangement allows Network members to link their participation in the Assembly with attending the WHA as a member of the MMI delegation; on the other hand WHA delegates can join the MMI meeting and in particular the workshop as our guests.

Our health cooperation workshops are therefore promoted at the same time as public side events to our General Assembly and as side events to the World Health Assembly.

*“International health cooperation in today’s world calls for a major renewal. We need less of the classical Official Development Aid (ODA) approach, and more of modern, second-generation, cooperation principles and practices among countries and civil society organizations which can catalyze national health efforts and resources.” (Daniel Lopez Acuña)*

The 2017 workshop on “Health cooperation beyond aid” followed the structure of the MMI discussion paper published in 2016 and its questions for reflection. The vivid conversation benefitted of the mix of participants due to the venue and timing of the meeting: MMI Network members, other actors in the field of health cooperation including representatives of bilateral agencies, but also member states and civil society delegates at the World Health Assembly and representatives of the WHO secretariat participated in the lunch event.

## MMI Network at ECTMIH 2017 Antwerp, 16-20 October 2017

Our conversation about “Health Cooperation beyond aid” culminated at the 10th European Congress on Tropical Medicine and International Health that took place in Antwerp in October 2017 and in which the MMI working group on Effective Health Cooperation was strongly engaged.

We were particularly happy to see that our proposal to integrate a track on international health cooperation in the formal congress programme was implemented by the organizers. MMI Board member Remco van de Pas represented the Network in one of the plenary sessions, and we organized, in partnership with Be-cause Health, two well attended workshops.

In addition to this formal engagement, the MMI Network and some of its members could be “visited” in a marketplace booth throughout the congress week: i+solutions, Medicus Mundi Switzerland, Memisa and Wemos, having reacted to a call sent out by the MMI Secretariat in summer, joined this visibility partnership that was well appreciated by the participating members.



**16 October 2017: Health cooperation beyond aid? Engaging Belgian actors on global health with regards to the relevance, legitimacy and effectiveness of our work in an SDG era**

Our Belgian colleagues of Be-cause Health invited the MMI Network to co-organize an ECTMIH pre-event on the topic we have addressed, in our working group on Effective Health Cooperation, over the last two years.

This event brought together researchers, practitioners, policy-makers and influencers to exchange insights on how they are adapting their work to a changing environment, and reflect on how changes in their approach is influenced by shifts in (health) development cooperation. The debate was lively, and the participation of a young academic audience added some spice to it, as expressed in a blog published by an ITM intern:

*"As always, it is only when reunions culminate that ideas abound. Strikingly, the panel debate failed to venture beyond the classical aid dilemma despite the goodwill of experienced panellists and strong push from the audience. Hence it appears that moving the focus of discussions from aid to a systematic analysis of the potential and the inherent challenges of collaboration is harder than we think. Good news remains that it is on everyone's agenda. As for the necessity of reaching out rather than the usual inward-looking approach in the aid community, this is yet another challenge even experts could not find an answer to."*

**Tuesday 17 October 2017: Health cooperation beyond aid. ECTMIH session organized by MMI, with lecture of Natalie Sharples, winner of the MMI essay contest**

Our application for an organized session on "Health cooperation beyond aid" jointly submitted by MMI and Be-cause health was accepted by the scientific committee of ECTMIH 2017.

*"Funding for international development aid is under pressure. Post-fact & post-truth policy framing overshadow evidence-based policy making. Humanitarian, development and security objectives have become blurred. Current global health challenges are of a transnational, universal, nature and not only a matter anymore of bridging the gap between developed and developing countries. This requires a re-assessment of how international health actors transform themselves to engage in a strategic way with a new global health agenda."*

Speakers from a variety of organisations provided an initial input to this question. One of the speakers was Natalie Sharples, the winner of an essay contest organized by MMI:

*"Achieving health justice requires radical change. Change in policies that create poor health, change in the global distribution of power and resources, and change within the health justice movement itself. At our organization, there are a number of things we are proud of. We don't create parallel systems. We work closely with local authorities, district health committees and national governments to build effective health systems that are appropriate and accessible to those who need them. We look to challenge power imbalances from local to global levels. And we tackle the root causes of poverty without pretending that aid and charity are solutions. There are a number of other areas to which we are committed, but require ongoing struggle and reflection..."*

The reader of the MMI essay contest, a selection of contributions from members and partners of the Medicus Mundi International Network, was also launched at this ECTMIH session and is since then available online. Contributors were asked to discuss their "theory of change" (if any) which defines how they expect social and health outcomes to be improved while reflecting on their organization's particular role and contribution: How do health development cooperation and the actors involved need to change to remain relevant and effective in the 21st century? How is their organization's or their local partner's structures and programs integrated in the national health policies and systems of the countries they collaborate with / work in? How do they handle the dilemma between working on a rights based approach to health while having to address institutional financial challenges? The six essays selected for the online publication give answers to these challenging questions and provide "food for thought" in an exemplary way from both the personal and institutional perspective of the authors.

# Global Health Policy and Governance

“Getting involved in global health” has become a formal objective and field of work of the MMI Network only after 2010 (Strategy 2011-2015). And, in fact, since then, the MMI Network has successfully got involved in debates on global health policy and governance and can now be considered as a valuable, respected and well known voice of civil society at the World Health Organization, also benefitting of its status as “NGO in official relations” and its long history of collaboration with WHO.

Related to this, MMI has developed a reputation as a dedicated and unbiased networker and convener for WHO related right-based civil society advocacy. In this context, MMI and its working groups have established good working relations with international social justice movements, networks and coalitions promoting Health for All.

Therefore, with the Strategy 2016-20, we decided to further invest in this field:

- **Promoting good governance** in their fields of work, the thematic working groups pay particular attention to the governance of the, providing “critical constructive” input and, if possible, engaging from within the global mechanisms and platforms such as the World Health Organization and its hosted partnerships and coordination mechanisms (MMI GHG), the International Partnership for Universal Health Coverage and its Civil Society Engagement Mechanism (MMI EHC) and the Global Health Workforce Network and related mechanisms (MMI HRH).
- **Providing direct input to health policy debates** at the WHO and its consultations and governing body meetings, in partnership with People’s Health Movement and other civil society colleagues and hosting the “WHO Watch” project in the MMI delegation.
- **Being a dedicated networker and convener**, in particular by hosting the Geneva Global Health Hub (G2H2).

In all these areas, 2017 was a year of intensive work – with some good progress.

## MMI GHG: Watching and providing direct input

As in previous years, MMI addressed the World Health Assembly (9 statements) and three sessions of the WHO Executive Board with statements on various topics, in close collaboration with the People’s Health Movement and its WHO Watch project hosted in our delegation. MMI statements continue to be available on the WHO Watch website and in particular in the nice “WHO Tracker” (<http://who-track.phmovement.org>) provided by the People’s Health Movement.



In the past year, the election of a new Director-General of the World Health Organization, the implementation of the WHO Framework of engagement with non-state actors and the development of the 13<sup>th</sup> WHO General Programme of Work attracted our particular interest. As part of broad civil society coalitions, and beyond our statements at the WHO Governing Body meetings, MMI provided input in consultations and public statements in these fields. To highlight some of them:

- MMI co-signed open letters to the members of the 140th Session of the WHO Executive Board of the WHO on the need to address the recommendations included in the report of the United Nations Secretary-General's High-Level Panel on Access to Medicines (UNHLP) on the insufficient Conflict of interest safeguards to protect WHO from influence of regulated industries (January 2017).
- MMI signed the civil society statement "The WHO we want and the leadership WHO needs. A message from civil society" (March 2017) and an open letter to WHO DG candidate: "Keep policy and priority setting free of commercial influence" published in The Lancet in May.
- MMI contributed with written statements to the online consultation on the WHO General Programme of Work (September 2017) and to a related Special Session of the WHO Executive Board in November.

Co-signing a campaign or a joint advocacy statement as Medicus Mundi international Network requires consultation of the Board by the Network member or institutions who promotes it and does not mean that the statement reflects the position of all Network members.

### **World Health Assembly analysis and side event**

During the 70<sup>th</sup> World Health Assembly, the MMI Secretariat published the daily bulletin "WHA Today" collecting critical analysis and promoting civil society events. This pilot, undertaken in collaboration with G2H2, the Third World Network and the People's Health Movement, was appreciated by many, but cannot be sustained unless there are increased capacities available at our secretariat.

MMI Network was co-organizer of a crowded side event to the World Health Assembly on "Responding to the Challenge of Antimicrobial Resistance (AMR): Perspectives of Civil Society, Intergovernmental Organizations and Developing Countries", together with Médecins Sans Frontières (MSF); Drugs for Neglected Diseases initiative (DNDi) and Health Action International (HAI).



In our understanding, if we look at Antimicrobial Resistance mainly/only as a medical issue (research and development, use of and access to medicines), key aspects are not properly addressed, in particular:

- Structural and commercial determinants of AMR, such as the environment and climate change and the transmission of AMR via the food chain;
- Global governance aspects of handling AMR beyond just seeing it as a health security issue;
- AMR as a challenge to the health system as a whole, in particular in LMIC.

We therefore invited Garance Upham, Vice-President of the World Alliance Against Antibiotic Resistance (WAAAR), to represent our Network in this meeting and to provide an input on these “blind spots”.

## MMI EHC: Engagement in UHC2030

Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. The UHC narrative takes up key elements of our Network’s understanding of “health for all”: Strengthening people-centred health systems and promoting universal access to essential health services as a shared responsibility of national governments and international actors.

The MMI Network therefore joined, in November 2017, the “International Partnership for UHC 2030” (UHC2030) as a civil society member. We want to contribute to this new international partnership from within, as a critical civil society voice. The MMI EHC working group and its members actively participated in the process of transforming IHP+ into UHC2030, providing input on governance matters, the drafting of the guiding documents and the principles and modalities of engaging with civil society. We are happy to see that an MMI representative, Itai Rusike (Community Working Group for Health, Zimbabwe), was elected into the first Advisory Group of the UHC2030 Civil Society Engagement Mechanism.



In an interview with the UHC2030 newsletter, the MMI Executive Secretary expressed some expectations about how this new global partnership can best harness its potential:

*“The interests and political agendas of diverse UHC2030 partners deserve critical assessment. It is rather easy to agree on UHC as a goal. But the implication that all members of the UHC2030 ‘movement’ agree on how to move towards UHC would be misleading. However, having so many diverse actors and interests assembled in UHC2030 can be useful to create spaces and structures – both public and protected – for critical reflection, political debate and mutual learning about how UHC can be achieved. This needs an agreement that, within the ‘movement’, dissent is possible and welcome.”*

This kind of critical constructive input was much welcomed, as well as our working group’s input on governance issues, challenging the legitimacy and quality of processes and products. This was well received and contributed to a greater attention in both bodies on governance issues.

In December 2017, some MMI Network members participated in the global UHC Forum in Tokyo, providing input on key topics such as financing for UHC, as part of a big civil society delegation.



## MMI HRH: Human Resources for Health - convening in an empty space

In the field of Human Resources for Health, MMI and its HRH working group coordinated by Wemos are known as both a strong and outspoken civil society voice and a dedicated networker and convenor promoting good governance of global (strong structures, representation, strong instruments, addressing root causes), with a focus on the implementation of the WHO “Global Code of Practice on the international recruitment of health personal” (adopted 2010 by the WHA) – but also beyond this topic. Our role and contributions are well recognized by civil society colleagues, but also by the WHO and other key actors in this field.

Setting up the “Global Health Workforce Network” (GHWN) as a “light” follower of the former “Global Health Workforce Alliance” (2016) has taken the WHO Secretariat longer than expected, mainly due to lacking financial support and limited capacities. By the end of 2017, we still wait for the appointment of a 12 member multi-sectoral Strategic Advisory Committee (SAC) to provide strategic advice to the Network and for the establishment of a Global Platform on Health Workforce Mobility. MMI HRH has expressed to WHO its interest to actively engage in both structures.

At the end of GHWA, also the “Health Workforce Advocacy Initiative” (HWAI) in which MMI HRH was strongly engaged, collapsed, and for more than a year there was no follower ahead. MMI HRH as one of the few organized civil society networks engaged in and experienced with the global processes is expected to deal with this vacuum in a strategic way. A new ‘mapping’ of actors and thematic analysis must be conducted to re-convene and strategize with relevant, reliable civil society actors.

### 4th Global Forum on HRH in Dublin, November 2017

Joint civil society strategizing was undertaken at the 4th Global Forum on Human Resources for Health that took place in Dublin from 13-17 November 2017. At the Forum, a team around MMI and the HRH working group leader Wemos gathered civil society colleagues to the well-attended civil society session "How can civil society spur action on ensuring health workers for all?". The participants agreed upon setting up, if feasible, a civil society initiative within the Global Health Workforce Network.

However this proved to be difficult. At the end of the year it rather looks as if a feasible approach will be to promote civil society participation in the thematic hubs of the GHWN (that are: community-based health workers; data and evidence; education; labour market; HRH leadership; youth; and gender equity) and explore, at the same time, how to set up a civil society initiative on HRH outside of the WHO/GHWN umbrella to remain a critically constructive watchdog to these structures and apply a perspective to addressing the root causes of the global health workforce crisis as it is today. To be continued in 2018...



## MMI and the Geneva Global Health Hub (G2H2)

At a strategy meeting held in Geneva in January 2015, civil society organizations discussed the need for more continuity in their exchanges on global health. In addition to meeting twice a year around the meetings of the WHO governing bodies, there was a wish to have a platform for continuous cooperation, exchange of knowledge and strategy development. After a period of consultations and planning, the Geneva Global Health Hub (G2H2; “the Hub”) was formally launched and established as an association under Swiss law at its Constitutive Assembly held on 21 May 2016 in Geneva. After the Annual General Assembly in May 2017, the G2H2 Steering Committee approved in June a biannual work plan for 2017-18 with four modules as follows:

1. Networking, communication and collaboration
2. Convening and facilitation of civil society strategizing and advocacy
3. Provision of services to individual G2H2 Members
4. Governance, accountability, institutional development



### Hosting the G2H2 secretariat – and engaging beyond this

The MMI Network is proud to host the G2H2 secretariat at our office in Geneva opened in autumn 2016 for this reason, and with Mariska Meurs (Wemos), a member of the MMI GHG team also became the first G2H2 President, followed in 2017 by Andreas Wulf (medico international), another member of MMI GHG. The G2H2 secretariat and Steering Committee directly report back to their association members; we therefore limit the related reporting to fields where MMI is engaged beyond its secretariat mandate.

Medicus Mundi International has been, for many years, a fierce promoter of good governance at the WHO, and continues to do so, with own statements and in cooperation with like-minded civil society organization as reported above. When we “outsourced” some of our related engagement to the Geneva Global Health Hub and its working groups, in particular watching the implementation of the WHO Framework on Engagement with non-state actors (FENSA) and the promotion of transparency and inclusiveness in WHO meetings and processes, we remain nevertheless strongly engaged, both institutionally and personally through the MMI secretariat and Network members active in the G2H2 and its working groups. Two examples

### *Promoting transparency and inclusiveness at the WHO*

Referring to talks the MMI Executive Secretary had with representatives of the WHO DG’s Office during a farewell lunch with the former Director-General Margaret Chan, Andreas Wulf (medico international, G2H2 President) and Thomas Schwarz had the opportunity to meet, in November 2017, the newly elected Director General Tedros Adhanom Ghebreyesus at the WHO headquarters, and to submit to him a series of memos, including one on practical issues regarding transparency, inclusiveness and ‘user friendliness’ of WHO processes and meetings.

### ***Preparing for the Alma-Ata Jubilee in 2018***

The “AA40 task team” hosted by G2H2 and co-ordinated by the MMI Secretariat was established in 2017 to plan and implement a civil society led event in Geneva in 2018 to commemorate the 40 year jubilee of the Alma-Ata Declaration. The event and the related communication shall allow to critically analyse the state of implementation of the main Alma-Ata Declaration principles (in particular: addressing determinants of health; global solidarity for health equity; accountability to the people, access to comprehensive health care services for all through a system structured around the principles of Comprehensive Primary Health Care) and to renew and promote a broad commitment to the values and the agenda of change expressed by the Declaration.

A concept note for an official WHA side event was submitted in November 2017 to the WHO secretariat. At the end of the year, the decision if the event will be attributed one of the available eight slots during the week of the World Health Assembly. In the meantime, we can confirm the good news that the event will take place – to be reported next year!

## **Medicus Mundi International – the Network**

***Medicus Mundi International – Network Health for All (MMI) is a network of organizations working in the field of international health cooperation and global health. MMI is a non-profit association according to German law founded in 1963 and, since 1978, an NGO in official relations with the World Health Organization. According to the statutes, “The aim of the association is the promotion of Health for All in a sense of access to health and health care as a fundamental human right.”***

MMI being an association according to German law, the governance mechanisms and institutions are defined by the statutes. Formal institutions of the association are: the General Assembly, the Board, the Executive Secretary and the secretariat, and working groups

The Network members, currently 20 NGOs, NGO Networks and academic institutions, are the owners of MMI. They bear the overall responsibility for the MMI Network and its development and define the aims – and how to reach them: Members are systematically involved in the development of the MMI Network’s policies, strategies and work plans, including the periodical definition of thematic focal areas of the Network.

### **Welcome to EASP and the ITM IHP Network!**

We are absolutely happy to report that the MMI Network is growing: In 2017 the Escuela Andaluza de Salud Pública (EASP) and the International Health Policies Network (IHP Network) of the Institute of Tropical Medicine Antwerp were accepted by the MMI Boards as new Network members. Both new members are coming from the academic arena where they have a great reputation, and both have a lot of experience and background in the fields of global health governance and effective health cooperation, so their contributions will enhance the work of our Network.

network  
health for all

## Communication

The website/electronic platform of the MMI Network mainly features our current activities and the work of the Network members. The “Network” section provides links to key MMI documents and to a list of Network members with short profiles of each organizations and recent contributions. Some promotional material is also available online.

MMI Network News are sent by e-mails to MMI Network members and other institutional and individual contacts. Recently, the newsletter has been partly replaced by the “MMI-cooperate” mailing list for internal horizontal communication between Network members.

Two Twitter channels are regularly fed by the MMI Secretariat: “MMI global health” (14’200 tweets, 2’600 followers) and “Health Workers for All” (2100 tweets, 850 followers), leading to lively interaction and contributing to the visibility of the Network at a broader audience.

## Finances

As a general rule, the core/central structure of the MMI Network has always been financed by the Network members, through regular annual membership contributions and, in particular since standard membership fees have been introduced, through additional extraordinary contributions by a limited number of members.

The income generated via such contributions has been sufficient to sustain a small secretariat (one part-time staff, currently 60 percent including G2H2 secretariat) and to finance key Network events. The overall budget of MMI has been quite small (below 100’000 EUR) and stable. However, the budget does not properly express the overall “turnover” by the Network, as it does not show all the investments by the Network members (staff capacities, travel expenses, events) in the Network and its working groups and activities.

In the past ten years, only the project “Health Workers for all” (2013-2015) set up by a consortium of MMI Network members and partners, funded by the EU and including a particular mandate of the MMI Secretariat, generated some substantial external project funding. Since summer 2016, the small income generated by MMI hosting the secretariat of the Geneva Global Health Hub has contributed to sustaining the Network secretariat: 30 of totally 130 days/year of secretariat capacities are currently financed via G2H2.

In a changing funding environment for international health cooperation, the decreasing “free income” of Network members has made it more difficult for them to provide substantial extraordinary contributions to the MMI Network. This has led to a series of deficits over the last years and underlined the necessity to increase the number of (financially strong) Network members to guarantee the financial sustainability in the mid-term. A related field of activity “We will further invest in the Network’s consolidation and development.” was introduced in the Strategy 2016-20. We are still working on its implementation...

At a Network meeting linked to the ECTMIH Congress in Antwerp, in October the MMI Board therefore continued and deepened a key conversation that has kept us busy over the last year: How can MMI strengthen its financial foundations and overcome its underfunding? Our members were invited to contribute to this conversation – and to help us sustaining our Network. With a potential institutional donor showing interest in our Network and its activities, we hope that we can report, in the next year, some progress at this level.

Financial facts and figures for 2017 will be presented at our General Assembly and in the full version of the Annual Report available soon.