Looking back and ahead
Memories and insights
by MMI presidents

LOOKING BACK – AND AHEAD

IN MEMORIAM...

NICK LORENZ: SHARING KNOWHOW AND JOINING FORCES TOWARDS HEALTH FOR ALL

2013 is a special year for the Medicus Mundi International Network. It will celebrate the 50th anniversary of its foundation. Through the contributions of my predecessors, MMI has been a success story from the beginning. The present annex to the Annual Report 2012 of the MMI Network follows for once a "top down" approach, collecting voices and portraits of the Network's presidents since its origin.

Of course priorities, approaches and people have changed since 1963, but the broad direction of Medicus Mundi International has remained the same and is now clearly formulated in our current strategic plan 2011–2015: the strengthening of health systems. For this we have developed new spaces and tools for sharing know-how and joining forces.

My own contribution as a chair of the MMI Network is still a small one, as I followed Guus Eskens only in 2010. I will therefore just look back to the last three years:

In this period, MMI has organised two Network meetings which were very well appreciated professional events: Brescia 2011 (maternal and child health) and Amsterdam 2012 (health in fragile states). The prospects for the upcoming symposium in Antwerp later this year on leadership in complex adaptive systems are promising.

Joining forces is not mere wishful thinking. There are now multiple examples of member organizations establishing collaborations, ranging from conceptual and advocacy work in the context of human resources in the health sector to joint large scale projects – for instance in the area adolescent sexual and reproductive health with a multi-million grant from the Dutch government. The recent success in obtaining EU funds for a joint programme "Health workers for all and all for health workers" is another shining example for the added value the Network can offer both to its members, but also to international health development.

In this context, it is not surprising that we are seeing a growing interest of organizations to become members of the Network. In the past years membership has almost doubled. It is noteworthy to mention that a number of African networks are now MMI members. This will contribute to the global credibility of the Network, which admittedly still has a Northern hemisphere predominance.

The approach to focus on joint advocacy in our communication to the WHO is bearing fruit. This is not only appreciated by members, but it is in my opinion a huge success that MMI has become a focal point of civil society in the WHO reform process.

The comparative advantage to have both NGOs and research institutions in MMI's constituency will increasingly foster new partnerships between NGOs and research institutions.

The innovative IT tools to facilitate exchange within the Network (developed on a step by step basis) are widely acknowledged and seek its pairs.

From the very beginning, a comparative strength of our Network has been its financial independence. The Network lives entirely on the member organizations contributions and has no third party funding. This is a rare quality in today's environment and indicates a much appreciated commitment and support of members over the past 50 years!

For me personally it has been very rewarding to be part of the exciting development of the Medicus Mundi International Network and I am looking forward to a possible second and last term as chairperson.

Many would say that being in their fifties are the best years of their life. Looking at the development of MMI, we can clearly see that it is in excellent shape. However, I am convinced that the best years are still to come.

Nick Lorenz, MMI President since 2010

GUUS ESKENS: NEW APPROACHES FOR NEW TIMES

In the years directly before the start of my presidency, the donor environment of many MMI members had changed gradually and this resulted in a changing approach of some Network members: more focus on quality and on results obtained, on influencing policymakers and religious leaders, rather than on service delivery and technical assistance alone.

In the Netherlands the Network member Memisa Medicus Mundi, where I was the executive director, just had merged with two other catholic development organisations into Cordaid, and this organisational merger also meant an integration of the thematic areas of the three merging organisations. At the same time funding possibilities for deployment of medical doctors and medical personnel, a form of technical assistance that had been core business of Memisa Medicus Mundi over a long period of time, ceased to exist.

It was a special challenge to assume responsiblities of the President of MMI in this changing context. Although the Board of MMI worked with a lot of energy on a great number of different issues, I would like to, at the occasion of the MMI jubilee, just mention a few :

After the succesful conference with bishops in Kampala in 2004, the Board continued to organise further conferences for bishops, where discussions took place on issues like the way management of the Church healthcare institutions could be improved and how cooperation with national governments could be reinforced. These conferences were seen as very successful by both the participants as well as by MMI members.

The Board decided that the activities of MMI should be organised in the context of a longer term perspective. Therefore MMI developped for the first time a strategic plan (2007-2010). This was a lengthy but necessary excercise to which all MMI member organisations contributed.

In 2007 the funding possiblities for Medicus Mundi Belgium ceased to exist, which caused a gradual closedown of their office where until that time the executive secretariat of MMI was housed. This urged the MMI Board to look for other possibilities, and a service contract with Medicus Mundi Switzerland could be succesfully negotiated. In the beginning of 2008 the MMI secretariat moved to Basel into the office where also the secretariat of Medicus Mundi Switzerland was housed. Thomas Schwarz became the new MMI executive secretary. A special dinner was organised with former MMI presidents to thank Frederica Wijckmans, who had been the MMI executive secretary for so many years.

Soon after the the transfer to Basel the new secretariat started to develop a MMI website, where since that date MMI members have been able to review all important information about the members, Network meetings and activities and shared resources. Also the nature of MMI did change gradually: from a "umbrella organisation" into a Network. In 2009 the Assembly approved the newly developed Network Policy, which constituted a clear and strong basis for a new MMI strategic plan adopted one year later.

It has been a privilege and an honour to have been able to serve MMI as a president for two terms. I am grateful for all inspirational contributions of my colleague Board members during that period. In 2010 I handed my duties over to my successor, Nick Lorenz. I am pretty confident that there is, with the present Board and with the present executive secretariat, a good and solid basis for a healthy future for MMI .

Guus Eskens, MMI President 2004–2010

MIGUEL ANGEL ARGAL: A CONTINUOUS SCHOOL OF TRAINING, PARTICIPATION AND COLLABORATION

The first thing I would like to emphasize about my time as President of Medicus Mundi International is the fact that I have been in contact not only with other association members of the Network, but also I have done a personal relationship with a lot of the persons of the Medicus Mundi International Committee. Among these members there were personalities because of their professional and personal experience working in Low Development Countries (LDCs). This relationship became personal friendship and exchange of solutions to specific problems. The presidency itself constituted a continuous school of training, participation and collaboration in finding solutions to identical or similar issues that arose for all organizations, in the actions in the LDCs and to build a common reflection to remain faithful to the founding principles and its evolution in the increasingly complex framework of cooperation

The direct access to the Assemblies of the WHO and its officers and managers, as well as in other international relations is a very positive element. During my presidency some facts were remarkable: especially all the work in collaboration with WHO on the issue of contracting that has been so important later. I would highlight the technical meeting held during the World Health Assembly on the same subject. Given the importance of African health institutions run by the Catholic Church, I think it must be stressed during this period the meetings that took place in Anglophone (Kampala and Dar es Salaam) and Francophone (Bangui and Cotonou) Africa with episcopal officials of health. The purpose of the meetings was the mentalizing episcopal decision-makers the importance of the issue of contracting to try to find a solution for the great financial problems of health institutions and insist on the relevance of working in Primary Health Care at all levels.

We should also mention all reflections on health issues in LDCs that have been discussed during the meetings of Medicus Mundi International that took place at the same time as the Assemblies of WHO.

I would also emphasize the solidarity and friendship that has always presided in all Assemblies and meetings of Medicus Mundi International. I think this international network is an opportunity for everybody to improve the work in the field of health cooperation, so it should be exploited best.

Miguel Angel Argal, MMI President 1997–2004

SAKE RYPKEMA: STIMULATING COOPERATION IN BASIC HEALTH SERVICES WITHIN THE DISTRICT HEALTH SYSTEM

To know my motivation to join Medicus Mundi I have to go back to the founding years in the early sixties. Why did we, a group of medical students, longer to work in Africa? Was it adventure? Challenge of practicing medicine in all her aspects? Justice and solidarity concerning the undeprived?

It was in the late fifties that young nations liberated themselves from the colonial administration. The call of pope John XXIII towards religious congregations (owners of the majority of the private hospitals) to take their challenge and start health facilities in the developing countries was taken seriously. So they did. And they needed doctors. Any practitioner was welcome - not at all a professional approach, but a shame for the catholic medical associations in several European countries. So during a meeting of the International Association of Catholic Doctors in 1961, they put their heads together, stated that qualified and better prepared tropical doctors are needed, as they were not missionaries. Five countries, Spain, Germany, France, Switzerland, Belgium and Holland, took their responsibility, and Medicus Mundi was born.

Not being confessional, having curative and preventive duties, PHC oriented: these are values and goals that are still valid. Not church related meant that MM was not bound to certain birth control rules and could operate also in muslim countries. I was the first doctor who was assisted by the secretary of MM Netherlands to make a contract with a religeous congregation. In 1974 I joined the board of MM Netherlands, and in 1978 I was delegated to MMI. 1986 was the year that MM Netherlands became part of Memisa, later Cordaid.

I report about the presidency of Hélène Besson at a different place in this document. As being her successor in 1991, Hélène and me together brought the MMI archives, computer, typewriters pencils and papers to Brussels. And a new approach: Until then we did not have a professional highly qualified secretary. We then got the help of Frederica Wijckmans of MM Belgium, a great value for MMI.

What did Brussels bring us? At least it was much easier to travel for board members and assemblies. The EEC NGO Liaison Committee invited MMI as an observer. The idea was to participate in health matters, particulary the concerning the ACP countries who hat priority in the EEC foreign support. However several MMI members like Misereor, Memisa, Caritas

International, Care were already present and made their own lobby. Further, all was focussed on emergency aid, less on structural approach. Not a straight MMI policy. Moreover, several national branches had their contacts via their national delegates in or around the European Commission. MMI was expected not to intevene in these relations.

Time was changing, from one way traffic as NGO to assist the developing world to a more equal level of partnership. Strengthening local NGOs acting in health matters, health institutions, public health. The call for doctors and other health professionals to work in poor countries diminuished, but restructuring of health services (health reforms), decentralization (District Health Service), structural adjustment programs (SAPS) had to be faced. Moreover, NGO institutions at district level operated usually separated from government services, not at all integrated or at least not cooperating. While they should keep hands together to face the challenge of a sustainable PHC.

That is why cooperation with WHO and research became MMI core business. MMI was a well appreciated NGO partner of WHO and its departments. Contacts with related offices and ministers of Health during the yearly World Health Assembly were perfectly maintained by the MMI secretariat (at that time Piet Sleijffers). With the support of ITG Antwerp several studies were performed and the results sometimes put down in WHO statements (cooperation by contracting, capacity building, partner dialogue, sustainability including local health financing). MMI studies were published such as as the mail survey 1985 on implementing PHC NGO District Health Systems, and, in 1994, a report on the role of NGO hospitals in PHC and District Health System.

A special event was the presentation to MMI of the Premios Principe de Astrias 1991, comparable with the Nobel price in the Ibero-American community. MMI received the price together with MSF in the category solidarity. The price was presented by the crown prince Don Phelipe, prince of Asturias – a very solemn celebration. Later I was chatting with the queen of Spain who accompanied her son. Wow. The award, indirectly presented to MM Spain, was motivated as follows: “Health promotion over the national bounderies, without discrimination ans integrated in the development of the communities in the countries they serve. In fact MMI counts more than 2500 cooperators send out all over the world, is officially recognized by the WHO, where MMI takes part in the Technical Discussions of the World Health Assembly and to where MMI sends her delegates and reporters.”

Sake Rypkema, MMI President 1991–1997

EDGAR WIDMER: PROMOTING THE CHURCHES' COLLABORATION WITH THE STATE IN THE FIELD OF HEALTH

Medicus Mundi's role in promoting the Churches' collaboration with the State in the field of health has been an important challenge. My first contacts with the Vatican took place in the year 1983 when MMI was given the opportunity to participate within the Vatican's development department, COR UNUM in a Working Group on Health. This was the occasion in which the paradigm shift "from a Pastoral for the sick to a Pastoral for health" had taken place and where the group came up with the proposal to create of a specific Vatican Health Dicasterium, the church being one of the biggest health institutions covering up about 25% of all health services world-wide.

The Pontifical Council for Health had finally been founded in the year 1985. Right from its beginning I was able to collaborate as a representative of MMI within this Council. Medicus Mundi was convinced that by the fact that so many of our member organisations worked together with faith based health institutions in the field, it was useful to give MMI's professional input at this top level.

In its 1984 international Rome Conference, MMI convened with 17 African MoH and their corresponding national CHAs, proclaiming the urgent need for "NGOs and governments to move from simple collaboration and exchange of information to true agreements".

It lasted 15 years until in a side event during the 52nd WHA 1999, the idea of a resolution on "Contracting NGOs for Health" was launched. In any case it provoked the immediate endorsement by the Geneva observer of the Holy See.

In 1999 MMI organised consultations among public/private partners in Conakry and Dar es Salaam in view of a draft for a WHO Resolution on Contracting.

After the adoption in 2003 of the resolution, WHA 56.25, with the title "The role of contractual arrangements in improving health systems' performance", MMI from 2000 to 2010 organised several Working Conferences among African Associations of Bishops Conferences with the aim of awareness-building for Public/Private Partnership. As a results the 2010 Synod of the African Bishops, defining the church's policy for the coming years, put contracting policy on their agenda.

My engagement in these Medicus Mundi activities matches perfectly with my professional career.

After qualifying in medecine, I immediately started practical training in surgery. I obtained the doctorate in 1963 with a thesis on “The History of Swiss Medical Mission in Africa, considering particularly the Medical Center of Ifakara in Tanganyika”. Following the example of an uncle of mine, who had spent a lifetime as a missionary pioneer in Tanzania, I joined from 1963 to 1965 the medical staff at the Saint Francis Hospital in Ifakara and together with a team of teachers from the Basle University I participated in the training of future Tanzanian Medical Assistants.

Back in Switzerland I specialised as a surgeon FMH and took over a small private hospital with public functions near Zürich. For 19 years I was engaged as a board member of the Swiss Catholic Medical Mission Association (now Solidarmed). Since 1968 I held manyfold positions in Medicus Mundi International and as such was one of the founders of Medicus Mundi Switzerland. In one of my functions since 1983 I functionned as a link between MMI and the Pontifical Council for Health, patiently sharing and learning in regular contacts. I have experienced that the Church, in order to promote Health for All and Health for the Whole Man, is open for collaboration with a non confessional network like Medicus Mundi.

Edgar Widmer (2003): **MMI history and philosophy**

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.

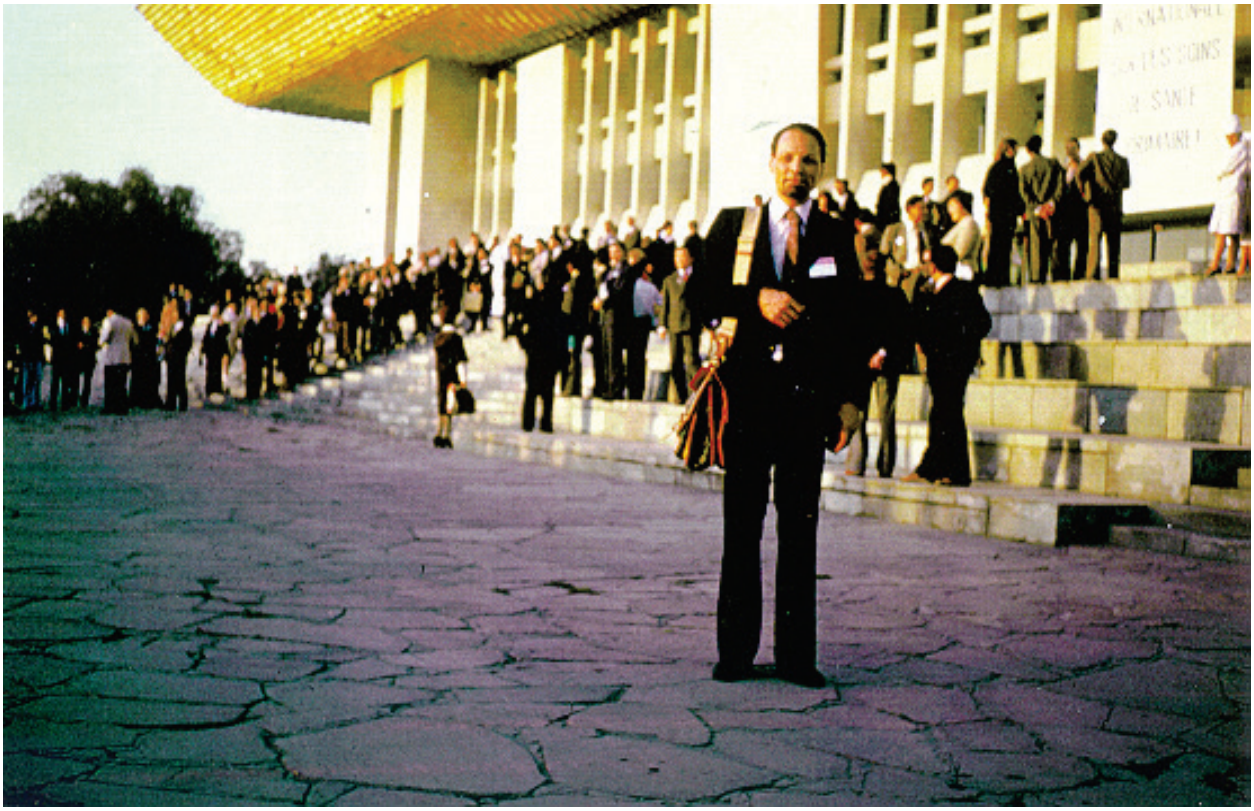
Another vigorously debated issue: Should MMI concentrate on financial and material assistance, or should it rather focus on personnel assistance? The first option was not rejected, since the material aspect can't be avoided, but the emphasis should be on human contact and personal commitment. The main 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.

Edgar Widmer addressing the conference "40 years of fighting global poverty by promoting health", Berlin, 24 October 2003. Reprinted from the MMI jubilee reader 2003.



Edgar Widmer, just elected as president of MMI, in Alma Ata, 1979

World Health Assembly 1990, Technical Discussion. President MMI Hélène Besson holding the chair

MMI Conference, Liechtenstein 1981: from left to right: Prof. Heinrich Jentgens; Co-founder of MMI Dr. S. Litsios; our WHO liaison person Mr. Chiduo, Minister for Health from Tanzania; Hans Brunhart, Regierungschef des Fürstentums Liechtenstein, and Mgr. Sarpong, archbishop and ethnologue from Kumasi, Ghana.

Presentation of the MMI book „North-South-Dialogue and Health“: Dr. Widmer, Dr. Borlé und Dr. Corachan, Geneva 1985.

52nd WHA 1999, Geneva: Dr. Tom Puls, Miguel Angel Argal, President of MMI, and Prof Harrie van Balen presenting: „Contracting NGOs for Health“, a proposal for a WHO Resolution

MMI Partner consultation on “Contracting” in Dar es Salaam. East African Health Ministers participating and representatives of the Church such as, in the middle, Daniele Giusti, secretary of Uganda Catholic Medical Bureau, and at his right, Dr. Patrick Kigadye, secretary of the Christian Social Services Commission of Tanzania.

IN MEMORIAM HARRIE VAN BALEN (1930-2009)

The late Dr. Harrie Van Balen was chairman of Medicus Mundi Internationalis (MMI) in the period 1970-1976. He combined this commitment with his academic work as Professor at the Public Health Department at the Institute of Tropical Medicine in Antwerp, Belgium. He did so with the full support of the ITM's director in these times: the late Professor P.G. Janssens, who was among the visionary men that created MMI in the post-colonial days.

Carrying these two hats made Van Balen a unique chairman: one of his strengths precisely lay in his tradition to permanently try and build bridges between practice and theory. By doing so, he fertilized his research and teaching activities in Antwerp with the wealth of field experiences coming from MMI's development work in the domain of health care delivery. And vice-versa. Van Balen indeed greatly contributed to the conceptualization of MMI's mission and vision. He was a strong supporter of the growth of MMI as a professional, pluralistic, and non-governmental organization that partners with governments in implementing what later would be known as Primary Health Care.

Van Balen played a key role in putting the role of district hospitals high on MMI's agenda – faithful to his conviction that Primary Health Care cannot work without a properly functioning referral level. He was in touch with some of the work done by the Christian Medical Commission which greatly enhanced the case of Primary Health Care within the World Health Organisation. Van Balen contributed to the recognition of the role of Church-based facilities, more in particular hospitals, in ensuring adequate health care coverage in remote rural areas and was a strong supporter of the integration of private-not-for-profit facilities in publicly-oriented planning processes via contractual arrangements with national public health authorities.

Van Balen's work for MMI – and for ITM – was profoundly influenced by the militant work of the Belgian "think tank" GERM (Groupe d'Etude pour une Réforme de la Médecine) in which he was an active member. The GERM proposed a theoretical-conceptual foundation for the goals of a health system. This credo was articulated around 5 principles that are still very much relevant today – even if language and vocabulary have changed. Van Balen, together with his brothers and sisters in arms of the GERM, argued that a health system must ensure people's adequate access to health care; be organized and financed in a way that is in harmony with prevailing social, economic and cultural conditions; be guided in its policies by scientific evidence; nurture continuous high-quality dialogue as a privileged basis for people's

participation; and, last but not least, be instrumental in genuinely empowering people. Anno 2013, we still refer to these principles in our current teaching at ITM… And they still are a major source of guidance for MMI's action.

Van Balen definitely contributed to shape MMI's footprint: with his intelligence and his passion, his wit and joy of life, his optimism and friendship.

Harrie Van Balen was MMI President from 1971 to 1978
Contribution by Bart Criel, ITM Antwerp

IN MEMORIAM HÉLÈNE BESSON

Hélène Besson was an active member of Medicus Mundi France in Paris. During the eighties she regularly attended the General Assemblies of Medicus Mundi International, and in 1982 she was chosen as a member of the MMI Executive Board. In 1987 the General Assembly elected her as President.

Hélène received her nursery diploma in Paris, in 1955. Her interest was focussed on training of health workers. She went to the London School of Hygiene for further training, and in 1965 she received her diploma in Public Health Education.

Between 1965 and 1980 she worked as a public health educator in Iran, Yemen and Chad. Especially for her trainings programmes and leadership of health workers in remote areas, the Minister of Health of France honoured her with the medal “Officier du l'Ordre National du Mérite”, a much appreciated national decoration, initiated by President General de Gaulle.

Also in 1987 Hélène organised with Medicus Mundi France the MMI General Assembly in Paris with a colloquium on "Urgence aujourd'hui, santé demain” (emergency today, health tomorrow). Delegates of various Ministries of Health who attended the World Health Assembly in Geneva were invited by MMI to this conference: Finally 200 participants from 25 different countries attended the colloquium. In 1988, Hélène contributed to the Primary Health Care discussion at the World Health Assembly with an important paper on leadership in PHC.

The MMI presidency was not an easy period for Hélène. Members wanted a change in the MMI strategy, but the discussion was very controversial: Some wanted a much stronger professionalization of the office with a highly qualified executive secretary. Other wished to invest more on decentralized networking, restricting the role of the secretariat to administrative support. Hélène was much in favour of a professionalized secretariat, but serving a strongly federative MMI.

At the same time the MMI office had to leave the University of Nijmegen as its Institute of Healthcare in Developing Countries that was strongly linked with MMI and hosted the secretariat came to an end. For an international organization like MMI, Brussels, capital of the European administration, then became the place of choice. The move to Brussels was Hélène’s last act as a MMI President.

Hélène was very dedicated to MMI and has led MMI through difficult waters. She was convinced that MMI had to start a new life. I cannot formulate better Hélène's engagement and motivation than with her own words when she entered the MMI presidency:

"Sur un plan personnel il s'est agi pour moi d'une expérience de responsabilité á l'échelle internationale dont j'ai mesuré l'importance et la profondeur. Diffuser une politique de santé et plus encore une philosophie à but humanitaire n'est pas une petite affaire. J'ai mesuré l'importance de l'enjeu et toutes les conséquences qui peuvent en découler jusque aussi bien dans des petites coins fort reculés de notre planète que dans les grands pays".

Hélène Besson was MMI president from 1986 to 1991
Contribution by Sake Rypkema

Harrie Van Balen (2003): **Our tune varied along those years...**

In the epoque 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.

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 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 stateowned health care system, requested, trough the diocese of Niamey, international assistance. A project to assign physicians to several districts as advisers of the nursepractitioners 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.

Harrie van Balen, Medicus Mundi Belgium, member of the MMI board, addressing the conference "40 years of fighting global poverty by promoting health", Berlin, 24 October 2003. Reprinted from the MMI jubilee reader 2003.

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50 years of Medicus Mundi International Network, 1963-2013
Looking back and ahead. Memories and insights by MMI presidents

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