



ANNUAL REPORT 2007

“We found an open, creative and respectful group of experts who are eager to learn from each other...”



*“We **fight** global poverty by promoting health. Within the Medicus Mundi International Network, **we share** our know-how and our commitment for accessible, equitable and sustainable health care.”*

A YEAR OF TRANSITION

By Guus Eskens, President

The year 2007 can, for several reasons, be considered as a year of transition in the 45 years of history of the Medicus Mundi International Network: it was the first effective year of MMI's first multiannual policy plan 2007-2010, a plan that had carefully been developed the year before and that was endorsed by the General Assembly of MMI in May of 2007; a year in which a new Executive Board was elected and in which MMI was able to welcome the German Catholic organization Misereor as a new member; a year also in which Medicus Mundi Belgium unfortunately ceased to exist with the subsequent necessity for MMI to relocate its secretariat from Brussels to the premises of Medicus Mundi Switzerland in Basel.

2007 · The Team

Executive Board

- Guus Eskens, Chairman
- Nick Lorenz, vice-Chairman
- Carlos Mediano, second vice-Chairman
- Bernd Pastors, treasurer
- Nina Urwanzoff, secretary
- Monique Lagro, member
- Giovanni Putoto, member

Advisors to the Executive Board

- Bart Criel, Contracting Research
- Edgar Widmer, Church Institutions

Executive Secretary

- Frederica Wijckmans

By 31st December 2007

Because of the changing contexts in "Southern" countries and changing policies of MMI's members, NGOs and Governments in the "North", Medicus Mundi International started in 2005 to develop a new strategy for the years to come. During the process of development of the strategy the following issues have been determined, in close consultation with all MMI members, as a focus of MMI's work for the coming four years:

- The development of a strong MMI network
- Strategies to keep competent and motivated staff available for health care institutions
- To bridge the „appropriate technology gap" in basic health care
- Strategic repositioning of church-based health care facilities

The objectives, activities and the expected results for each of these issues have been formulated and

are described in the plan. In order to realize concrete results within the framework of the new policy plan, working groups of representatives of MMI members will be formed. The mandate of these working groups is to formulate annual plans around the strategic issues, detailing concrete activities, budgets and results.

Cordaid has committed itself to take for the coming years the lead for the subject of "Human Resources", CUAMM for „Appropriate Technology" and Medicus Mundi Switzerland for „Strategic repositioning of church-based health care facilities". The MMI secretariat and president will work out plans for the development and reinforcement of MMI as a network.

Executive Board

During the General Assembly of Medicus Mundi International in May 2007 a new MMI Executive Board was elected. The membership had proposed four new members to take place in the Board: Nick Lorenz on behalf of Medicus Mundi Switzerland, Nina Urwanzoff on behalf of Misereor, Monique Lagro on behalf of Cordaid and Giovanni Putoto on behalf of Doctors with Africa.

Giorgio Pellis (Doctors with Africa CUAMM) Edith Boekraad (Cordaid) and Edgar Widmer (Medicus Mundi Switzerland) retired from the Board. During the General Assembly all MMI members expressed their gratitude to the retiring members for all work they did for the network over the last years. During this General Assembly special attention was given to the departure of Edgar Widmer from the Board: Edgar served on the Board for a long period of time and was the MMI president for two terms. During his tenure, Edgar Widmer developed strong relationships with the

Holy See that are of strategic importance for the MMI Network. He also personally stimulated and supported the creation of a new MMI member, Medicus Mundi Poland. As a president Edgar maintained many personal contacts with representatives of MMI members.

During the same General Assembly Edgar Widmer and Bart Criel (Medicus Mundi Belgium, Institute of Tropical Medicine Antwerp) were nominated advisor to the Board. Sake Rypkema, another former MMI president with a great track record of contributions and support to our Network, retired as advisor to the Executive Board.

Network Members

Misereor, the Catholic organization for overseas development cooperation in Germany, joined the Medicus Mundi International Network in 2007. Misereor was founded in 1958 as the development agency of the Catholic Church in Germany and implements currently important programs on development and on poverty reduction in Asia, Africa and Latin America. A considerable part of Misereor's programs concern basic health care in developing countries.

Unfortunately another member of MMI, Medicus Mundi Belgium, established in the early sixties, had to stop its activities in 2007. One of the consequences was that MMB could not host the MMI secretariat of any longer.

Executive Secretariat

When it became clear that Medicus Mundi Belgium was not in a position to host MMI's executive secretariat any longer, MMI's Executive Board requested the membership to submit proposals for hosting the secretariat. At the same time it became also increasingly clear to the MMI Executive Board, that the realization of the ambitious objectives of the MMI's long term policy plan (2007-2010) would not take place unless MMI would be able to rely on a reinforced executive secretariat that is not only well equipped to perform the basic executive secretarial services, but that is also able to develop a common IT platform for MMI members, to support the organizational development of MMI and to initialize and support the MMI working groups, necessary to implement the MMI long term policy plan.

In 2007 a detailed proposal was submitted by MM Switzerland to host the executive secretariat within the structures of the MMS secretariat in

Basel. During 2007 an agreement was negotiated between MMI and MMS which lead eventually to the MMI's decision to transfer the executive secretariat from Brussels to Basel. Needless to say that MMI's Executive Board was extremely happy that MMS was found prepared to assume all secretarial responsibilities for MMI as per 1 January 2008. On the basis of his past experience within MMS and because his shown competence, Thomas Schwarz, the executive secretary of MMS since a number of years, was appointed executive secretary of Medicus Mundi International.

2007 · The Landmarks

MMI General Assembly

- May 18, Geneva, Switzerland
- November 16, Padua, Italy

MMI Executive Board Meetings

- February 2, Brussels, Belgium
- March 30, The Hague, the Netherlands
- July 13, Basel, Switzerland
- October 5, Brussels, Belgium

Round Table: MMI and Performance Based Financing. May 18, Geneva, Switzerland

- Guus Eskens: Introduction to MMI. History of the Contractual Approach
- Robert Soeters: MMI and Performance Based Financing
- Bart Criel: Performance Based Financing. A few thoughts and questions.

Reports: Please contact the MMI Secretariat

The developments as mentioned before meant also that Medicus Mundi International had to bid farewell to Frederica Wijckmans who had been MMI's unflagging and inexhaustible executive secretary since the MMI secretariat had been located in Brussels, early 1991. A farewell dinner with Frederica and all former MMI presidents was scheduled to take place in January after a workshop on a Health Conference for Church leaders in DR Congo. During the General Assembly in Padua, Frederica was praised extensively for all work she did for MMI over the last 17 years and for her high commitment to the goals and objectives of Medicus Mundi International.

In the transition year 2007 we believe that MMI has laid a new and a firm basis for the coming years, a basis that enables the Network and its members to effectively work on our mission: *to fight poverty by promoting health.*



In January 2008 Medicus Mundi Switzerland (MMS) officially took over the activities of Medicus Mundi International's executive secretariat. This decision followed the reflexion on the need to reinvigorate and reinforce MMI as a strong international network.

Being born out of Medicus Mundi International, Medicus Mundi Switzerland knew exactly about the prestigious past of MMI and understood its important, yet unmet, potential. This is why a proposal, written by MMS, was submitted to the board of MMI in order to assess the acceptability of strong measures to perpetuate the existence of the organization.

Our proposal referred to various founding documents of MMI and essentially said, in the today's world, the realization of MMI's ambitious goals needs to rely on a strong executive secretariat, having the means for action and the necessary resources to develop its own activities and reinforce the visibility of MMI on the international scene. What we exposed to the other members of MMI was not a suggestion to transfer the existing activities, but a request to each member to substantially increase its contribution to give the executive secretariat the necessary means to carry out the strategic plan. After some deliberation, the proposal we had developed was adopted.

When it was clear that Medicus Mundi Belgium could not host the MMI office any longer, an invitation to tender was sent out to the members of MMI to find out who would take up the tasks of the newly defined executive secretariat. In response to this request, MMS decided to submit a proposal showing its experience in the facilitation of a network, as well as the extensive exposure to such activities of our team in Basel.

MMI has accepted our proposal and, in October 2007, we have signed an agreement defining the provision of services in four different modules: (i) the core activities related to the executive secretariat and the administration of MMI; (ii) the development of a common IT platform to share and disseminate information as well as promote MMI internationally; (iii) the support to organizational development and the strengthening of the network; and (iv) the support to existing MMI working groups.

Our expectations and fears with respect to MMI

We decided to offer our services to MMI as we were convinced to have the necessary experience and the dynamism to help achieve the ambitious objectives of the strategic plan. In addition, we are persuaded that a strong MMI network will benefit the members of the Swiss network and will engender new opportunities at all levels.

"Network Health for All"

Medicus Mundi Switzerland is the network of Swiss organizations working in the field of international health. Currently MMS brings together 46 Swiss organizations active in international health. As a network, MMS promotes the sharing of experience, knowledge and know-how among its members and partners, aiming to establish a living community of practice.

Medicus Mundi Switzerland's projects aim at improving the collaboration among its members and more generally with organizations active in international cooperation. In order to do so, several mediums and platforms have been initiated to promote exchange and contribute to the achievement of "health for all". Amongst these vehicles are our "paper publication", the Bulletin, our yearly symposium in Basel, our electronic newsletter and currently one thematic platform named aidsfocus.ch.

Medicus Mundi Switzerland has been a Member of Medicus Mundi International since its foundation in 1973.

www.medicusmundi.ch

www.aidsfocus.ch

Having said this, it becomes clear that we have high expectations for the enhanced international network, especially as it is carrying the image of Medicus Mundi at the global level. We also have some fears. First, because we know that the financial efforts by MMI's member organizations

will not be endless and that results will have to be reached within a relatively short time span. Second, if we want a strong MMI network, we do not want to lose MMS' specificities and autonomy of thought and action. Lastly, the quality of our proposal to support MMI is undoubtedly resulting from the exceptional professionalism of Thomas Schwarz who played an instrumental role in MMS's current success.

While we are delighted by his decision to take up the challenge to deal with the executive secretariat of MMI, we know that on the level of the secretariat of MMS we take a risk by putting such valuable forces at the service of MMI.

On the other hand, we also know that our new MMS team (Helena Zweifel, Martin Leschhorn and Martina Staenke) will be able to maintain the highest quality standards and has the required determination to maintain the development of our network.

In the name of the committee of Medicus Mundi Switzerland, I would like to express my wish for a long-lasting and fruitful relationship with Medicus Mundi International and we wish great success for Thomas Schwarz in his new functions.

MISEREOR AND THE MMI NETWORK

A STRONG NEW MEMBER

By Nina Urwanzoff, Misereor, MMI Board Member



Misereor was founded in 1958 as an agency "against hunger and disease in the world". In its capacity as the overseas development agency of the Catholic Church in Germany, it offers to cooperate in a spirit of partnership with all people of good will to promote development, fight worldwide poverty, liberate people from injustice, exercise solidarity with the poor and the persecuted, and help create "One World".

Misereor is mandated by the Catholic Church in Germany to fight the causes of hardship and misery as manifested chiefly in countries of Asia, Africa and Latin America in the forms of hunger, disease, poverty and other forms of human suffering, thus enabling the people affected to lead a life of human dignity, and to promote justice, freedom, reconciliation and peace in the world.

Misereor - MMI Partnership

Two years ago Misereor joined Medicus Mundi International with the aim to strengthen synergies networking, lobbying in the field of Health in developing countries and in Europe and so fight against disease and poverty. From the first experiences of Misereor working with MMI we found an open, creative and respectful group of experts who are eager to learn from each other and promote an integrated and equity oriented approach to Health.

www.misereor.de

Misereor has been involved in the field of Health right from the beginning of its work. It could be interesting to point out here the main aspects of Misereor's health approach. Misereor fully

supports the community based integrated health work with active community involvement. That is the best way to help communities and societies to develop themselves and lead a human and dignified life. For Misereor Health is above all a human right, it is at the basis of development, of social integration, and of political liberty. And it also embraces an ecological dimension. All activities in the health sector should be centered around human beings, not just as individuals, but also as an entire community. Health is something that affects all of us. It is a common good and must not be designed to benefit just only the individual.

All forms of medicine and social programmes

Within the community based integrated model, the integration of other forms of traditional and indigenous medicine, which are appropriate to the given conditions of the country, will complement and help to enrich and sustain community health strategies. This health model could – and preferably should – be implemented jointly with other social development measures and actors, i.e. in conjunction with educational programmes, rural–urban development, production cooperatives and nutrition programmes.



RAHA provides technical and financial support to a catholic network of 92 rural health centres and 3 hospitals which are managed by professional doctors and nurses providing health care – promotive, preventive and curative, to more than 1.000.000 people living in 1.200 villages. It trains village health workers (VHWs) for ASHA (Accredited Social Health Activists) programme, Traditional Birth Attendants (TBAs), School health guides, villagers in organic farming, herbal medicines and preventive health. RAHA also provides TB control programme, livelihood promotion, microsavings programme, rehabilitation for physically challenged people and nutrition support. One of the important innovations of RAHA has been the implementation of the Community Health Insurance (CHI) initiated in 1981, it provides health insurance coverage for 90,718 (2007) tribals and poor inhabitants of the above four districts.

Sustainability and community participation

All types of projects must aim to achieve their own sustainability after some time as well as financial autonomy; this also means the capacity to manage programmes, decision-making processes and project implementation without any external assistance and on a long-term basis. Each project must be of a bottom-up nature. The community, the people at the grass root, must take the initiative. The communities themselves must shape the health development process primarily and actively. NGOs or other kinds of organizations should not be seen as target groups, but merely as support organisations for the community. Finally – in spite of all possible obstacles and difficulties – we further an integrated community health approach, i.e. health programmes that coordinate and are constituted in the form of networks into which all local resources are integrated and covering all branches of the health sector; the health education, promotion, prevention, curative medicine and rehabilitation.

RAHA. An integrated health programme in India

Raigarh Ambikapur Health Association (RAHA) is a non-government organisation that has been operational since 1969. Its primary objective is to provide health care services to the needy people living in the four districts of Chattisgarh-Raigarh, Jashpur, Suguja and Koriya. Chattisgrah is the most underdeveloped state in India and is home to the largest tribal groups in the country. The emphasis RAHA puts in its various activities on preventive and promotional care is exceptional.

Under the impulse of a Dutch Jesuit, Father Charles Van Besouw, the RAHA created 25 years ago a Medical Insurance Scheme (MIS) with the purpose to facilitate people's access to quality health care when needed. The MIS aimed at doing so in a way that actively promotes the sharing of health risks between people: healthy people subsidize health care for the sick. MIS has succeeded in providing a reasonable level of health security for tens of thousands of poor people living in various tribal communities. Data clearly point to the increase in access and utilization by the MIS members of the RAHA health facilities. The RAHA MIS has great potential. But it is also facing a number of important limitations, threats and challenges which are now being addressed and followed up by a local expert. In order to optimize the performance of the RAHA MIS and eventually to strengthen and expand its social acceptability. The MIS is today not financially self-sufficient. The scheme remains highly dependent from external subsidies. This was not seen by the consultants so as by Misereor as a problem given the fact that the current purchasing power of people in Northern Chattisgarh is simply too low to make financial sustainability a realistic and feasible enterprise on the short and middle-term.

The MIS was envisioned as a community-financing scheme, which would turn the community health programme into a "movement of the people". The MIS is targeted at the main inhabitants, the tribals, as wells other people from low socio

economic background. The MIS is a typical “insurer model” where RAHA collects premium from the community and purchases health care from providers. The providers in this case are the Regional Health Centers (RHC) and the hospitals. The community pays an annual premium of Rs 20 per person or the equivalent in kind, 2-3 kg of rice. (Rs 53 values approximately 1 Euro). Rs 15 is kept with the RHC, while Rs 5 is forwarded to RAHA’s central fund. The patient then gets free care at the RHC up to a ceiling expenditure for drugs of Rs 100 per insured per year, though they

still have to pay 50% for syrups and injections. In case of admission at RHC level, 50% of the fee also remains to be paid. If referred from the RHC, they get free hospital care at any of the three empanelled hospitals up to a limit of Rs 1250. The hospitals are reimbursed from the central fund every month. In 2007 RAHA was nominated for the India NGO Award. Misereor is proud of Sister Elizabeth and her team for the beautiful work they have been doing for so many years in one of the poorest states of India.



16TH NOVEMBER 2007: MMI ASSEMBLY IN PADUA

“WE ARE AMONG PADUA’S TREASURES”

By Giovanni Putoto, Doctors with Africa CUAMM, MMI Board Member

Probably better known as the city of St. Antony, Padua is one of the most important art cities in Italy, with its Medieval Walls, the great civil and the religious buildings the foundation of the University (1222), the second in Italy; Galileo Galilei taught here. This beautiful city guards many wonderful treasures, among them you can find our NGO, Doctors with Africa CUAMM, that hosted a MMI Annual General Assembly on 16th of November. That day was very nice and it is seen by all the members as a confirmation of CUAMM’s commitment of cooperation within the MMI Network.

Doctors with Africa CUAMM, founded in 1950 as the “University College for Aspiring Missionary Doctors”, is the first NGO in the field of healthcare to be recognised, in 1972, by the Italian Foreign Ministry, and as a not-for-profit organisation since 1997. It is part of Volunteers in the World – FOCSIV, the federation of Christian bodies providing voluntary service internationally. It is member of the Italian Association of NGOs and of Medicus Mundi International. It has a stable and recognised relationship with Unicef, and has subscribed the Red Cross International code of conduct. It is partner of ECHO, the Humanitarian Aid Department of the European Commission. With strong Christian roots, Doctors with Africa CUAMM has always recognised the support and collaboration of organisations who have different religious leanings as a source of motivation and enrichment.

In Angola, Ethiopia, Kenya, Mozambique, South Sudan, Tanzania and Uganda, Doctors with Africa CUAMM is implementing several development programmes in partnership with local authorities and agencies to support the strengthening of the overall health systems in its three major pillars:

hospitals, district health units and the community mainly in rural areas. All actions undertaken are fully integrated in the healthcare culture and social fabric of the country, through a continuous dialogue with the local public authorities and the religious institutions. Equity and accessibility to quality health services are among the main challenges for those who care for public health, development and human rights. We intend to contribute to this vision through two action lines:

- **Guaranteeing long term support to hospitals and territorial health services**, supporting the coverage of services, running costs and providing capacity building for health staff
- **Supporting equal form of health system financing**, built up on solidarity and risks sharing

Moving from this vision, projects aimed at specific areas (training, mother-and-child-care, disabilities etc), as well as so-called “vertical operations” intended to provide direct intervention against the great pandemics (AIDS, tuberculosis, malaria) are supported by a broad range of well-established long-term programmes. Programmes

implemented in war-torn areas, or where humanitarian emergencies exist, which have only recently become part of the body's operating environment, are developed in a two trucks way: providing immediate assistance and at the same time designing and elaborating longer term programmes together with the local health authorities. Doctors with Africa CUAMM has presently 56 principal active projects and several others minor interventions, 92 field operators to support 17 hospitals and 25 districts, 3 centre of rehabilitation for disability, 4 nursing schools and 3 universities.



CUAMM Partnership with MMI: Key issues

- Strengthening the role of the Catholic Church in health care in Europe and Africa
- Lobby and advocacy vs. capacity building
- Sharing knowledge, programs and projects
- Sharing common problems:
i.e. Human Resources

www.mediciconlafrica.org

Our priority sectors in the improvement of health services system are maternal and child health care, disability and fight against the big pandemics (AIDS, tuberculosis and malaria). Major activities promoted are service delivery; capacity building and empowerment.

Basic Criteria for CUAMM Projects

Developing roots: An active presence is maintained in those countries where our working experience is longer, in order to make the most of our knowledge of the local realities and of the relationships we have developed through time, and in order to better concentrate our efforts (through increased efficiency and negotiating capacity).

Human resources: training activities are developed to give African staff the opportunity to strengthen their professional and managerial

capabilities. This is congruous with our original aim of building direct relationships.

Emerging needs: we intervene in areas of greatest health need, with the aim of facilitating the health system to be sustained by local resources.

Integration between public and private not-for-profit sectors: we continue pursuing our choice to support private non-profit health structures in order to favour their accessibility to all, at the same time contributing to their integration with the public health system which, as Doctors with Africa CUAMM believes, has a fundamental role in the promotion of health and in planning of each country health services.

Planning and financial autonomy: Our commitment to independence and autonomy is safeguarded by our focus on cooperation and on the local healthcare policies. In a continent like Africa where, more than in any other area in the world, people are challenged by enormous barriers – above all economic and geographical ones – in order to have access to the health services, the principles of accessibility and equal opportunity are carefully considered in all our activities and projects.

To Communicate: Health and Development. This magazine appears every four months and examines cooperation and healthcare policy, with three issues in Italian and one in English, each with between 90 and 100 pages. Established 15 years ago as an internal newsletter providing updates on the various projects, it was given its current title in 1999 and, in 2001, its current format. Increasingly in demand among research institutes, doctors, and students preparing their theses, it provides detailed information on international problems and topics

Our Vision of the future

- Understanding the value of MDGs
- Focusing on the health system at district level
- Being updated with scientific evidence
- Helping 'beneficiaries' to become actors
- Understanding that without results we are not believable
- Realizing that we cannot do anything by ourselves

...which leads us back to our firm commitment to be a strong and well integrated member of the Medicus Mundi International Network.

WORKING THE NET – IN A DECENTRALIZED WAY

By Antje Mangelsdorf, action medeor

The EU call on “Actions to raise public awareness of development issues in Europe” opened action medeor an excellent opportunity to realize the idea of an African-European Malaria Campaign. Through MMI as an international network of organizations dealing with health and development, motivated and experienced partners could be identified.

The initiative lastly succeeded by following a participatory approach in the process of proposal development. Through involvement of MMI member organizations from Germany, Italy, Poland and Spain, covering Western, Eastern and Southern Europe, the two-year malaria campaign has a real European dimension. The project involves intensive collaboration of nine European and African NGOs and networks, most of them MMI members.

STOP MALARIA NOW: Project Partners

- action medeor
- Doctors for Africa CUAMM
- Eine Welt Netz NRW, Germany
- Medicus Mundi Spain
- Medicus Mundi Poland
- Medicus Mundi Italy
- Kenya NGOs Alliance Against Malaria
- Medicines for Malaria Venture
- Polish Medical Mission



www.stopmalaria.org

The newly initiated European Malaria Campaign aims to raise public awareness on malaria as one of the major poverty-related diseases and cause of death in Sub-Saharan Africa. Another objective is to mobilize public support for increased political, financial and strategic commitments of European governments in order to achieve the malaria-related Millennium Development Goals.

For successful implementation of planned activities medical know-how as well as expertise in advocacy, awareness raising and training of multipliers is essential. Altogether, the partner organisations provide proficiency and networks in all of the above mentioned areas, therewith enhancing the project impact. As lead organisation action medeor is responsible for the overall coordination of the project. However, by promoting a participatory approach, all partners are involved in conception and implementation of project-related activities. Moreover, project structures strengthen collaboration of partner organisations on national and European level. By organising joint events and activities, synergizing effects are used and experiences shared.

By now, the initiative is operating as **STOP MALARIA NOW!** In February 2008 the Kick-Off meeting in Cologne marked the official start of the campaign. This meeting was also the first opportunity for all partners to meet each other personally. The first activity of major importance was the international Malaria Conference on 21st-22nd April 2008 in Bonn, organized in cooperation with the German Red Cross and the German Foundation for World Population as German members of the European Alliance against Malaria. This high-level conference profited in an enormous way from the cooperation of the different STOP MALARIA NOW! partner organizations. Following the conference, the World Malaria Day of April 25th was commemorated in Cologne as mutual event of the campaign.

The advantages of this joint initiative are obvious. The partnership provides an effective exchange of knowledge, experiences as well as best practices in the field of malaria control and advocacy work.

Therefore such an initiative is definitely worth to be repeated.

WHEN BISHOPS DISCUSS HEALTH

BY EDGAR WIDMER, MEDICUS MUNDI SWITZERLAND



Since 2000 a number of successful meetings on health care and the church have been co-organized by Medicus Mundi International in cooperation with Episcopal Conferences in Sub-Saharan Africa. During these meetings the need for the church to adapt its approach to health in response to the ever-changing circumstances in which its healing ministry has to be exercised was reconfirmed. Also during the year 2007 MMI contributed to some important conventions in Africa.

■ ***Crossroad towards Achieving Health Millennium Development Goals. Christian Health Associations' Conference in Bagamoyo, Tanzania, 16-18 January 2007***

Ten Anglophone African countries and the DR Congo were represented at this conference. Key note speakers analysed the reasons for the lack and mal-distribution of health staff and for the phenomenon of brain-drain, HIV/AIDS being one of them. Concrete proposals for incentives for retention of staff, for recruitment strategies and for maintaining the morale and cordial relationship among the stakeholders were shared as well as experiences on how to react politically. Dr. Edgar Widmer, representing the Medicus Mundi International Network at the Conference, informed the participants about the outcome of the Kampala, Cotonou and Bangui Bishops Working Conferences and about MMI's efforts in promoting Strategic Repositioning of church-based health care facilities in Sub-Saharan Africa. He outlined that the outcome of these conferences would in the future strengthen the mandate given to the Christian Health Associations by the Episcopal Conferences. Other contributions and the conference declarations stressed the need to redefine the vision of churches in the healing ministry, the need to enforce contractual agreements (according to the Resolution adopted by WHO in 2003), the need of common policies for human resources in health, and the need to strengthen the dialogue between "owners" (e.g. Bishops) and "implementers" of church facilities.

■ ***Repositioning of the Catholic Health Care Ministry. Meeting of the International Association of Catholic Health Care (AISAC) in Rome, 3-5 May 2007***

Dr. Edgar Widmer represented Medicus Mundi International in this meeting of about 100 church

representatives from 45 Countries including some heads of catholic national coordinating offices from Africa such as Dr. Giusti from Kampala, Dr. Buckle from Ghana and Dr. Kigadye from Tanzania and several representatives from the Fatebenefratelli Hospital Congregation. They were given the opportunity to either present papers or to moderate group discussions.

The objective of the meeting was: "to ensure that the Church's Pastoral presence in the ministry of catholic health care continues to be effective in the first decades of the 21st Century" while the expected outcome was that "the participants will have learnt from each other about the many challenges to the sustainability of the Ministry". Working groups dealt with issues of identity, training of human resources, collaboration and co-ordination, solidarity with the poor vs. sustainability, health as right to be recognized and advocated for.

The final communiqué insists that the Mission of catholic health care must be stated clearly; people in catholic healthcare be integrally formed and trained to be up to the task; collaboration, co-ordination, networking within the Church and with other actors is actively pursued; concerns for sustainability and equity go hand in hand and poor are not excluded from catholic healthcare; advocacy for health as a right is pursued.

■ ***The Role of the Church in providing Social Services – for the promotion of Justice, Peace and Reconciliation with special attention to Health. Health Session of the Tanzania Episcopal Conference (TEC) in Dar es Salaam, 25-26 June 2007***

A series of presentations focusing on various aspects of the healing ministry, its sustainability, its ecumenical co-ordination, its co-ordination in the church at global, national and diocesan level,

and the collaboration with the Government prepared the work of discernment through group work.

To complement the insights provided by the presentations, a reader containing selected documents from the AISAC-congress held in Rome during the month of May 2007 and statements from a series of Bishop meetings co-organized by

MMI over the last years with the title “The Church and her involvement in the Healing Ministry in Africa” was provided by Dr. Edgar Widmer on behalf of Medicus Mundi International.

The documentation of this meeting including a statement of the Tanzanian Bishops is published on the MMI Website.

Dealing with church-based health institutions: MMI looking into the future

In the coming years Medicus Mundi International will, in line with its Policy Plan 2010, continue to support churches and church-based health institutions in the process of strategic repositioning and to provide them with the tools to become effective and efficient actors within their respective countries.

Such in the near future MMI has been invited to co-organise a Health Session within the General Assembly of the Association of Central African Bishops Conferences (ACERAC) in July 2008 with from six countries. As for 2009 MMI has taken up

contacts with the Episcopal Conference of the Democratic Republic of Congo (CENCO), a country with about 134 dioceses and more than 190 catholic hospitals.

In order to define a working plan on its contributions to strategic repositioning of church based health care facilities, the MMI Executive Board asked some of the Network’s experts to set up a working group. The group is expected to come together for a constitutional meeting in May 2008.



2007: FINANCIAL FACTS & FIGURES

Capital Account

	December 31, 2007		Previous Year	
I. Long-term fixed assets		691.23		1'197.18
Tangible assets	691.23		1'197.18	
II. Short-term fixed assets		161,254.27		190,163.13
Cash in Hand	284.25		15.27	
Cash in banks	150,750.02		179,697.86	
Other receivables	10,220.00		10,450.00	
Assets		161,945.50		191,360.31
I. Net equity		85,829.23		93,742.36
Status 1 st January	93,742.36		87,433.54	
Net loss / income	- 7,913.13		6,308.82	
II. Accruals		3,595.00		2,500.00
III. Project funds not yet appropriated		66,845.57		88,263.94
IV. Other liabilities		5,675.70		6,845.01
Liabilities		161,945.50		191,360.31

Statement of revenue and expense

	Year 2007		Previous Year	
1. Membership contributions	60,330.00		55,500.00	
2. Donations	305.00		305.00	
3. Interest and similar income	4'980.44		4'095.81	
Revenue		65,615.44		59'900.81
4. Personnel costs	- 21,900.00		- 21,210.00	
5. Short-Travel costs / hospitality	- 19'906.70		- 14,179.10	
6. Office materials, phone, fax, internet	- 6'543.22		- 6,104.54	
7. Public relations and printed matter	- 872.08		- 1,142.08	
8. Rent and ancillary costs	- 5,400.00		- 5,400.00	
9. Other expenses	- 18,133.25		- 4,578.84	
10. Depreciations	- 773.32		- 977,43	
Expense		- 73,528.57		-53,591.99
Net loss / income		- 7'913.13		6,308,82

all figures in EUR

This is a summary of the financial statements of MMI. For details and explications, please refer to the "Report on the Audit of the Financial Accounting as of December 31, 2007 for the Association Medicus Mundi International e.V." by Dr. Heilmaier & Partner GmbH, submitted to the MMI Annual General Assembly in May 2008. The report can be ordered at the MMI secretariat.

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*The office of MM Belgium
was dissolved in the end of 2007*



medicus mundi
international network

ANNUAL REPORT 2007

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Basel, 7th May 2008

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For your donations, please mainly consider the MMI Network members. Thank you.