ANNUAL REPORT 2014
“Network Health for All”
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A LUTA CONTINUA! MESSAGE FROM THE PRESIDENT

NICK LORENZ, MEDICUS MUNDI SWITZERLAND

Travelling back to Switzerland from a conference or consultancy appointment in Southern Africa is normally a rather relaxed experience, with a good dinner and a comfortable seat in one of these big planes. In February, when I was repatriated from Mozambique in an ambulance jet after having suffered a stroke during a business meeting in Maputo, I was lying on a stretcher with all kinds of medical devices around me. At that moment, nothing was as usual, but all was excitement.

All was excitement – and at the same time relief: Yes, I survived it. I had not become another figure in a dire statistic of “preventable deaths”. I was rescued on the spot by competent colleagues who reacted immediately. I received prompt and appropriate care in a clinic in Maputo. And I was already on the way back home, expecting further professional treatment and rehabilitation.

Today these feelings are still very present. Currently undergoing rehabilitation in a specialized clinic in Basel, I am fully aware of my luck and privilege – in a sense of having access to treatment and care in a competent and supportive environment, and being free of financial worries.

Unexpectedly, “access to health and health care” has become a personal experience, one that will certainly shape my future engagement in this field.

A luta continua. The struggle goes on. This is the title of an impressive documentary produced by Medicus Mundi Catalunya and shown at the MMI General Assembly in Geneva in May. The movie refers to the achievements, challenges and difficulties in order to build a strong national health system in Mozambique and to improve the precarious health situation of the population in this country. What a coincidence.

“Health for All”, access to health and health care as a fundamental human right: this is what the Medicus Mundi International Network stands for and aims at. I am confident that the Network Strategy 2016-20 with its double focus on international health cooperation and global health policy is a good expression of this ambition. I am also confident that the objectives and particular contributions of the Network to the work of its members, which are outlined in the new strategy, show us clear directions on this way.

A luta continua. And I’ll be with you.
The secretariat report refers to the MMI Network strategy 2011-15 (subtitles and quotes) and the three major programs developed by the Network within this framework:

- Research and evidence processes
- Human Resources for Health
- Global Health Governance

The last year was also characterized by a successful process of institutional consolidation and development of the MMI Network, resulting in the adoption of a renewed Network Policy and revisited statutes by the Assembly in May 2014 and the start of a strategy expected to lead to the adoption of a Network Strategy 2016-20 by the Assembly in May 2015. Since the adoption of the new statutes, MMI calls itself “Medicus Mundi International. Network Health for All”: our ambition has become part of our name!

Research and evidence processes

**NGO Research Toolbox:** In 2014, Nicole Moran, a Masters student at the Swiss TPH, successfully published her master thesis “Get evidence into NGO practice and policy. Get NGO practice into research”.

Referring to a background well known to MMI and to her overall research question “how can NGOs generate, access, share and use reliable evidence”, and in close cooperation with the MMI Network, Nicole Moran was focusing her work on “barriers, enablers and supportive tools for Health NGOs”. As a particular side-product of her thesis, she collected a “NGO Research Toolbox” and published it, together with the thesis, on the dedicated website [www.ngo-research-toolbox.org](http://www.ngo-research-toolbox.org).

**Cape Town Symposium:** In early October 2014, the MMI Network contributed to the Third Global Symposium on Health Systems Research in Cape Town, South Africa, with a session on "An ideal match! Successfully connecting NGO practice and Health Systems Research", organized by a Network team around Cordaid, Memisa and the MMI secretariat.
Win – Win situation

FTM
- Expertise
- External eye
- Experience
- Other contexts

Menise
- Field experience/operational capacity
- Contact with population
- Logistics

TRUST SHARED VALUES EMPATHY
- Sounding board
- Evidence base for actions/decisions
- Enhance capacity & credibility of organization

Presentation prepared by Joëlle Schwarz, Swiss TPH, joelle.schwarz@unibas.ch
Presented by Dr. Nina Ndahibhore, Swiss TPH, nina.ndahibhore@swisstph.org
and Dr. Christina de Vries, Cordaid, christina.de.vries@cordaid.nl
The MMI session targeted NGOs, researchers, policy makers and funders interested to learn how international NGOs working in the field of health development cooperation have successfully started integrating an evidence based approach into their institutional culture and operational practice. Two experiences of successful collaboration of NGOs and research institutions were discussed. The focus was less on the content of the research collaboration but on processes allowing innovative interaction between critical actors in a people-centered health system.

Christina De Vries and Nina Ndabihore presented the collaboration between Cordaid and the Swiss TPH in the Great Lakes region. Elies Van Belle and Bart Criel reported on the different forms of collaboration between Memisa and ITM Antwerp, built around the case study of a project in Mauritania. About 45 people attended our session, both from NGO as from research backgrounds, and the questions that shaped the discussion were challenging and interesting.

“Participating in this symposium was an eye opener to me, a great experience to learn and exchange, to get motivated by existing motivation, knowledge and action, relevant questioning and interesting people. It was also an excellent opportunity to share experiences and issues arising in our networks and daily work at a wider international level, and for visibility of the organizations/networks.

On a more critical note and taking a step back, we have to stay aware and constantly ask ourselves how all this thinking and theory translates in action and change. This critical knowledge base, how will it now make things different? And how will this impact the final beneficiaries, the people, the families, the communities – the ill? This kind of critical self-reflection often came up all through the discussions though, and was in general seen as a positive and constructive note – how can we make the people participate in these discussions? How can we “package”, structure research outcomes into concrete and practical recommendations for policy makers?” (reflections by Elies Van Belle, Memisa.

In 2015, a MMI session at the European Congress on Tropical Medicine and International Health (ECTMIH) in Basel, on 7 September, will build on the Cape Town session. Its title: “How to bridge between health systems researchers and practitioners in the field of international health cooperation?”
Human Resources for Health

European project HW4All: In 2014 the MMI Network secretariat, several Network members (Medicus Mundi Spain, Memisa Belgium, Health Poverty Action, Redemptoritis missio, Wemos) and partners outside the Network continued to be involved in the EU funded project "Health workers for all and all for health workers" aiming at increasing coherence between development cooperation policies and domestic health policies and practices of European Member States with regard to the strengthening of the health workforce in countries with a critical shortage of health workers.

The project has become the catalyst of the Network’s involvement in this topic and for the time being replaced the former MMI working group. Project highlights in 2014 included:

- the publication of the synthesis report “Health workforce shortages and international mobility in the EU”;
- the launch of an online collaboration platform (www.bit.ly/hw4all-open)
- the launch of a Call to Action for European decision-makers: “A health worker for everyone, everywhere! Towards strong health workforces and sustainable health systems around the world”
- the publication of a series of national case studies

The European project HW4All will be continued until the end of 2015. Over this time, proper project implementation will require a lot of attention – and work – by the involved MMI members and partners.

WHO Global Code of Practice: Over the last years, MMI has become a leading civil society actor in the follow-up of the WHO Global Code of Practice on the International Recruitment of Health Personnel. As such, but also in its broader involvement in the health workforce issue, MMI is well recognized by the WHO. This has become visible when the MMI executive secretary Thomas Schwarz was appointed as alternate representative of “Northern” Civil Society in the Board of the Global Health Workforce Alliance and was asked to represent GHWA in a WHO Expert Advisory Group on the review of the WHO Global Code of Practice.
Crucial times ahead for HRH: 2015 will be a critical year for global HRH policies, shaping the direction of the health workforce development for the coming years: First, the relevance and effectiveness of the WHO Global Code will be discussed at the 68th World Health Assembly in May, based on the report of the Expert Advisory Group. Secondly, the World Health Organization and the Global Health Workforce Alliance (GHWA) are developing a global strategy on human resources for health. Thirdly, the future institutional development of GHWA is hotly being debated, the global health initiative was created in 2006 to raise the global profile and funding of the health workforce. These processes have already started in 2014, and the HRH team of the Medicus Mundi International Network has been involved in all of them, either by providing own input or as a member of the Health Workforce Advocacy Initiative (HWAI).

Health Workforce Advocacy Initiative: In this civil society alliance, the MMI representatives play a role of a critical voice, challenging a merely “promotional” approach to advocacy. As an example, for a HWAI satellite session at the Third Global Symposium on Health Systems Research in Cape Town, the HWAI working group on migration coordinated by Thomas Schwarz contributed a paper and input on “Evidence-based civil society advocacy in the field of international migration of health personnel” which provoked a quite interesting debate on the role and limitations of country “commitments” and civil society advocacy.
Global Health Watch 4: Last but not least, and directly linked with MMI’s global health governance programme: The fourth edition of the “Alternative World Health Report” Global Health Watch published in 2014 includes a chapter on the global health workforce crisis drafted by a group around the MMI HRH team. Here some of our conclusions:

“The availability of a strong health workforce, supported by public funds, is a prerequisite for strong, universal and quality health systems. The current focus on UHC carries the potential threat of reducing the role of health workers to undertaking selective diagnosis and treatment, rather than addressing the health of people and communities in a comprehensive and integrated way, combining public health as well as individual clinical approaches. The concept of comprehensive primary healthcare, as enunciated in the Alma Ata declaration, envisages the latter. However, there is a growing imperative for health workers’ role to be guided primarily by concerns of economic efficiency. This approach inevitably emphasizes treating diseases rather than promoting health and reduces the health worker to a mere production unit. We not only need many more health workers, we require professionals working towards a society oriented to greater equity in health and wellbeing.”
Global Health Governance

Also the following section of the reports just picks up some highlights of the year. There would be much more to report on the engagement of MMI in the field of global health policy, but space is limited, so we leave some stories up for future reports…

**WHO reform:** Since the start of the WHO reform in January 2011 and throughout the last four years, the Medicus Mundi International Network has been strongly involved in this process. In 2014 the reform process focused on WHO’s relations with “non-state actors”.

The debate on WHO’s involvement with civil society is not new. Early 2000s there was already a proposition for WHO to cooperate with NGOs in a so-called civil society initiative. This proposition didn’t pass the WHA in 2004, due to opposition by some member states. As part of the current WHO reform, new models for cooperation have been suggested, such as a proposal for a committee C of the World Health Assembly and a proposal for a World Health Forum. They both didn’t make it either. In 2014, WHO’s “non-state actors” policy was discussed at the WHO Executive Board meetings and the World Health Assembly as well as in several consultations in-between. The main debate between the member states was to what extent there should be a distinction between NGOs and private entities, and what the mechanisms should be to address potential conflicts of interest. And certainly civil society – and MMI – had a say on this. To be continued…

**Ebola, global health governance and health systems:** After some rather high-flying debates on global health governance (including the WHO reform) and the need to strengthen national health systems (Universal Health Coverage) in the previous years, both topics definitely arrived at the top level of global attention in 2014. And nobody really wanted this to happen…

2014 was the year of Ebola. It was the year of great efforts to fight this epidemic, and it was the year of fierce debates on global and national health caused by and related to the epidemic. Already in August, an observer noted that it “looks like every worthy global health cause (health systems strengthening, vaccination, research for neglected diseases) is now jumping on the Ebola outbreak bandwagon.” In fact, in the entire second half of 2014, one could get just too much of Ebola articles, blog posts and tweets. But there was also plenty of sound and inspiring analysis, referring to the Ebola epidemic as what it continues to be: a great magnifying glass on structural crises and issues which otherwise could not be seen so clearly. As Ilona Kickbusch put it in a message on Twitter: “Could we dream that Ebola is a wakeup call for strengthening of WHO and global health governance - can something useful emerge from tragedy?”
Focus on NCDs and nutrition: In 2014, noncommunicable diseases and the related global coordination mechanisms became other “hot topics” of global health policy and governance. In the field of NCD, a Global Coordinating Mechanism (NCD-GCM) was set up by the World Health Organization, and the Medicus Mundi International Network, represented by Wemos, successfully applied for becoming a member of its civil society constitution.

A side event at the World Health Assembly organized by the MMI and Wemos together with the NGO Forum for Health underlined the potential loss of policy space for governments to address the increasing global health threat of noncommunicable diseases. The event led to a lively debate where civil society, the WHO and member states expressed their concerns related to the potency of trade and investment agreements to undermine health policies, for example related to tobacco control or the marketing of junk food. Trade deals are being made without proper assessment of the health effects and often do not take health problems into account.
Network development and Network events

Network Policy: With the successful review of the MMI Network Policy (the original version dated from 2009) by the MMI Assembly in May 2014, the Network achieved a milestone in its institutional development.

The MMI Network Policy is the basic document of the Medicus Mundi International Network. It is founded on the legally binding statutes – which were also reviewed in 2014 – and contains a set of guiding principles and operational guidelines which will be translated into more specific policies, strategic plans and regulations. The policy document includes sections on the shared vision of the Network members, on the Network’s specific contribution to the efforts undertaken by its members in the fields of international health cooperation and global health policy, on Network membership and on Network organization and governance.

Besides a more open definition of the Network membership – membership is now open for all organizations working in the field of international health cooperation and/or global health, sharing the Network members’ vision of Health for All and supporting the mandate of the Network, committed to actively participate in Network activities and to contribute to the sustainability of the Network and able to fulfill the related duties, including the payment of an annual membership fee – the key element of the new policy is the enhancement of the character of MMI as a Network of independent organizations, whose efforts to achieve the shared vision of Health for All are supported by the Network through a set of specific contributions, mainly:

- enhancing communication and cooperation among members and providing a platform for the development of joint activities, thematic working groups and consortia;
- fostering an evidence based approach in the members’ institutional cultures and programs and promoting collaboration between the Network members and research institutions;
- providing a platform for joint advocacy at a global level, with a focus on the World Health Organization and in close cooperation with other networks and campaigns promoting Health for All;
- fostering the visibility of the Network members and their activities by publishing their news, reports, statements, events and other contributions.
**Strategy development:** After the adoption of the Network Policy, the Network immediately went into the process of developing a new strategic plan to orient our activities in the coming years. At a mini-symposium "Working towards Health for All: What’s the count? And what role for civil society action and networking?" during the Assembly in May 2014, we made use of having many partners nearby because of the World Health Assembly to outline with them some overall perspectives for the coming years and the potential role of civil society – and the MMI Network – related to health systems, global health governance and determinants of health. It was a great informal talk with some insights into the environment of our work.
The Geneva “mini-symposium” was followed by a more systematic process with consultations of Network members and workshops at the Board meetings (21 August 2014 in The Hague and 15 January 2015 in Basel) and the extraordinary Assembly (6 November 2014 in Basel). All these milestone events contributed to the shaping of a strategy proposal ready for adoption by the MMI Assembly on 23 May 2015 in Geneva.

**MMI Network meeting in Basel:** Hosted by Medicus Mundi Switzerland (MMS) and linked with the 14th Annual Swiss Health Cooperation Symposium organized by MMS, the MMI Network meeting in November 2014 proved again the value of organizations working in the field of international health cooperation coming together, sharing practices and learning from each other. The topic of the symposium was “Not without us! Youth and sexual and reproductive health in international cooperation”.

"It has now been twenty years since the International Conference on Population and Development (ICDP) in Cairo set new principles and criteria on sexual and reproductive health and rights. The ICDP exposed the fact that issues of population increase and social as well as economic growth can only be brought forward with a rights based approach. At this year’s symposium we will be addressing these obstacles and emphasising that the results of Cairo 1994 are still of utmost importance to international health cooperation. At the centre of our discussions we have set young people, who are the key group we need to be working with in order to improve health for women and girls, mothers and children. Which obstacles do we need to overcome in order to grant youth’s access to health services? How should health services for sexual and reproductive health be modelled in order to be more youth-friendly? What kind of social environment is required for youths themselves to be able to stand up for their right to health?” (quoted from the symposium announcement)
2014: FINANCIAL FACTS & FIGURES

Capital Account

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<td>II. Short-term fixed assets</td>
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<td>Net loss (2013: net win)</td>
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<td>II. Accruals</td>
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Statement of revenue and expense

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Net loss/win

| Net loss/win                    | 8'761.30      | - 15'700.00 | - 4'303.97    | -14'550.00  |

All figures in EUR.

This is a summary of the financial statements of the MMI Network. Details and explications will be given at the Network’s General Assembly in May 2015. The “Report on the Audit of the Financial Accounting as of December 31, 2014 for the Association Medicus Mundi International e.V.” by RSM Verhülsdonk, Krefeld, Germany, is available at the MMI secretariat.