ANNUAL REPORT 2019
THE “YEAR BEFORE COVID-19” WAS A GOOD ONE...
**MESSAGE FROM THE PRESIDENT**

The year before Covid-19 was a good one  
From Astana to New York ...and from PHC to UHC?  
“Health cooperation beyond aid”: Leaving our comfort zone  
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**MMI NETWORK MEMBERS: “SHORT STORIES”**

A collection of short stories contributed by various Network members is available on our [website](#). Thanks for contributions and engagement!
DEAR NETWORK MEMBERS AND PARTNERS

2019 was a year in which nobody could imagine how a single disease was going to change the whole world in the next year. Still shocked by the consequences of the actual pandemic of Covid-19, we currently use this shock also to reflect if a Network such as Medicus Mundi International is still needed. And yes it is, even more than ever. The things we have learnt from the pandemic are things that are part of the vision and mission of our Network:

- Nobody alone can manage this pandemic, so we must **promote alliances** between different institutions and governments to push for a sound global health system in which civil society organizations play an active role. MMI is an example of that, with our mixed membership of academic institutions and NGOs with diverse fields of work. And we have ourselves promoted alliances between different actors, such as the Geneva Global Health Hub or the Kampala Initiative.

- The most vulnerable suffer most: The inequity in healthy living conditions and access to health care is probably the biggest health problem in the world, and all policies must be centered on people and their **right to health**. We can’t fight against Covid-19 in a vertical way, but must integrate the response to this pandemic in a broader strategy. And beyond the pandemic, millions of people are dying for causes that are avoidable, as we would have the knowledge and capacity for ending them.

- Maybe health is not everything, but **health affects everything**. The Coronavirus has affected economies, the environment, gender relations, social development and the core of the political systems in many countries. Time to work in a more comprehensive and holistic way, as already outlined in the 1978 Alma-Ata Declaration; time for “health in all policies and all policies in health”.

- Finally, we see again the relevance of **linking the global and the local**. While our members contribute to the improvement of people’s health with direct action and in partnership and solidarity, we also see how global issues and decisions affect countries, health systems and people’s lives, and we contribute to addressing these issues at the level of global policies and governance. This interconnectedness defines the field of work of our members and the Network itself.

If we have a look at 2019, we can highlight activities in both fields. In global health, the MMI Network was present at the most important event, the UNGA High-Level Meeting on Universal Health Coverage that was held in New York in September, and contributed to it despite the difficulties in getting civil society voices heard. Medicus Mundi International contributed to the 72nd World Health Assembly in Geneva, with our own side event on “Shrinking space for civil society organizations engaged in SRHR” as a highlight. Finally, MMI has been actively engaged in platforms of global health advocacy such as the Geneva Global Health Hub (G2H2) and critically commented on the making of strategic documents such as “The Global Action Plan for Healthy Lives and Well-being for All”.

In health cooperation, MMI participated in a meeting held by the Open Society Foundations in Morocco to share experiences between different institutions about the external factors that affect health cooperation. But the most important activity last year was the launch of the “Kampala Initiative”, a new civil society platform for dialogue, reflection and joint action on health aid.

These are difficult times, but these times and challenges also an opportunity to change “old habits” and bet on innovative policies, where the right to health, ecology, justice and equity will be the true axes that move the world. MMI will be there.

Thanks to all who contributed to another successful year!

Carlos Mediano, President
Medicus Mundi International Network
THE “YEAR BEFORE COVID-19” WAS A GOOD ONE...

When we will look back at 2019 in a couple of years, we might see it as “the year before the Covid-19 pandemic”. Already today, the ongoing pandemic is not only changing our world and our daily life, but also the environment and content of our work in the field of international health cooperation and global health governance. And it has done so in a way that was hardly imaginable a year ago.

When we look back at 2019, we look back at a “normal” year. For the Medicus Mundi International Network, it was certainly one of the most productive and successful years in our recent history, and we are quite proud of what we have achieved. Yes, there is “unfinished business” to be reported, and yes, we currently experience lots of uncertainties, as stated by the president. This has already been taken up by the Board in a strategic positioning and planning process.

In our current report, we focus on the implementation of the MMI work plan on “Advancing health cooperation beyond aid”. This MMI flagship programme for the years 2018-19 was adopted by the Board in 2018 and generously supported by the Open Society Foundations (OSF). The OSF grant allowed us to implement activities for which we would not have had the funds and capacities, integrating our two strategic fields of work of promoting more effective health cooperation and providing civil society input into global health policy and governance. We are most grateful for this support and see it as a welcome sign that our Network and its activities and output find (and deserve!) interest and attention beyond our membership and close partners.

We framed the overall objective for the year 2019 as follows: “In a rapidly changing and unstable world with increasing inequities, we promote democratic, legitimate and effective health cooperation for social justice, global solidarity, and respect to human rights”. We have done so. In our report, we will report in detail about what we have achieved. Here two highlights at a glance:

- With the launch of the “Kampala Initiative”, we successfully contributed to revitalizing and broadening the debate on “how to advance cooperation and solidarity for health equity within and beyond aid”. With the preparatory process for our Kampala Workshop in November 2019 and the resulting launch of the “Kampala Initiative”, we aimed at giving to civil society voices and perspectives from the Global South the appropriate space and leadership in this debate, and we successfully moved, in a broader team, from analysis to joint action.

- Our engagement and vocality in the process leading up to the UN General Assembly High-Level Meeting on Universal Health Coverage, in September 2019, reconfirmed the MMI Network as a strong and challenging civil society voice, promoting a political and not only technical approach to Primary Health Care and Universal Health Coverage, requesting a critical assessment of the role of external actors in national health policies and insisting in sound governance of international health initiatives and platforms.

More to come! And more to be reported! Looking forward to this with confidence, even in challenging times, and maybe at the beginning of a new age.

Thomas Schwarz, Executive Secretary
Medicus Mundi International Network
“Health Cooperation Beyond Aid”
...Leaving our Comfort Zone

When we refer to the Kampala workshop on “How to advance cooperation and solidarity within and beyond aid?” (15-16 November 2019) and its follow-up, it goes without saying that we are really happy with what we have achieved. MMI has played a key role as initiator and co-host of the workshop, its implementation and the resulting “Kampala Initiative”, but this would not have been possible without the engagement and co-ownership of a series of civil society colleagues within and beyond the Network.

In our work in the field of promoting a critical self-reflection on international health cooperation, we have, over the last few years, referred to our discussion paper on “Health Cooperation: Its relevance, legitimacy and effectiveness as a contribution to achieving universal access to health” published by Medicus Mundi International in 2016.

We reported last year about the two workshops organized by MMI at the Astana Conference on Primary Health Care and the People’s Health Assembly, at the end of 2018. These workshops provided us with strong entry points for attracting the attention of a broader audience of international institutions and civil society to the challenges in the field of health cooperation. It then became obvious that a renewed critical look at “health aid” was welcomed by many as highly relevant and timely.

This was reconfirmed in an OSF partners convening in June 2019, in Marrakesh. The meeting with the topic of “Development Assistance for Health” to which MMI was invited as an OSF grantee provided us with new inspiration, input and contacts that helped us a lot in the preparation of our own milestone workshop in November.

Teaming up for a workshop on health cooperation...

In July 2019, MMI reached out to Network members and potential partners with a call to engage in the planning of a civil society workshop on health cooperation. Since then, the Kampala workshop and the related processes were coordinated by a planning group that included representatives of different civil society organizations, including some Network members and the Secretariat, and with the People’s Health Movement as a strong co-leader.

During the preparation process, the co-organizers agreed to frame the Kampala workshop as formal launch of a longer process – we optimistically called it the “Kampala Initiative” – of sharing, strategizing and hopefully joint action among civil society organizations critically engaged in or dealing with “health aid” and its actors and practices.

With a call for expressions of interest to participate in the workshop, the organizers looked out for a team of 20-25 civil society experts and activists that together should provide the mix of institutional support, personal engagement and skills/capacities needed to achieve the expected outcomes of the workshop. The selection of participants was done by a sub-committee of the planning group, based on an agreed set of criteria.

Topics, cases, webinars

Ahead of the Kampala workshop, the confirmed participants were asked to form four working groups. Every group selected a particular case for the workshop itself in view of sharing and deepening assessments and planning concrete civil society action.
In October and early November 2019, the civil society workshop and the emerging “Kampala Initiative” were brought to the attention of a broader audience with a series of four public webinars, each of them prepared by one of the working groups and focusing on a challenging aspect of aid and on a related particular case.

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<th>Webinars</th>
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<th>Overall themes</th>
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<td>29 Oct 2019</td>
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<td>Is aid stabilizing an unfair global trade regime? Or how to avoid this?</td>
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**The Kampala Workshop**

The civil society workshop on “How to advance cooperation and solidarity within and beyond aid?” took place at the Fairway Hotel, Kampala on 15-16 November 2019. The workshop created indeed the expected space and dynamic. For two full days, the 25 invited experts, practitioners and activists engaged in intensive group work focusing on the cases selected by every group for the workshop, with short plenary sessions for providing feedback and steering the process.

The workshop concluded with the unanimous assessment by all participants to continue working together on the selected cases, but also on the overall topic of advancing cooperation and solidarity within and beyond aid, and to sustain and expand the Kampala Initiative.

**The Kampala Initiative**

After the workshop, and together with our partners, we set up the Kampala Initiative as a democratic civil society space and community of independent, critical-thinking activists and organizations across Southern and Northern boundaries. Within this community, the critique of aid “shall lead to formulating, promoting, disseminating and seeking political traction for a new, broadly shared civil society narrative on cooperation and solidarity within and beyond aid”.

The “Kampala Declaration” on cooperation and solidarity for health equity within and beyond aid” was released on 27 January 2020, as a reference document for the Kampala Initiative, and as a means to reach out to others: Institutions and individuals are welcome to join the Kampala Initiative by endorsing the Declaration. Since its launch, the declaration has been endorsed by over 80 institutions and 70 individuals.

With the Kampala Initiative, the Medicus Mundi International Network and its members have left the comfort zone of discussing challenges of health cooperation “among ourselves”, and in particular among international NGOs working in this field. We will further report about this ongoing process, its perspectives and how the MMI Network will continue to define and implement its own role within this “spin-off”.

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Medicus Mundi International Network · Annual Report 2019
FROM ASTANA TO NEW YORK
...AND FROM PHC TO UHC

In the last Annual Report, we told you the story of the engagement of the Medicus Mundi International in the celebration of jubilee of the Alma-Ata Declaration on Primary Health Care (PHC). Last year, it was up to Universal Health Coverage (UHC) to enter the limelight of “global health”, culminating in a UN General Assembly High-Level Meeting in New York, in September 2019. In this meeting and its long preparatory process, the MMI Network positioned itself once more as a leading civil society voice for a political and not technical approach to health care and public health and for a critical assessment of the role of the international actors.

In 2018, the Medicus Mundi International Network invited civil society colleagues and a broader audience to reflect about how “translate” the core of the 1978 Alma-Ata Declaration on Primary Health Care into the present and future. We then realized how much the Declaration and the concept of PHC are part of the DNA of Medicus Mundi International and many of our Network’s members. In 2019, and with the topic of Universal Health Coverage, the story was a different one, maybe written with less of our institutional DNA and less “heart’s blood” from Network members, but nevertheless interesting. And challenging.

Universal Health Coverage

“Universal Health Coverage” (UHC) remains a difficult and contested goal and concept, despite all attempts to explain it in simple word, as done by the World Health Organization and the International Partnership for Universal Health Coverage (UHC2030) that states, on its website:

“Universal health coverage means making quality health services available for all, ensuring people are not pushed into poverty by healthcare costs.”

The term of “universality” can be easily agreed on, as it reflects the traditional “Health for All” and health equity discourse ("universal and equitable access to health care"). The debate starts when you have a closer look at what Universal Health Coverage entails, and how to get there: What does universal “coverage” represent compared to universal access to health care? How does a health system need to be organized and governed in order to be able to provide universal and equitable access? How does this need to be embedded in a broader system and culture of social protection (“caring state” and “caring society”)? What deeper societal, economic and political change is needed beyond the health sector, in order to address the main determinants of bad health and weak health systems? etc. etc.

By endorsing the “Global Compact for progress towards universal health coverage” in 2017, the MMI Network joined the International Partnership for Universal Health Coverage UHC2030 and at the same time actively contributed to the shaping and launch of the partnership’s Civil Society Engagement Mechanism CSEM. We have since then contributed to these structures from within, providing civil society input to key topics, including the role of health cooperation in strengthening or weakening national health systems, but also critically watching their governance.

This engagement is ongoing, and new initiatives and actors are emerging that also deserve our critical analysis and input. In times of the UN Sustainable Development Goals, the “partnership”, “multi-stakeholder” and “global movement” discourse of the global health actors and initiatives pretends that everything can be achieved if it is just done together, and the mainstream narratives on “leaving no-one behind” etc. make us believe that there are easy answers to complicated realities. But there is no easy way to Universal Health Coverage, and no easy way to social justice and health equity.
And this is not a new statement. Such as in the field of health cooperation, the Medicus Mundi International Network benefits from having its own reference document on UHC: The MMI discussion paper on “Questions and answers on Universal Health Coverage... and some more comments and open questions” published in 2013 is still very much valid, and many of our “open questions” have remained unanswered.

The High-Level Meeting process

The theme of the UN General Assembly High Level Meeting on UHC in September 2019 was “Universal Health Coverage: Moving Together to Build a Healthier World”. The Medicus Mundi International Network strongly engaged in the High-Level Meeting preparations, first with MMI Executive Secretary Thomas Schwarz contributing to a “multi-stakeholder hearing” on 29 April 2019 in New York and reporting back with blogs, posts on various mailing lists and inputs to follow-up meetings and with an own public briefing that took place after the MMI Assembly on Saturday 25 May 2019 in Geneva.

The MMI statement adopted by the Board and delivered by Thomas Schwarz at the hearing on 29 April 2019 represents well our Network’s engagement and positions on Universal Health Coverage, global health governance and international cooperation. Here it is:

*If designed and well implemented, Universal Health Coverage is the key contribution of the health system to achieving universal access to health. However, UHC cannot be achieved without addressing the political and economic determinants of health. The “multi-stakeholder” paradigm in the discourse on UHC tends to neglect/disguise the adverse impact of financialization, privatisation, commodification and commercialisation of health services on universal access to health care.*

We particularly support the attention given to regulation and legislation and to political leadership beyond health. We insist on responsibility and leadership of governments as main duty bearers that goes beyond regulation and stewardship. We call for strong public systems for both health care financing and delivery.

Many members of Medicus Mundi International are active in the field of development cooperation. We call for development cooperation that supports and accelerates national health policies, priorities and systems. However, the aid agenda is often not aligned with national public health policies but captured by the political and economic interests behind development finance, including the commercialisation of health care services and the securitisation of health as a global risk for richer countries. A critical reflection on policies, structures and practices of development cooperation is much needed.

After the April hearing, we continued our analysis and advocacy in the run-up to the UNGA High-Level Meeting on 23 September 2019, focusing on providing critical civil society reflections and input on the drafts of the Political Declaration. This proved to be a rather hopeless case, as too much of the clear and strong public health content and language of a document prepared by UHC (“UHC2030 Key Asks for the UN High-Level Meeting”) did not make it into the Zero Draft Political Declaration.

As a consequence, the MMI Network published, together with the People’s Health Movement and the NGO Partners in Health, a critical assessment of the Draft Political Declaration, and we also joined the same team for a symbolic rally outside the UN Building in New York. Remco van de Pas (ITM Antwerp, MMI Vice-President), who attended the High-Level Meeting as our representative, reported back with a series of blogs. Here his temporary conclusion:

*“While writing all this, I have mixed and ambiguous feelings on what all this energy, money and framing of UHC at the highest political level actually will imply for health for all. I need to let it sink in, to find out whether some parts of it could lead to a momentum for universal health finance. I am far from sure whether the ‘investment’ frame, currently in vogue, will close the gap. Rather, I am afraid the gap might get even wider...”*
COMING TOGETHER FOR SHARING, JOINT REFLECTION AND MUTUAL LEARNING

Besides the “milestone” events and processes reported in the two previous chapters, the Medicus Mundi International Network has continued to play its valued role as a convenor and facilitator of sharing, joint reflection and mutual learning among Network members and partners. A Network is what its members make out of it. All activities reported in this section of our report strongly benefitted from the leadership, involvement and engagement of particular Network members. Thanks for this!

Shrinking space for Sexual and Reproductive Health and Rights and gender issues.
Side event to the 72nd World Health Assembly and the MMI Assembly, Geneva, 24 May 2019

The spaces for sexual and reproductive health and rights are shrinking, and so is the space for civil society organizations engaged in this field. In 2017 the US Administration under President Trump reinstated a policy known as the “Mexico City Policy” or “global gag rule” requiring foreign NGOs that receive US family planning funds to certify they do not provide abortions or give abortion advice. Since then, the anti-abortion policies of the US administration have been further expanded. They have been critically discussed and countered by many – and silently or openly supported by many others.

All over the world, governments attempt to push back tendencies within societies in favour of gender equality and a variety of lived sexuality. These attempts threaten sexual and reproductive health and rights and by this public health in general. All over the world, Civil Society Organisations are playing a crucial role in promoting sexual and reproductive health and rights. Acting and rooted within society they are very much legitimated actors for addressing harmful sexual practises and changing norms to make healthy and rights based sexuality possible. And all over the world, this civic space is shrinking, and so is the space for journalists and public media to raise issues of perceived social injustice in society.
In its workshop report on the “State of Civic Space and Effects of Shrinking Space on Women human rights defenders in East Africa”, the Office of the High Commissioner for Human Rights states that “over the last few years, governments in East Africa as elsewhere have used security policies, including counterterrorism strategies to restrict public freedoms and the role of civil society”. The report concludes with a renewed call for a civic space that guarantees the freedom of information and expression, the right to assemble and associate, citizen participation, and the rule of law. And no, this call is not dated 1789 nor 1948, but 2018.

In our public side event to the World Health Assembly, panellists and all participants shared their experiences, stories and assessments of this “shrinking space for civil society” – and their strategies to recover the space needed for civil society organizations and their work in the field of sexual and reproductive health and rights. The workshop followed Chatham House rules, allowing a protected space for the discussion of a difficult topic.

Boosting community-led responses to reaching the most marginalized communities.
Official side event to the 72nd World Health Assembly, Geneva 23 May 2019

While everyone is talking about “community engagement” or “community participation”, community-led responses in the field of health remain poorly understood, acknowledged and resourced, and even the notion of “community” is a difficult one.

Ideas of “community engagement” stretch back more than forty years, as an important concept in achieving the PHC vision enshrined in the Alma Ata Declaration. WHO Member States further concretized the notion of community “engagement and empowerment” in 2016 as an essential approach in the WHO Framework on Integrated People-Centred Health Services. In the discourse on Universal Health Coverage, community-led responses are seen as central to the strategies needed to achieve it.

However, this stays in sharp contrast to an often blurred, simplistic use of “community”, in particular in the field of international cooperation (aid).
At the level of national policy, the dominance of biomedical, government-led and facility-based approaches for health, the shrinking space for civil society and the nature of the community responses (being flexible and, informal in many cases, happening in complex settings sometimes far from the formal sector), are, among others, reasons for the limited support from governments for community-led responses. It will be vital to secure recognition of the full roles, ranges and impacts of such responses, beyond the more formalised aspects such as Community Health Workers.

And there are many open questions: How can communities become part of a larger political movement for health services, targeting the upstream factors and contributing to national, even international change? How to bring more and true community representation to the higher levels of decision-making? And how can the decision makers, as duty-bearers within the health system, be made accountable to the communities as right-holders?

MMI was happy to join a broad civil society team for an official side event to the 72nd World Health Assembly. This event also attended by WHO DG Dr Tedros showcased the importance of increasing the understanding, and scaling up, of political and financial support to community-led responses for health.

Today, if feels a bit weird to look back at the picture of our crowded meeting room at the Palais des Nations, in particular after the experience of a “virtual” World Health Assembly in 2020 with virtually no space for civil society. We hope that we can soon experience again the beauty of coming together in one room, feeling the raising temperature and all the things that cannot be shared and transmitted – and even do not happen – in an online “webinar” format.

From “learning from the field” to addressing power imbalances and jointly driving change: Informal working group in view of Geneva Health Forum 2020

The theme of the Geneva Health Forum 2020, “Learning from the field”, is a challenging one, and it relates directly to the work of Medicus Mundi International. We therefore submitted to the GHF organizers a workshop proposal with the title “From ‘learning from the field’ to addressing power imbalances and jointly driving change”. Once the proposal was accepted, and with Network member CWGH Zimbabwe in the co-lead, we published a call for expressions of interest to join a working group.

In the last months of 2019, and in online working group sessions of a mixed team of over 20 experts with various background (academic, CSO, all regions), we analysed and challenged the term “the field” and shared assessments of the related issues of power, rights, and ownership, highlighting the deficiencies of existing mainstream narratives in health cooperation, public health and health research, and examining initiatives that are working to correct power imbalances between health authorities and the people “in the field” that they intend, and are expected, to serve.

...another story to be continued in the next Annual Report.
GLOBAL HEALTH POLICY AND GOVERNANCE:
WHAT WAS IMPORTANT LAST YEAR....

Over the last ten years, Medicus Mundi International has become a respected and well known voice of civil society at the World Health Organization and its Governing Bodies, also benefitting of its status as “NGO in official relations” and its long history of technical collaboration with WHO in field such as Human Resources for Health and the contractual integration of not-for-profit health services in national health systems. Related to this, MMI has developed a reputation as a dedicated and unbiased networker and convener for WHO related right-based civil society advocacy.

Also in the field of global health policy, 2019 was a “normal year”: The delegation of the Medicus Mundi International Network addressed the World Health Assembly and two sessions of the WHO Executive Board with statements on various topics, in close collaboration with the People’s Health Movement and its “WHO Watch” project hosted in our delegation. MMI statements are available on the WHO Watch website and in particular in the comprehensive WHO Tracker provided by the People’s Health Movement.

“Towards a more meaningful engagement of WHO with civil society”

We have already reported about the launch of a civil society working group on “WHO and global health governance and financing” at the end of 2018, convened by Medicus Mundi International and Bread for the World and set up as a working group of the Geneva Global Health Hub (G2H2).

2019 turned out to be a very busy year for this working group, as you will also see in the annual report of G2H2, with a clear focus: a discussion that was launched among WHO Member States at the end of 2018 and resulted in reports and proposals of the WHO Secretariat on “how to achieve a more meaningful engagement of civil society in the WHO Governing Bodies”, as part of the WHO governance reform. It turned out that this Member States initiative for “more meaningful engagement” was mainly an attempt to further reduce the space and voice of civil society, at the same time drowning the constitutional right of NGOs to participate in WHO governance in a blurred “multi-stakeholder” approach.
The matter proved to be controversial and complex, and debates and consultations went on throughout 2019, with many ups and downs. At the (provisional) end of this process, and with our statement at the 146th session of the WHO Executive Board in February 2020, we critically looked back at the state of this debate, also expressing a bit of exhaustion.

Such as the MMI input to the hearing on UHC in April reported above, also this statement reflects well our perspective and positions in the field of health governance:

**Dear chair and EB members,**

**Dear representatives of WHO Member States and the Secretariat,**

After a long week of EB deliberations, we thank you for your dedication and honesty in dealing with pressing global health challenges. And thanks for listening to those voices of civil society that could make it to Geneva and into the Executive Board.

We all know the shortcomings in the setup of the WHO governing body meetings: Limited instruments to manage a crowded agenda. Too many prefabricated statements, too little dialogue ...and the same inequality in terms of power and access as anywhere. Reform is still needed. We can do better, all of us. However, in times of national egoism, unfettered power of the corporate sector and the UN system being undermined and bypassed:

▪ Please protect democratic multilateralism, and do not replace it with blurred multistakeholderism.

▪ Please protect civil society’s constitutional right to formally participate in WHO governance, and do not replace participation with informal playgrounds for which there is neither a clear need nor demand.

▪ Please reflect on what needs to be done ‘upstream’, beyond the governing body meetings, to protect and extend the space of civil society in national and global governance processes.

▪ And please do this politically and strategically, not through managerialism and piecemeal action.

**Dear civil society colleagues,**

Let us not give up. There are good reasons for all of us being here. We are not just the ‘friends of the World Health Organization. We care for it. WHO is a people’s organization. It is ours. And we are part of it. But we also have to acknowledge that global health governance is a political arena and that the WHO is no exception to this. So let us reflect together, openly and constructively, how to contribute to making it better and stronger.”

**What was important last year...**

We conclude this review of our engagement in the debates on the civil society involvement in WHO Governing Bodies with a quote from the Annual Report of the Geneva Global Health Hub (G2H2). We do not do this just because Medicus Mundi International is hosting the secretariat of G2H2 and is strongly involved in its work, at all levels, but first of all because these conclusions are very much also valid for the Medicus Mundi International Network:

In times of the Covid-19 pandemic, and looking back at the past year’s activism related to the WHO governance reform leaves us with mixed feelings. Our advocacy was successful, yes. The WHO Executive Board, in January 2020, acknowledged the need to overcome managerial solutions and to look more closely at the core ingredients needed to properly and timely engage with civil society.

But obviously, some of the “big problems” one has in good times become smaller when times are bad. Obviously, the crisis that the World Health Organization and democratic multilateralism are facing today goes far beyond the shortcomings of the WHO governing body meetings. And the challenge of a
shrinking space for civil society goes far beyond defending the established space of “non-state actors in official relations with WHO”.

And obviously, WHO is indeed in the spotlight of international politics right now but faces the very concrete danger to lose its role as coordinating and directing organization for international health, by becoming a mere “moderator and convener” of all kinds of multi-stakeholder initiatives and enthusiastically engaging with the commercial and philanthropic sector, if they just provide the support and money WHO desperately needs. But this will be the topic of the next annual report, looking back at 2020 as the first year of the Coronavirus pandemic.

Critically watching and commenting on the drafting of a “Global Action Plan on Healthy Lives and Well-being” (GAP)

On 24 September 2019, at a side event to the United Nations High-Level Meeting on Universal Health Coverage (UHC), twelve multilateral health, development and humanitarian agencies launched the “Global Action Plan for Healthy Lives and Well-being for All” (GAP) to better support countries to accelerate progress towards the health-related Sustainable Development Goals through strengthened collaboration and coordination.

During the making of the GAP (2018-19), members of the MMI Network and other civil society organizations criticized shortcomings of the process, in particular related to transparency and representation. Wemos brought the topic into a civil society meeting organized by G2H2 in January 2020, and the MMI Secretariat briefed G2H2 members and MMI Network members in two sessions related to the World Health Assembly in May.
At the Kampala workshop on “How to advance cooperation and solidarity within and beyond aid” in November 2020, the “GAP case” was again dealt with by the thematic working group on “Aid supporting or distorting national Health Policies, Systems and Processes”. We then introduced the main challenges regarding the Global Action Plan and its implementation as follows:

“The GAP has the potential to further strengthen the power of the big actors and distort national processes, structures and policies. The development of the GAP also shows the challenge of representation of civil society in global processes and the divergence of positions and interests within civil society.”

At the end of the workshop, working group members agreed on the launch of a “Watch the GAP” task group, and the group immediately started its work, still with Wemos and the MMI Secretariat as active participants and co-leads, together with civil colleagues from Uganda. Another story to be continued in 2020: Watch us watching the GAP!

What civil society? What civil society governance?

In May 2019, the MMI Secretariat and several Network members contributed actively to a timely discussion on civil society, civil society governance and “multi-stakeholderism” at a workshop organized by the Geneva Global Health Hub. Our input included:

- An introductory lecture by Andreas Wulf, medico international: “Civil Society from the inception of its concept until struggles of today, incl. historical critical review of debates on Civil society and NGOization of political activism, as started already in the 1990s”;
- A case presentation by Thomas Schwarz, MMI Secretariat: “Civil society’ engagement with WHO leadership, in hosted partnerships and WHO processes”;
- An input by Remco van de Pas, ITM Antwerp and MMI vice-president, on “Multistakeholderism and WHO’s investment case”.

Beyond this G2H2 civil society workshop, the promotion of good governance and management of civil society platforms and processes has remained a common thread and valid contribution of the MMI Network, with our experience and track record allowing us to provide sound analytical and steering input in a sensitive field. So yes, “we have done it again” in 2019, mainly within the following structures:

- The Civil Society Engagement Mechanism (CSEM) of UHC 2030, and the making of a “civil society position” for the UN High-Level Meeting on Universal Health Coverage, as reported above;
- Civil society involvement and representation in the drafting of the “Global Action Plan (GAP) on health and well-being for all”, as reported above;
- Good governance of the “Health Workers for All Coalition” hosted by the MMI Network member Wemos;
- Good governance of the “Kampala Initiative” that we are setting up in a mixed team.

We might start thinking about condensing some of this analysis and guidance in a report or even a normative piece (code of practice or MMI discussion paper) on “good civil society governance”, as we have done already in the fields of health cooperation and Universal Health Coverage.
NETWORKING DEVELOPMENT: UNFINISHED BUSINESS....

“Business” is as rather difficult notion for an organization such as the Medicus Mundi International Network. We have always positioned ourselves as a “non-business” in a sense of putting the cause(s) we consider important right at the centre of our work and engagement, and not ourselves and our institutional interests. However, sustaining and developing an institution, even a small one with a minimal secretariat structure as MMI, also needs some business thinking and doing, and so we have started, in the MMI Secretariat and Board, to give more attention to things such as a “business case” for MMI or the development of a sustainable business plan. Our conclusion at the end of 2019: there is some progress, but we are not yet there. This “unfinished business” will keep us busy for a while...

Creating, convening, and co-hosting civil society platforms beyond our own membership

Over the last few years, Medicus Mundi International has “outsourced” some of its key activities to newly created civil society platforms and coalitions formally put outside our Network, as independent structures with their own membership and governance structure. From a “business” point of view, this might not have been really smart, but from a perspective of a dedicated civil society networker and convener, we considered it the right thing to be done to bring our engagement to a next level.

And we are “proud parents”. Our three spin-offs launched between 2016 and 2019 are well underway, but they are still babies, or small children at least, and they need some continued care and attention.

- We already reported about the MMI engagement in the Geneva Global Health Hub and its working groups and activities. Launched in 2016, G2H2 is a great project, and the MMI Network is happy to host its secretariat of at our office in Geneva.

- The Health Workers for All Coalition set up in 2018 represents global, regional and local groups of civil society organizations, academic institutions, and health workers’ professional associations and unions. The Coalition is rooted in the earlier MMI working group on Human Resources for Health and it “advocates access to health workers for all in order to fulfil the right to health and to reach Universal Health Coverage and the Sustainable Development Goals.” The secretariat of the HW4All Coalition is hosted by our Network member Wemos, and the MMI secretary is a member of the Coalition’s Steering Committee. In 2019, a small subgroup worked on a “Theory of Change” document to guide the future work of the Coalition. With the “Health Systems Advocacy programme” (HSAp) that provided some funding for the Coalition’s secretariat coming to an end, the financial sustainability and the institutional setup and governance of the Coalition have become high-priority issues.

- And, last, but hopefully not least, the Kampala Initiative: In our current Annual Report, we have already extensively featured this project of a civil society community on advancing solidarity and cooperation within and beyond aid. In a document on governance basics of the Kampala Initiative, we have called it a “well-governed non-institution” and stated: “In order to create and grow this civil space, we do not need nor intend to create a new institution. However, to take up the ambition of this space being a democratic one, and knowing about the sensitivity of the power issue in convening civil society, some basic governance issues need to be addressed, such as how to access and use this space, who manages it, to whom are those actively engaged in particular activities accountable, who can represent the Kampala Initiative”.
Fundraising, communication and membership consolidation and promotion

We already reported about the grant received from the Open Society Foundations for our work in the field of promoting more effective health cooperation. As a welcome side effect, the grant allowed us to employ a “Fundraising and Strategic Communication Officer” (30% FTE). Vittorio Giorgetti started working at the MMI Geneva office in January 2019, with a set of skills and a field of work complementary to the MMI Executive Secretary Thomas Schwarz. For the first time ever, and for a limited period, the MMI Network had more than one employed part-time staff.

As a result, there has been some good progress in the field of communication and visibility, such as our redesigned website and a new promotional leaflet, and we are confident that we show today more clearly what we offer to our members and how they can engage. However we have not succeeded to translate this progress into concrete outcomes in terms of Network membership and broadening our funding base. The outcomes in these fields are clearly below our expectations, despite the great engagement and all the inputs provided by Vittorio.

As a result, we had to ask our members once more to provide voluntary contributions in order to cover our structural deficit, and this allowed us to achieve an equal financial result in 2019 and to adopt an equal budget for 2020. In these difficult times, when many organizations struggle themselves with their own financing, this expression of commitment and co-ownership of our members is remarkable.

So again thanks to the team! And more to come, hopefully. We are confident that our achievements will help our members to find good reasons to continue and further strengthen their engagement in the Network.

Preparing the ground for strategic positioning and planning

After the planning workshop in Basel at the end of 2018, systematic interaction with Network members continued in early 2019 with a survey undertaken by the new Secretariat staff Vittorio Giorgetti and with a briefing and planning workshop as side event to the MMI Assembly in May. Network members then proposed to the MMI Board to get right now into a deeper analysis of the outcome of the MMI strategy 2016-20.

The Board agreed to launch a comprehensive positioning and strategy process and met, for a first intensive two-day workshop including members who could make it to The Hague, in November 2019, at the headquarters of Cordaid. At the end of the year, the strategy process was well on track.
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