



**AND THEN CAME COVID-19...**  
**ANNUAL REPORT 2020**

## AND THEN CAME COVID-19... ANNUAL REPORT 2020

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## DEAR NETWORK MEMBERS AND PARTNERS

2020 is a year that we will never forget. A microscopic virus affected our lives and gave us some lessons we must not forget. And we are still learning these lessons. And they hurt.

SARS Cov2 has shown that in a globalized world, we cannot compartmentalize health problems, believing that what is happening in other world regions is none of our business. And we are not really prepared to have a global answer for a global problem, not in terms of global health security, and not at all in terms of global solidarity. And this pandemic has also shown the narrow relationship between health and other sectors as social protection, ecology and economy.

The reaction to this pandemic needs a reflection, too. Despite being a global problem, countries have provided individual solutions, competing for scarce protective material, and subsequently promoting unequal access to vaccines, and exceeding in some countries the balance between health security and human rights. Meanwhile, the global health governance was conditioned by geopolitical fights and has shown its weakness of joint and coordinated action and regulation. And even if they aren't in the media, the rest of health problems and the rampant inequity in access to healthcare are still there.



In this context of fragmentation, conveners and networkers such as the MMI Network are more needed than ever.

But 2020 was also a difficult year for us, as we never could come together physically to advance our work, to share and learn from each other. In this setup, and matching initial plans with the realities of a dramatically and dynamically changing environment, we developed and approved a new MMI Network Strategy 2021-2025, in a process that took most of the efforts of the MMI Board in 2020 and made us learn how to effectively work, as a team, and involving members, in a Zoom meeting room and using online working documents.

In the MMI Network Strategy 2021-25 we outline our direction for the next years based on our renewed mission to initiate, promote and amplify actions to achieve Health for All. We intend to contribute to transforming policies and practice of global health and international health cooperation through a set of interrelated strategic objectives. These include our traditional role of creating and convening civic spaces for exchange and policy advancement in global health, but add the creation of own thematic communities and platforms for dealing with some of the most important problems that international health cooperation is going to face in next years, such as the use of data and the promotion of digital technologies, the role of international health cooperation related to climate and health injustice, and the balance between health security and universal access priorities.

After the lessons learned in last year, we long for a new normality, also in global health and international health cooperation. But this new normality must be a different one: more equal, more sustainable, more participative. The MMI Network and its members will contribute to make this happen.

Finally, I want to express my thanks to all MMI members. With your voice and efforts, you helped us to bring our work forward, but more importantly, you contributed to alleviating the effects of the ongoing pandemic and to showing that other world is possible.

Carlos Mediano, President  
Medicus Mundi International Network

## PER ASPERA AD ASTRA

Do not expect, in this report, to see any recent pictures of Network members coming together for a Board meeting or a technical workshop or speaking at a WHO or UN event, such as in the 2019 annual report when we stated that “the year before Covid-19 was a good year”. The pictures of this page are from the last time members of the Network met each other “physically” (not even mask-to-mask), in a strategy workshop at Cordaid in The Hague, in November 2019. We then expected to see each other again in February 2020, to continue our work on the Network Strategy. And then came Covid-19...

2020 was a difficult and challenging year, in many ways, for all of us individually, for our institutions, and for the MMI Network, too. And the stories to be reported are different from those of the past years. Nevertheless, we will report about good progress. We also report about creating, shaping and using online platforms such as “webinars” (did you know that term in 2018, and did you then already react to it with a mix of expectations and exhaustion?) to bring our work and interaction forward. We will report about our initiatives in the field of global health policies and governance, and about our progress in hosting and advancing civil society platforms such as the Geneva Global Health Hub, the Kampala Initiative and the Health Workers for All Coalition.

And we will report, as the President has already done in his introductory remarks, about laying the ground for bringing the Network to a next level, by exploring and implementing new ways of working together on crosscutting and burning issues that are not just “factors in our environment”, but need to be dealt with in our own work and institutional setup.

Now when I write this report, there are already signs of a new time. No, the pandemic is not over; still far from being it. But there are some perspectives, and there is some clarity on what needs to change, and signs of a renewed engagement to contribute. All still to be further explored and consolidated.

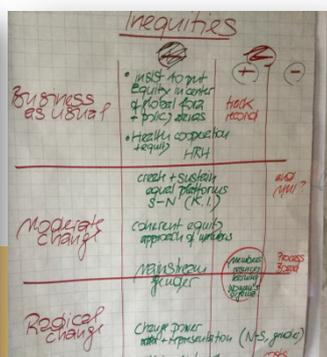
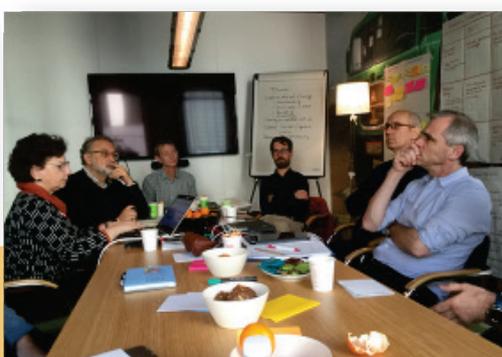
As MMI Network, we advance well in the implementation of some of the plans outlined in the Network Strategy 2021-2025 that was adopted by the Assembly in November last year, and we have created new visibility, attention and support for what we do and contribute. On this ground, we are confident that also the structural and institutional challenges of MMI networking in a dynamically changing environment can be addressed as outlined in the strategy: improve tools and mechanisms to reach out to new actors and audiences, re-model a viable network with a wide constituency, and develop a sustainable business plan based on core “action” elements of the strategy.

So allow us to admit that all of us went through some hardships last year, and that we still look out for the stars. We might not reach them this year, or even not in the next few ones. But let us climb some (more) mountains together.

Thanks to the Board for continued support and leadership, and thanks to all members of our great small Network. Good to work for and with you.

Thomas Schwarz  
Executive Secretary

**PER ASPERA AD ASTRA - THROUGH HARDSHIPS TO THE STARS**  
**MEDICUS MUNDI - DOCTOR OF THE WORLD**



FACES OF/AT AN ANNUAL ASSEMBLY  
IN TIMES OF COVID-19, NOVEMBER 2020

...not where we used to meet  
...not when we used to meet  
...and not what we used to do



And then, Covid-19 changed everything. Everything?

“The things we have learnt from the pandemic are things that are part of the vision and mission of our Network:

- We must **promote Alliances** in which civil society plays an active role.
- The most vulnerable suffer most: 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.
- Maybe health is not everything, but **health affects everything**. Time to work in a more comprehensive and holistic way, as already outlined in the 1978 Alma-Ata Declaration.
- We see again the relevance of **linking the global and the local**. This interconnectedness defines the field of work of our members and the Network itself.”



...what will you write in your report of 2020?  
...what will be your pictures, your stories?  
Let us talk, if you like.



## “CREATE, CONVENE, AND SUSTAIN RELEVANT CIVIL SOCIETY SPACES FOR EXCHANGE AND POLICY ADVANCEMENT”

**Over the last years, the MMI Network and its secretariat have developed a sound reputation as a dedicated networker and convener for civil society engaged in international health. In addition to convening own workshops and thematic meetings, we have taken a leading role in setting up some civil society platforms that reach out far beyond the Network’s formal membership.**

In this Annual Report 2020, we will already refer to the key strategic fields for action (“what will we deliver for our members, clients and partners”) of the [Network Strategy 2021-2025](#) that our members adopted only in November, at the end of the year. You might see this as an inconsistency, but we want to show that our new strategy builds on our work and track record of the past years. This is particularly valid for the role of MMI in creating and conving civil society spaces as outlined in this chapter.

### Geneva Global Health Hub

Since the [Geneva Global Health Hub](#) (G2H2) was launched in 2016 as a membership based association according to Swiss law, the MMI Network hosts its secretariat at its Geneva office. As expressed in the G2H2 Annual Report, the Covid-19 pandemic also challenged the core of the Hub’s role as “local” (Geneva based) civil society convener and facilitator:

“What a rupture it was. In early February 2020, at the G2H2 civil society meeting ahead of the 146<sup>th</sup> session of the WHO Executive Board, we sat together, in the crowded hall of the Ecumenical Centre, with WHO’s great Mike Ryan, and we listened attentively to his assessment of what he expected to become a major global health emergency. Mike Ryan, in the informal space that the civil society meeting provided, was incredibly outspoken, he took his time for speaking with us, and dared to be explicit regarding what that newly discovered SARS-CoV-2 virus would mean as a challenge for the WHO and the World. And he was so right. Some weeks later, we were all ‘locked down’...

2020 started as a normal one for the G2H2 secretariat and membership. We did what the Geneva Global Health Hub was set up to do in 2016: We created spaces for civil society involved in global health policies and governance, we acted as a communication hub, and we convened and facilitated civil society advocacy. Then, with Covid-19, both our environment and our work changed substantially. We could not meet anymore in Geneva, at places that ‘smell’ civil society such as the WCC’s Ecumenical Centre or the Maison des Associations, and discuss, brainstorm, strategize and debate until midnight, have fun and reconfirm each other as we were used to.”

We will report on synergies between MMI and G2H2 activities in the “advocacy” chapter of this repor. For more information on the Geneva Global Health Hub, we invite you to have a look at their recently published [Annual Report](#).



ANNUAL REPORT  
**2020**

## Kampala Initiative

We reported last year about the roots of the Kampala Initiative (KI) and the role of the Medicus Mundi International in convening and setting up this civil society space and community at the end of 2019. After a year, the Kampala Initiative is still a young and informal “non-institution”. Organizations and individuals can join it just by endorsing the [Kampala Declaration](#) on “cooperation and solidarity for health equity within and beyond aid” published in January 2020.

“For many countries and societies struggling with access to health and health equity, aid is still a challenging reality, and this reality needs to be examined and acted on: What’s wrong with ‘health aid’ and its actors, structures, paradigms and policies, methods and processes, and how can the failures and shortcomings of aid be addressed? All in all, how to achieve cooperation and solidarity within and beyond ‘aid’? The Kampala Initiative is a democratic civil society space and structure (alliance, community) of independent, critical-thinking activists and organizations across Southern and Northern boundaries. Within this space, 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.” (KI basics quoted from the Report 2019-2020)

The year 2020 provided some good progress for the KI – that still needs to be consolidated. We again refer the “advocacy” chapter for reports on synergies and joint action beyond MMI co-hosting the KI secretariat and engaging in the steering of the Initiative. To know more about the Kampala Initiative, we invite you to look at the [Report 2019-2020](#).

Based on the initial outline of the Kampala Initiative quoted above, and drafting the KI work plan 2021, we now position the Kampala Initiative clearly as part of a new movement calling for decolonization of global health. The movement and its discourse correspond with core elements of what the Kampala Initiative stands for – and the work of Medicus Mundi International of promoting a critical self-reflection in the field of health cooperation. More to come!

### KAMPALA INITIATIVE REPORT 2019-2020

### COOPERATION AND SOLIDARITY FOR HEALTH EQUITY WITHIN AND BEYOND AID



Draft KI logo – not yet implemented

# KAMPALA INITIATIVE

DECOLONIZE health cooperation  
DECOLONIZE the critique of aid  
DECOLONIZE the promotion of solidarity



## Health Workers for All Coalition

Rooted in an earlier MMI working group on Human Resources for Health, the [Health Workers for All Coalition](#) (HW4All) was established in May 2018 with the aim to increase the role of civil society organizations in global and national policy-making and to spur action on human resources for health. From 2018 to 2020, the secretariat of the Coalition was hosted by MMI Network member Wemos, with the MMI executive secretary being a member of the Coalition's Steering Committee.

In 2020, with the funding for the Coalition's secretariat coming to an end, the financial sustainability and institutional setup and governance of HW4All needed to be reconsidered. Following a proposal by the MMI secretariat, and referring to the institutional setup of the Kampala Initiative, a "transition team" laid the ground for relaunching the HW4All Coalition on World Health Day, 7 April 2021, as a civil society community, with the publication of the Coalition's Political Declaration:

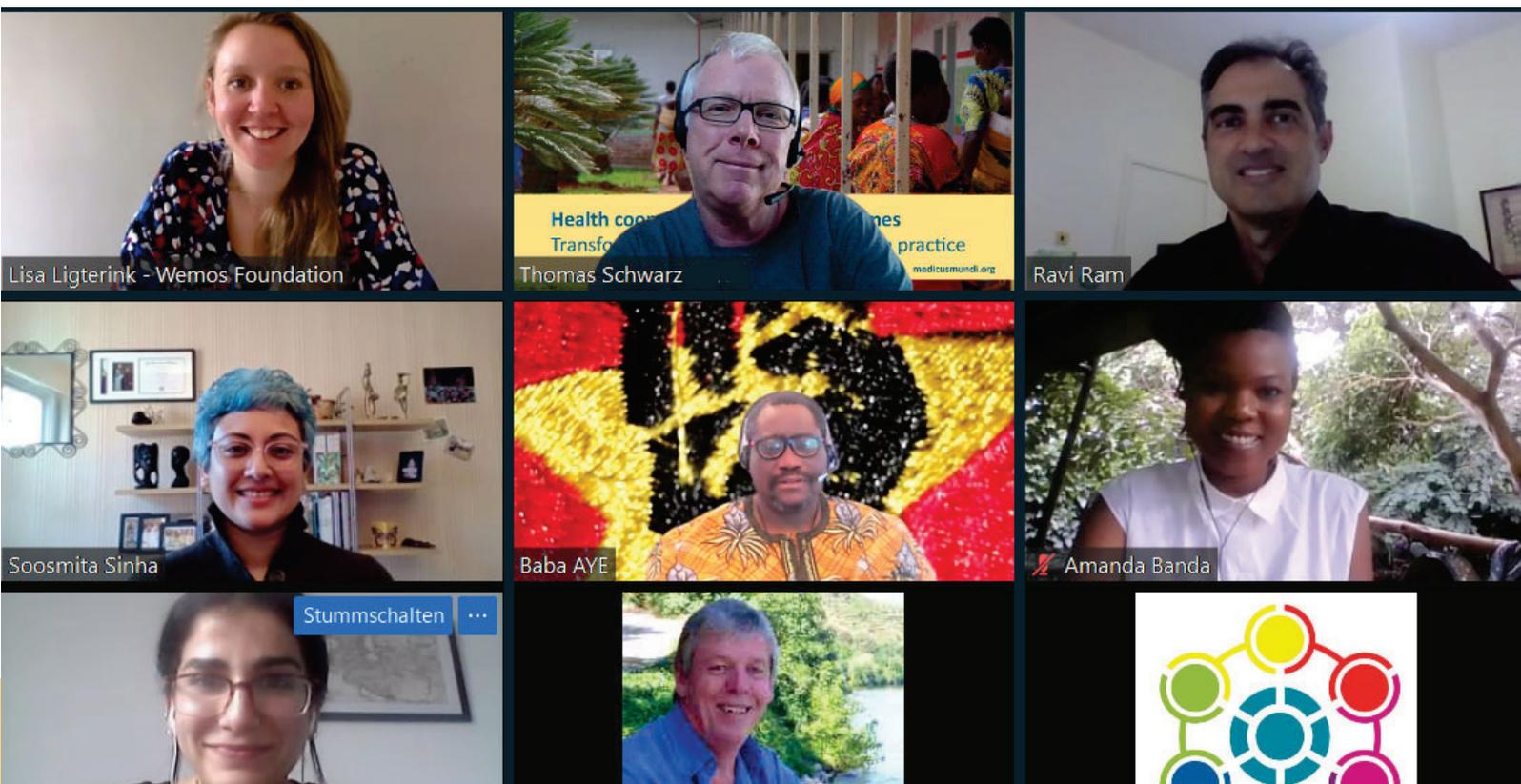
"Worldwide, the crisis in global health is rooted in the unequal distribution of and unequal access to skilled health and care workers. As recent pandemics have clearly and brutally shown, health workers themselves are one of the most neglected elements of dismantled and underfinanced public health systems, in virtually every country. Even in weakened health systems, health workers are the linchpin of health care and are key to the provision of available, acceptable, accessible and quality health care.

We have seen governments and people celebrate health and care workers as their 'heroes'. We have seen an emphasis on formal and informal health workers, as seen in the World Health Assembly's designation of the year 2020 as the 'Year of Nurses and Midwives' and 2021 as the 'Year of Health and Care Workers'. We have not seen, however, a commitment to move from celebrations to political action. This needs to change.

Let us come together for bold, clear action by civil society advocates and activists for human resources for health (HRH), based on sound analysis and going beyond the mainstream narrative to promote solidarity and actions for overcoming the health workforce crisis and the challenges faced by the health workers within and among all societies. Our vision remains the same: Skilled, supported and protected health workers for everyone, everywhere." ([Political Declaration](#) of the HW4All Coalition)

MMI initially co-hosts the renewed HW4All Coalition's secretariat together with Wemos. A story (and, hopefully, success story) to be told in more detail in the next Annual Report.

All smiles after the successful transition.



## “PROVIDE INPUT, NORMATIVE GUIDANCE AND EXAMPLES OF COLLABORATION ON A SET OF IMPORTANT CROSS-CUTTING ISSUES

At the end of 2019, the MMI Board started its process of strategic reflection by considering some particularly urgent societal and political challenges as “drivers” for the development of the Network over the next years. Moving from the analysis of our environment to fully taking them up in a sense of own commitment and action beyond our comfort zone, the Network Strategy 2021-2025 adopted by the Assembly in November 2020 states that we will consistently integrate and implement these drivers in the thematic work and the institutional setup of the Network.

The initial set up cross-cutting issues to be taken up by MMI is framed as follows:

- How to make the health sector and international health cooperation regenerative and sustainable
- How to improve gender equity, addressing related issues of power and exploitation
- How to deal with challenges of a digitalization
- Southern leadership: From lip service to equal opportunities and equal power
- Good governance and management of civil society platforms and processes

“To address these cross-cutting issues, we will set up thematic working groups or communities of reflection/practice hosted by the Network, convened by Network members ready to take the lead, supported by the secretariat, and open for a broad range of interested institutions and experts/practitioners. The process of sharing, learning and debating shall result in concrete, solid input and guidance (e.g. guidelines or position papers) for those engaged and for all actors working in the field of international health.” ([Network Strategy](#))

Since the adoption of the Network Strategy, the secretariat has made this new core field of work more explicit on the MMI website, with a [section](#) on “communities of practice and reflection” and the overall slogan “Health cooperation in challenging times: Transformative policies – transformative practice”.

### Cooperation and health care in the digital era

Every journey starts with the first step. After the Assembly in November 2020, and with Medicus Mundi Switzerland confirming its availability to provide continued support and leadership in the field of digital health, we did not wait too long with doing this first step. In the last months of the year, the MMI Secretariat contributed to preliminary explorations of how to frame an MMI community of practice and reflection on “Health cooperation and health care in the digital era” with a report on MMI references and perspectives for 2021 and the mapping of existing platforms and communities and key references. These documents can be ordered at the secretariat, and the resulting directions are currently being implemented.



**Health cooperation in challenging times**  
Transformative policies - transformative practice

[medicusmundi.org](http://medicusmundi.org)



**Health cooperation in the digital age**  
Transformative policies - transformative practice

[medicusmundi.org](http://medicusmundi.org)





## Proposing and exploring a WHO civil society commission

Civil society concerns regarding the governance of the World Health Organization include the shrinking space for civil society in the formal processes and the governing bodies of the WHO combined with the growing influence of the private corporate sector and the overall informalisation of venues and relations. We have reported about related advocacy by the MMI Network in previous annual reports.

Against this backdrop, responding to the call for proposals of topics for a series of dialogue meetings between the WHO DG and civil society, and building on synergies with the Geneva Global Health Hub, the MMI Secretariat took the lead in drafting and successfully submitting a proposal for a dialogue session with Dr Tedros to address the challenge of WHO engagement with civil society. The **DG dialogue** on “Social participation and accountability within and beyond the COVID-19 pandemic” took place on 13 October 2020 and was followed-up by civil society review and strategy meeting on 27 October.

In the steps and processes leading to this dialogue with the WHO Director-General that included an **input paper** shared with the WHO Secretariat ahead of the meeting, we applied the “social participation and accountability” lens promoted by WHO at a technical level to the World Health Organization itself, based on our experiences with the shortcomings and flaws of WHO governance. We requested the WHO to “consistently deal with civil society engagement as a matter of social participation and accountability” in its own fields of work and related institutional processes and arenas.

Despite the informal setup of the DG dialogue meeting on 13 October, we appreciated the openness of the WHO Director-General to engage with us in a politically sensitive debate on WHO governance and to take up our proposals. The DG was particularly very interested in our recommendation to “establish a permanent mechanism for strategically dealing with issues related to WHO and social participation and accountability by setting up a permanent WHO civil society commission”.

On this ground, and in the follow-up of the DG dialogue, the MMI secretariat convened an informal task group to elaborate an **outline** of a “WHO Civil Society Commission”. After a period of intensive group work, the outline was submitted to the WHO Secretariat in early January 2021.

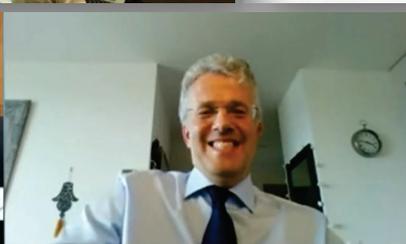


### THIRD CIVIL SOCIETY DIALOGUE WITH WHO DG

## SOCIAL PARTICIPATION AND ACCOUNTABILITY WITHIN AND BEYOND THE COVID-19 PANDEMIC

TUES, 13 OCTOBER  
14:00-15:30 CEST

SAVE THE DATE



Thomas Schwarz, MMI / G2H2  
Civil society meeting with WHO DG Dr Tedros  
13 October 2020

*“Today, we propose to look at WHO institutionally engaging with civil society as a matter of social accountability.”*

Introductory remarks to the panel on the institutional challenge of WHO fully and coherently engaging with civil society as a matter of social accountability

Allow me to talk first about the “good old days”, as the matter we are going to discuss is not at all a new one. And I do not want to spoil the party, as the first session of the dialogue meeting was so intensive and so positive. Now we might look at some more tricky things.

You know, in 2001 WHO Director-General Brundtland established, within the WHO Secretariat, a so-called “Civil Society Initiative”. And in 2002, a remarkable review report



## Watching the GAP and learning from “the field”

We cannot provide here a comprehensive report of how the MMI Network contributed in the last year to shaping civil society spaces for joint reflection in the fields of global health governance and international cooperation. Here just two highlights from the secretariat’s point of view.

On 24 September 2019, 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.

We already reported about the launch of a civil society [Watch the GAP](#) task group, as part of the Kampala Initiative, to critically follow the implementation of the Global Action Plan, with Wemos and the MMI Secretariat actively engaged.

In July 2020, the task group published the [paper](#) “Watch the GAP! A critical civil society perspective on the development, potential impact and implementation of the Global Action Plan for Healthy Lives and Well-being for All” to draw the interest of a broader civil society audience to the Global Action Plan and to start a conversation “if the GAP has the potential to make a difference in the work of the involved agencies and, if yes, if it will be for the better or worse.”

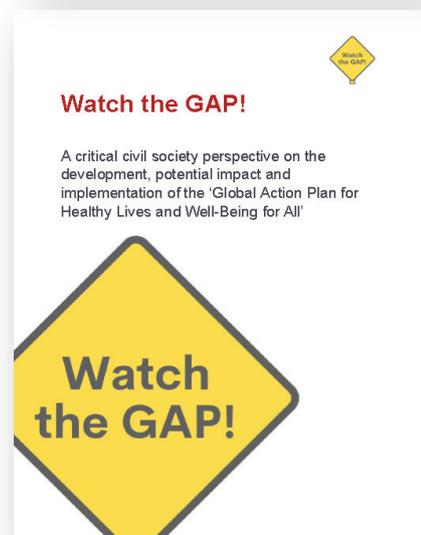
In a mini-series of Kampala Initiative webinars, in October 2020, the task group shared its analysis with representatives of the WHO and other GAP institutions and an interested broader audience.

And another story of MMI convening and facilitating civil society analysis: When, in March 2021, the Journal of Public Health Policy published the [article](#) “From ‘learning from the field to jointly driving change”, this was the final chapter of long and intensive group process that already started in 2019:

The theme of the 8<sup>th</sup> edition of the Geneva Health Forum (GHF) planned for spring 2020 was “Improving access to health: learning from the field”. When Medicus Mundi International engaged in a dialogue with the Geneva based organizers to explore civil society participation and input, we challenged the very notion of “learning from the field” and its implications in terms of power and ownership in processes related to improving access to health.

Later on we responded to the organizers’ call to propose topics for GHF workshops, and we submitted the proposal “From ‘learning from the field’ to addressing power imbalances and jointly driving change” that was accepted. We then called civil society colleagues to join a working group to prepare that workshop that was co-led by Itai Rusike (Community Working Group on Health, Zimbabwe) and the MMI secretariat, and many responded.

The working group engaged a series of intensive debates and interaction and, at a certain moment, started to write what was expected to be a “White Paper” for the workshop and then turned into an article that, after a long review and editing process, was finally published. Thanks to the young lead author Joshua Galjour who never gave it up, and to all who contributed!



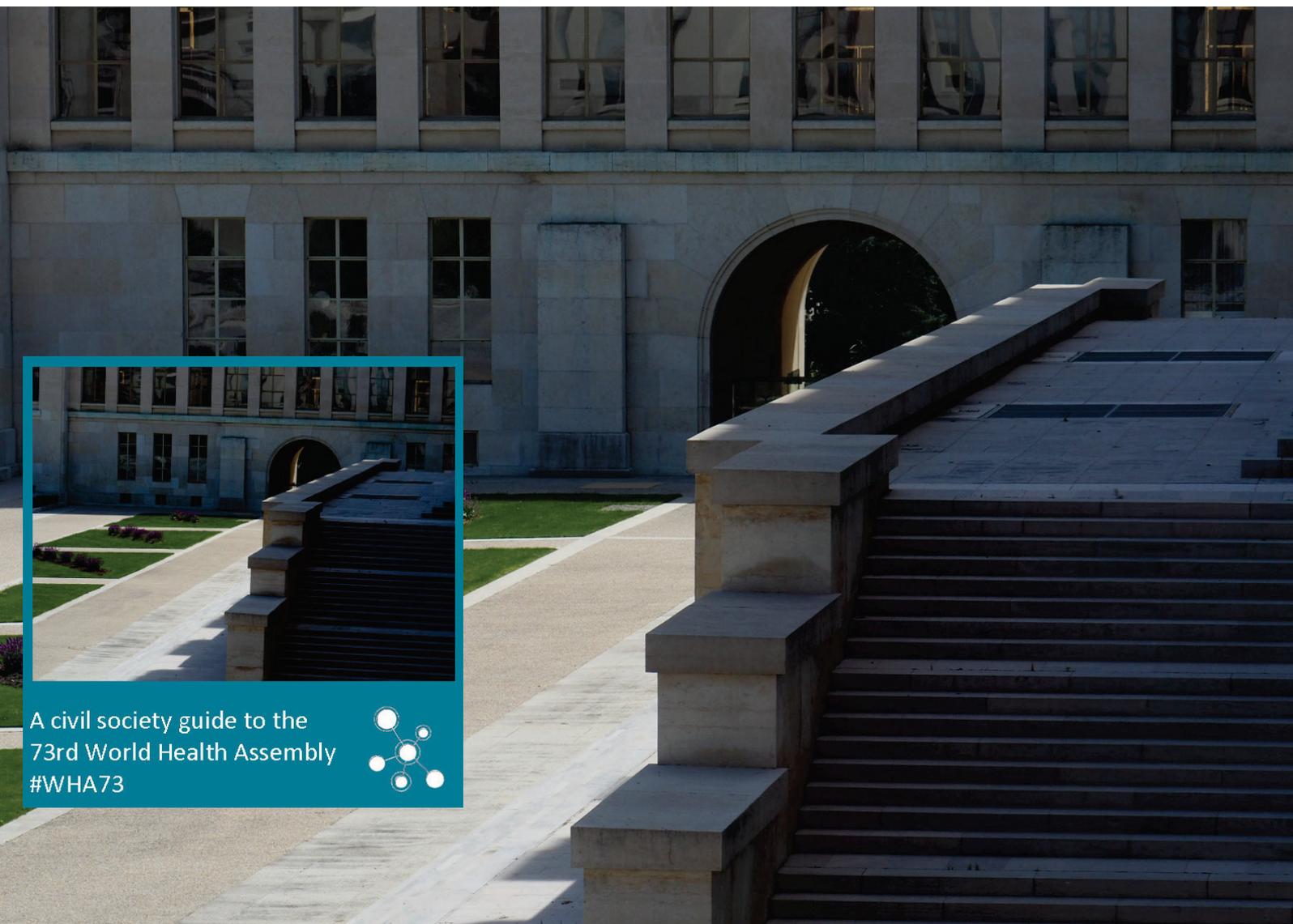
## Assessing WHO governance in times of Zoom multilateralism

We conclude this “advocacy” chapter of the report with a some impressions of attending the governing body meetings of the WHO in times of Covid-19. Already before the pandemic, and as reported above, the reality of civil society participation in WHO governance was in stark contrast to the Director General’s general openness to engage with civil society. The modalities of almost impracticable „virtual“ governing body meetings further complicated things and led to additional restrictions. Here is what we wrote ahead of the resumed 73<sup>rd</sup> session of the World Health Assembly in November:

“All in all, the World Health Health Assembly will show that yes, for the sake of having resolutions and other decisions approved and the show (and the decision-making cycle) going on, a WHA can indeed be held in a ‘virtual’ format, and that no, it does not really work. We participated, in July, in an ‘online brainstorming on working methods of intergovernmental bodies under COVID-19’ chaired by Maria Fernanda Espinosa, President of the 73rd Session of the UN General Assembly. Representatives of the UN System were keen to discuss technical fixes for decision-making in such ‘virtual’ meetings of intergovernmental bodies, but, behind their optimism and actionism, there was a strong shared feeling that, if this goes on, all essentials of diplomacy and democratic multilateralism risk to get lost. Hoping for better times.”

With its “Civil society [guide](#) to the 73rd World Health Assembly” published on the G2H2 website, and with its series of e-mail updates and social media posts, the MMI secretariat provided some appreciated insights and guidance for civil society colleagues who indeed risked to get lost in the confusing and cold cyberspace.

All in all, “hoping for better times” continues in 2021, after two more difficult Zoom based governing body meetings of the WHO in January and May.



A civil society guide to the  
73rd World Health Assembly  
#WHA73



# NETWORK DEVELOPMENT: MMI NETWORK STRATEGY 2021-2025

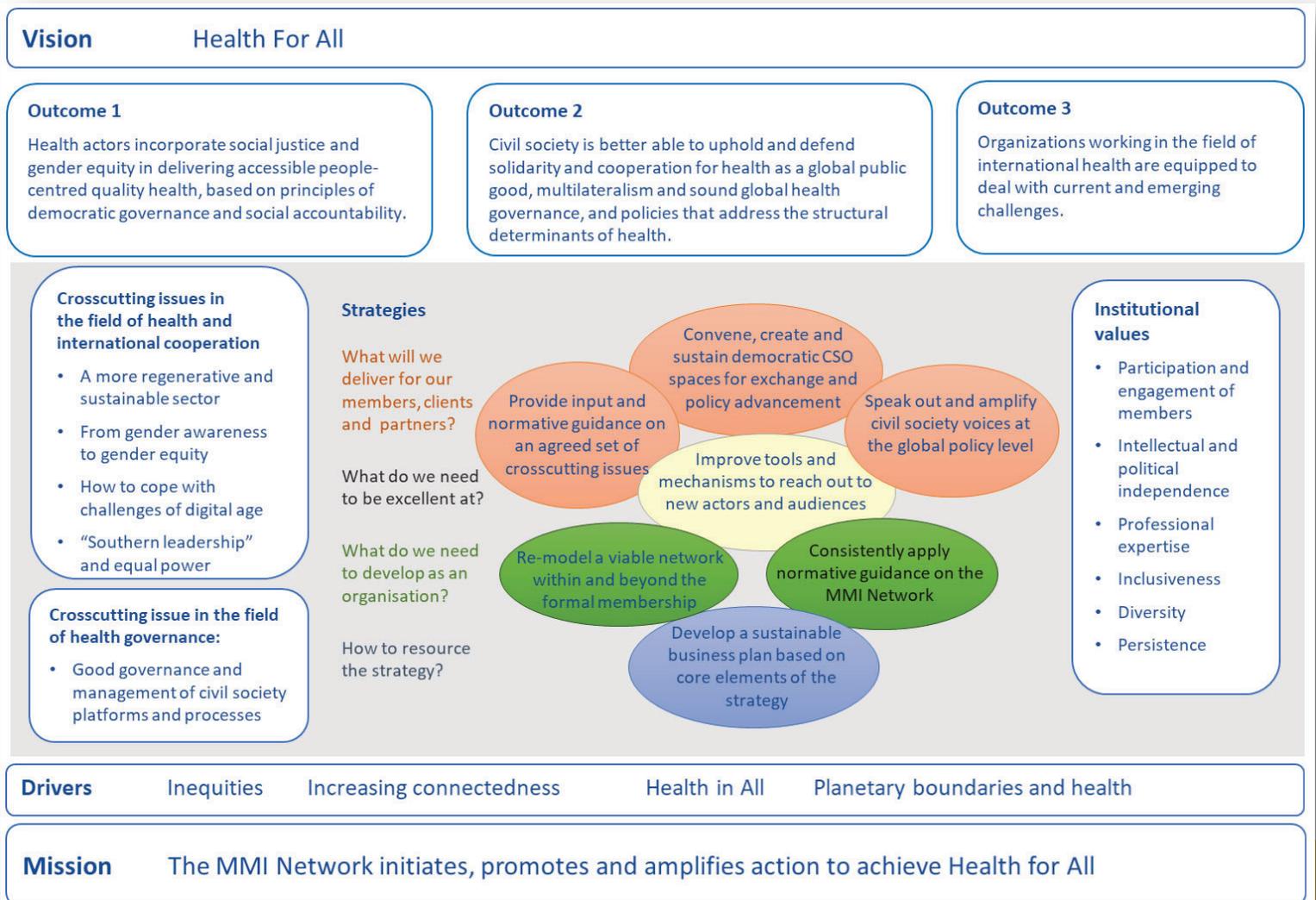
In November 2020, the Assembly of the Medicus Mundi International Network adopted a new “Network Strategy 2021-2025” that, according to its introduction, “explains how our Network shall pursue the shared vision of its members and carry out its operational mission during the five years ahead.” The following paragraphs are directly quoted from the strategy.

“The current challenging times of Covid-19 have been an eye-opener for a better understanding of the urgency to bring international health and the work of its actors to a next level. But the pandemic has also shown us how difficult it is to confidently plan the long term. In this sense, when we have taken strategic decisions and made choices based on our assessments and a strategy dialogue among the Board and membership, let us remain open for new challenges, new dynamics, and new opportunities.

The MMI Network Strategy 2020-2025 has been developed and drafted by the MMI Board in a series of workshops from November 2019 to August 2020 and related interaction with Network members. This process was disturbed by the Covid-19 pandemic that made it more difficult for us to come together. At the same time, the pandemic proved as a reality check for our analysis and planning that started before the outbreak.

This strategy will serve as a reference framework for annual planning for a maximum of five years, or less if the Board needs to review the strategy due to major external or internal changes.”

The [MMI Network Strategy 2021-2025](#) at a glance:



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[www.medicusmundi.ch](http://www.medicusmundi.ch)

### **Memisa**

Square de Meeûs 19  
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[www.memisa.be](http://www.memisa.be)

### **plan:g**

Belruptstraße 21  
6900 Bregenz  
Austria  
[www.plan-g.at](http://www.plan-g.at)

### **Wemos**

Ellermanstraat 15-O  
P.O. Box 1693  
1000 BR Amsterdam  
The Netherlands  
[www.wemos.nl](http://www.wemos.nl)

Status: June 2021

network  
health for all

Another world is  
not only possible,  
she is on her way.  
On a quiet day,  
I can hear her  
breathing.



Arundhati Roy