CREATE, CONVENE, AND SUSTAIN...

MMI ANNUAL REPORT 2021
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DEAR MEMBERS AND PARTNERS OF THE MMI NETWORK

2021 was the second year of the Covid-19 pandemic, a global health crisis that is not yet finished but already provides some lessons in health governance and health cooperation that need to be observed.

The major obstacle for achieving the aspiration of “health for all”, for all people, all over the world, is not any disease, not even Covid-19. Inequity remains the major health problem, as we could observe in the unequal access to Covid-19 vaccines, but also in how the pandemic disproportionally affected the lives and livelihood of the poor and marginalized in all countries and all societies. Prevailing social and economic models are not fit for properly dealing with transboundary health emergencies and fail both at the level of national responses and global cooperation and solidarity.

Early discussions about a “pandemic treaty” that theoretically should better prepare the world for future pandemics have mainly focused on technical responses. While these are highly relevant, they need to be complemented by caring for the people and addressing systemic root causes of the pandemic. Human and civic rights have been violated in public health responses to Covid-19. This is not acceptable. We also need to address climate change and ecological degradation and their effects on “One Health”. And all countries need to overcome, in solidarity, the structural crisis of health systems and the current confusion, competition and dissent in global health governance.

In this complex situation, with uncertain perspectives, it is more than ever necessary for civil society organizations to have spaces to come together for sharing, learning, strategizing and cooperation. As outlined in this report, moderating and sustaining civil society projects such as the Kampala Initiative, the Geneva Global Health Hub, or the Health Workers for All Coalition, as done by the MMI Network, is not an easy task, and changing times and growing ambitions also need new strategies and formats and a reconsideration of our own role. And yes, we are right now in the lead of exploring new initiatives. Initiate, create, convene, and sustain...

When we promote international health cooperation, let us admit that the challenges in our political and social context directly influence our own role and work. In a globalized world, there is no more easy “they” and “us”, but mainly an “all of us”, in different shapes. In 2021, MMI hosted different policy dialogues to reflect on how to deal with digitalization and health and with climate injustice and health, how to defend the civic space at the WHO and other UN bodies and agencies, and what are implications for international cooperation if global health is reduced, in the shadow of the pandemic, to global health security. These are policy issues that concern all of us, in all countries and societies.

All in all, MMI wants to continue being a key civil society actor in promoting the right to health for all. The pandemic has shown that “health for us, first” is not only unjust, but does not work. National egoism and lack of cooperation delayed the real solutions for Covid-19 and finally affected the right to health in almost all countries.

Finally, let us make sure that all the things we rightfully promote in global health governance and international health cooperation also find their way into the institutional setup and culture of our own organization. There is still some way ahead to achieve this. The MMI Strategic Plan 2021-2025 will continue to guide the necessary transformation of our Network to reach our agreed goals which might be summarized as “my health, your health, one health, in one world”.

Thanks to all who have contributed to our work and supported it in various forms!

CARLOS MEDIANO, PRESIDENT
MEDICUS MUNDI INTERNATIONAL NETWORK
“CREATE, CONVENE, AND SUSTAIN RELEVANT CIVIL SOCIETY SPACES FOR EXCHANGE AND POLICY ADVANCEMENT”

Over the last years, and confirmed by the MMI Network Strateg 2021-2025, creating, convening, hosting and managing civil society spaces in core fields of global health governance has become a core of the activities and competence of the MMI Secretariat. In the past year, progress in this area was rather unequal. The Geneva Global Health Hub (G2H2) quite convincingly adapted its role and tools to the Covid-19 environment, and the Kampala Initiative (KI) positioned itself in the field of decoloniality. However the Health Workers for All Coalition (HW4All), at the end of the year, still struggles with transforming its aspirations into output. And, with “WHA Today”, a new cooperation and civil society space is developing quickly, with good perspectives.

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 Reports of the past two years the Covid-19 pandemic also challenged the core of the Hub’s role as “local” (Geneva based) civil society convener and facilitator, but G2H2 did a remarkably good job in repositioning itself. A steadily increasing membership and growing visibility are signs of success and confirmed relevance.

The research and advocacy project “The politics of a Pandemic Treaty” proved to be a most challenging itinerary, due to its ambitious goals, the evolving topic at the WHO and the short time available to deliver a result of some quality. Notwithstanding the objective fatigue and the lessons learnt along the way, this experience has been extremely positive. It has generated a wealth of internal debates and exchanges among the interested G2H2 members, enhancing the community. It has triggered attention on G2H2 from new players and enticed new memberships. External funding for this project allowed the extension of the capacity of the G2H2 secretariat in the second half of 2021, generating also some welcome additional funding for the MMI Network.
While engaging in this pilot research and advocacy project, G2H2 also wants to remain a “convener and facilitator for jointly exploring key topics and processes in view of deepening analysis and promoting CSO cooperation within and beyond the health sector” (quoted from a G2H2 strategy document adopted in 2020). Moving its events to the virtual Zoom meetings’ space, outside the “protected” Geneva biotope, also forced G2H2 to move out of its comfort zone and explain the particular role and value of its events to a broader audience. The events hosted or co-hosted by G2H2 in 2021 show that this effort is on track, and that the Hub’s role as civil society convener is both highly esteemed by the members and a wider audience. With the success of the G2H2 meetings, members’ ambitions and aspirations are raising, and this is good so.

For more information on the Geneva Global Health Hub, we invite you to have a look at their recently published Annual Report:

“The civil society movement, despite its unprecedented challenges, has an essential role to play at this stage. We need to unceasingly point out the truth and pose uncomfortable questions, getting out of our silos and connecting the dots with new systemic arguments. Why should the wealth of the world’s ten richest men have doubled since the pandemic began, as Oxfam notes in its January 2022 report, while 99% of humankind are worse off because of that same event? Why should more people have received their third jabs in Europe and North America than the entire number of vaccinated people in Africa? Our questions are not merely rhetoric. They must be backed with renewed evidence for alternative proposals, hinged on the pursuit of the right of everybody and every nation to all-round self-determined development. Towards this end, G2H2 has ramped up both its convening role and advocacy as a collective body of civil society organisations in global health. In this annual report, you will read of some of the activities we have taken together in this direction. We need to go on!”

LOST IN THE PANDEMIC?

POLICY DIALOGUES AHEAD OF WHA74
10–13 MAY 2021

THE PULSE OF GLOBAL HEALTH IN TIMES OF SARS-COV-2
Kampala Initiative

In previous Annual Reports, we told the story of 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 two years, 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.

The year 2021 provided again some good progress for the Kampala initiative, based on the contributions and initiative of its members that have sustained a small set of lively thematic working groups and project teams. To know more about the Kampala Initiative, we invite you to look at the Annual Report 2021: Here a short quote from the introduction:

“In early 2021, the Steering Group of the Kampala Initiative undertook an effort to draft a ‘proper’ work plan for our ‘non-institution’ for the years 2021 and 2022, framing in a strategic way what we want to achieve beyond what is already done by our formal and informal sub-teams. Well, regarding the intended ‘rational planning’ and in particular the aspiration to tackle some of the unfinished business in the setup of the Kampala Initiative (office in Kampala, funding, website, more), we might have failed so far. But our series of conversations and discussions allowed us to clearly position the Kampala Initiative as part of and contribution to a re-emerging decoloniality movement.”

For the time being, the MMI Network continues to “proudly” host the provisional website of the Kampala Initiative and, together with the People’s Health Movement, also runs its informal secretariat.
Health Workers for All Coalition

The Health Workers for All Coalition (HW4All) was established in 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.

After the expiration of related funding, a transition team prepared the relaunch of the Coalition as a civil society community, with the publication of the Coalition’s Political Declaration on World Health Day, 7 April 2021:

“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)

The Health Workers for All Coalition “Release 2.0” is set up as a “non-institution” following the model of the Kampala Initiative: a lively and democratic civil society community of independent, critical-thinking activists and organizations across Southern and Northern boundaries, in order to coordinate actions and advocacy for health workers, based on civil society analysis in the field of global health workforce. The Health Workers for All Coalition is expected to be rooted in the contributions and co-leadership of its members, and with the bulk of work done in thematic work streams and task groups convened and led by dedicated members and reaching out to others interested to engage.

Well, this was the plan and aspiration of the renewed Coalition, and it still is. However, in the Covid-19 environment that did not allow Coalition members to properly and fully “come together”, progress of the Coalition in 2021 was rather limited. The thematic work streams and working groups proposed and initiated by members of the transition team have not yet fully taken off, and initial explorations for research and advocacy project have failed so far for different reasons. What remains as assets, at the end of the year, is an informal space and tool for sharing HRH news (Google group and Twitter account), a small core team in the lead of the Coalition that has not yet given it up, and the good experience of a jointly organized civil society briefing in August 2021 on how and why civil society can contribute to the 4th round of reporting on progress of the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. The well-attended event showed some of the Coalition’s potential – still to be fully developed. To be continued...
WHA Today

Since Medicus Mundi International introduced the label “WHA Today” in 2017, we have used it for quite different services and projects set up in cooperation with the G2H2 and the People’s Health Movement: A daily “civil society perspective” produced by a team of civil society organizations watching and critically commenting the World Health Assembly (WHA Today at WHA70), an overview of technical and political meetings taking place during the World Health Assembly at the Palais des Nations and in town (WHA Today at WHA72), and a civil society guide to the resumed session of the 73rd World Health Assembly (WHA73).

Form follows function, one would say. But the changing format of “WHA Today” also followed the capacity available in the team and the context and the setup of the World Health Assemblies. The sanitary restrictions related to the Covid-19 pandemic brought a temporary end to the crowded Geneva “WHA circus” with thousands of delegates in town and a multitude of side events inside and outside the Palais des Nations in which the technical and political core of the World Health Assembly even risked to get drowned and needed to be recalled.

In 2021, when it became obvious that the expected “back to normal” was still not possible for WHO governing body meetings, we transformed “WHA Today” into the current format of a daily “civil society lounge”: an online meeting point for civil society representatives to come together during the World Health Assembly to share insights on what elements on the agenda of the World Health Assembly need particular civil society attention, and to assess the outcome of the WHA deliberations on the previous day. And yes, civil society concerns regarding the modalities of the WHO governing body meetings and the limited space and opportunities for civil society to provide input and reach out to the member state delegates have remained an important issue, too.

The success with the first “civil society lounge” of this kind, in May 2021, encouraged the co-organizers to repeat the experience, first at the World Health Assembly Special Session in November 2021, and then at the WHO Executive Board meeting in January 2022 (“EB Today”) after which we even introduced an intersessional check-in to stay in touch and prepare civil society advocacy at the 75th World Health Assembly in May 2022.

So things are nicely in motion, and there is great interest and demand for this service provided by MMI and its partners. In 2022, the co-organizers will strategically refine the format and modalities of future “WHA Today” events in an again changing environment, with potentially “hybrid” WHO governing body meetings becoming the new normal.
“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 MMI Network Strategy 2021-2025 adopted by the Assembly in November 2020 states that the “we will consistently integrate and implement these drivers in the thematic work and the institutional setup” of the Network.

The initial set of cross-cutting issues to be taken up by MMI includes the following:

- 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

At the end of 2021, after further explorations on what is to be done in the field of digital health and rights, the project outline for a civil society community on “people and power in digital health” developed by MMI together with a small team of interested partners within and beyond the Network was ready for being submitted to potential funders.

**MMI Policy Dialogues 2021**

Within and beyond the particular fields outlined in the [MMI Network Strategy](#), and while Covid-19 still prevented us from coming together for the traditional technical workshop related to the World Health Assembly in May, Medicus Mundi International used its well-established networks and contacts with key actors to launch, for a first time, a full series of thematic policy dialogues.

- **14 June 2021**: Business? As usual? Looking into the political economy of digital health and international cooperation
- **15 June 2021**: Promote civic space at the WHO and other UN bodies and agencies
  ...and defend democratic multilateralism
- **16 June 2021**: Health systems torn between health security and universal access priorities – implications for international cooperation?
- **17 June 2021**: Health and climate justice – transformative cooperation and healthcare practice

The series of webinars took place in the week of our Annual General Meeting in June 2021. All sessions were organized by Network members or the secretariat together with interested partners within and outside the Network.

“In these challenging, extraordinary times of Covid-19, it is time to review the current instruments that guide international health cooperation and global health policies. What ‘transformative’ quality is needed to allow actors engaged in these fields to make a difference, to shape a better future, to take up lessons all of us have learnt with a lot of pain, over the last months?”

Full documentations and recordings of all policy dialogues are available on the MMI website.
We very much appreciate the contributions and co-leadership of the all organizations and networks that contributed to the success of this series of policy dialogues – and also the kind words addressed to us by the Director-General of the World Health Organization, Dr Tedros, at the beginning of the “civic space” session. Some of the assessments, interaction and dynamics resulting from the intensive policy dialogues have since then been taken up at various places.

...and yes, low resolution is part of the game if you want to be truly inclusive
“SPEAK OUT AND AMPLIFY CIVIL SOCIETY VOICES AT THE GLOBAL POLICY LEVEL”

Over the past years, and again in 2021, the MMI Network successfully engaged in debates on global health policy and governance as a valuable, respected and well known voice and convener of civil society, in particular at the World Health Organization, and in cooperation with other civil society actors.

Building on synergies with the civil society platforms the secretariat of Medicus Mundi International is hosting, as reported above (G2H2, KI, HW4All, WHA Today), and being well connected with a variety of members and partners working at a local/national and international level, we achieved, in 2021, some good progress, despite the still difficult “Zoom diplomacy” environment. Here just one highlight:

Further advancing the project of a WHO civil society commission

We have often, and for good reasons, raised the issue of a shrinking civic space and difficult working conditions for civil society in its interaction with the World Health Organization and in particular the WHO governing body meetings. We have reported about related advocacy by the MMI Network in previous annual reports, and the topic also made it to the series of policy dialogues we hosted in June 2021, as reported above.

But not everything is hopeless, and it makes sense to distinguish between the indeed often difficult processes and fora in which WHO member states are in the lead, and a more open attitude towards civil society by the WHO Secretariat and its Director-General. To further improve these relations and to “establish a permanent mechanism for strategically dealing with issues related to WHO and social participation and accountability”, the project of a WHO Civil Society Commission was proposed by civil society organizations to the WHO Secretariat in 2020 and found the interest and support of the Director-General.

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.

In 2021, the dialogue with the WHO leadership on the Commission proposal was continued, with a follow-up dialogue session on 25 August 2021 as a milestone. The MMI Secretariat has remained strongly engaged in this process, as co-leader of a “Civil Society Interest Group for a WHO Civil Society Commission” convened after the follow-up meeting on 25 August 2021. We also provided, in an informal consultation at the end of 2021, substantive feedback to a first draft of the Commission’s terms of reference shared by the WHO Secretariat. More to come, hopefully!
CIVIL SOCIETY DIALOGUE WITH THE WHO DIRECTOR-GENERAL
FOLLOW-UP OF A DIALOGUE SESSION IN OCTOBER 2020

SOCIAL PARTICIPATION AND ACCOUNTABILITY

WEDNESDAY
25 AUGUST 2021
11.30 – 13.00 CEST
The “Network Strategy 2021-2025” adopted by the Assembly of the Medicus Mundi International Network in November 2020 “explains how our Network shall pursue the shared vision of its members and carry out its operational mission during the five years ahead.” In this sense, and after a first full year of its implementation, the Strategy remains the main guidance for our work. 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 continues to 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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Status: 2022