

# HIGHLIGHTS 2019

wemos  
HEALTH UNLIMITED

40  
YEARS

JANUARY 2020



## PROGRAMME HIGHLIGHTS:

HUMAN RESOURCES FOR HEALTH  
FINANCE FOR HEALTH  
ACCESS TO MEDICINES



Worldwide, an increasing number of people do not have access to the medicines they need. This is partly due to the high, unaffordable prices of new medicines. Pharmaceutical companies are free to determine the price of their medicines and have monopoly power thanks to patents. Also, many new drugs have little to no added therapeutic value. Wemos aims to see a change in the system to ensure access to medicines for everyone. We advocate public health return on public investments in new medicines and responsible licensing, and aim for development of medicines that address unmet medical needs.

## Manifesto on health in the European Union and EU elections

In anticipation of the European Parliamentary (EP) elections on May 23rd, Wemos published a [joint manifesto](#) on health in the EU. We did this together with several members of the Medicines Network Netherlands. This network - established last year - that we co-founded and that we co-coordinate, follows medicines debates in the Dutch Parliament, exchanging information and knowledge. Fourteen organisations and 10 individuals signed the manifesto on health, including 6 future Members of European Parliament. We can call on them in the coming 5 years to realise our vision on access to medicines.

## Publication of report 'Overpriced' together with SOMO

We gained widespread media attention (see blue box below) with the report *'Overpriced: drugs developed with Dutch public funding'* that we published in May, together with the Centre for Research on Multinational Corporations (SOMO). Our report revealed that a significant amount of Dutch public funding is invested in drug development through donations, loans and/or investments. However, since no conditions are set on these investments, the government has no leverage to influence drug pricing, resulting in some medicines being sold at exorbitantly high and unaffordable prices, which are set by the pharmaceutical industry.

Members of the Dutch Parliament raised questions about our findings, which resulted in a [response from Minister Bruins](#).



## An evening in de Rode Hoed: 'Pharma's other futures' medicine debate

The problem of high medicine prices worldwide calls for effective systemic (policy) change. So, what would an alternative, fair system look like? Together with Commons Network and de Rode Hoed, we sought to answer this question at the event *'Pharma's other futures'*. It turned into a lively debate, together with Members of Parliament, academics and a cystic fibrosis patient (see [our summary](#) of the evening). We launched an [infographic on the system of medicine development](#), including legal and policy recommendations for the Dutch government and EU, which we disseminated during the debate and also used at other events.



## Event 'Licensing Publicly Generated Knowledge' at Utrecht University

On November 5th, we organised the event *'Licensing and publicly generated knowledge: seeking a socially sustainable balance'* together with Health Action International (HAI) and Utrecht University. Among the panellists and speakers were Prof. Dr. Frank Miedema (Chair NFU Social Responsible Licensing Principles Working Group (UMCU), Dr. André Broekmans (Board Member Utrecht Centre for Affordable Biotherapeutics) and Wemos' global health advocate

Ella Weggen. The main question discussed was: How can licensing publicly funded knowledge - like research done by universities - contribute to achieving fairer medicine prices? The livestreamed event led to fruitful discussions amongst different actors working for universities and NGOs.

## Our work on medicines: making headlines!

More and more, journalists recognise our expertise on medicines policy and turn to us for interpretation of developments. This led to much media attention for our work on access to medicines. For example, our report 'Overpriced' was mentioned (among others) in the Dutch newspapers *de Volkskrant* ([here](#) and [here](#)), in *Trouw* and was also discussed during a radio interview on *Radio 1*. Global health advocate *Tom Buis' blog* on EU medicines policy and the EU elections was published on *Joop*. And global health advocate Ella Weggen appeared twice in the Dutch news programme *EenVandaag* – in which she talked about the price hike of the medicine *Priadel*, and about the lawsuit *Menzis vs. AstraZeneca*. Also, Ella wrote an article for the Dutch newspaper *De Telegraaf* about the high pricing of the medicine *Zolgensma* and was quoted in the Dutch investigative journalism platform *Follow The Money* in an article about the pharmaceutical lobby in Brussels. In November she appeared in *Kassa*, a popular Dutch consumers programme, talking about the (expected) price hike of the medicine *Mexiletine*.



Clockwise (from l.t.r.): global health advocate Ella Weggen in the newspaper *De Telegraaf*, an article in the newspaper *de Volkskrant*, the programme recording of *EenVandaag* at our office, a blog by global health advocate Tom Buis on *Joop*, and Ella in the programme *Kassa*.



Globally, there is an unequal distribution of health workers. It is expected that by 2030, there will be 40 million more health sector jobs, mostly in middle- and high- income countries. At the same, in low-income countries, the health workforce shortage is expected to increase to 18 million. Health workers have become increasingly mobile, resulting in the 'brain drain' of valuable human resources. Wemos advocates better and increased investments in the global health workforce to improve absorption and retention of health workers.

### Review of the WHO Global Code of Practice on the International Recruitment of Health Personnel

On June 18th, global health advocate [Corinne Hinlopen](#) participated as an independent expert in the first meeting of the Expert Advisory Group (EAG), which reviewed the WHO Global Code of Practice on the International Recruitment of Health Personnel (the Code) on its relevance and effectiveness. She gave a [presentation on the implementation status](#) of the Code as reflected in the 14 reports that Independent Stakeholders had submitted to WHO in 2018. In August, she held this presentation again and shared her insights, together with Genevieve Gencianos (Public Services International) - this time during a [webinar](#) hosted by the [Health Workers for All Coalition](#). Professor Francis Omaswa of the African Centre for Global Health and Social Transformation ([ACHEST](#)) who is a member of the EAG, also provided reflections on the review of the Code.

### Recognition of our input in the Global Action Plan for Health Lives and Well-being ...

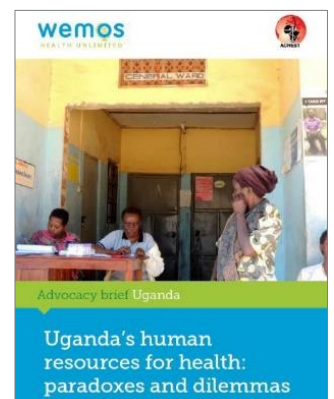
The [Global Action Plan for Healthy Lives and Well-being \(GAP\)](#), led by 12 multilateral organisations, aims to accelerate, align, account and assess their efforts in the health sector in realising the Sustainable Development Goal for health, SDG3. Consulting with Southern partners, Wemos facilitated and provided (joint) [input for the online consultation](#) for this plan, arguing for an additional accelerator for human resources for health (HRH). Our input was endorsed by 20 other civil society organisations and individuals worldwide. Eventually, the GAP was launched without the proposed 8th HRH accelerator. Nonetheless, we were pleased that our input led to WHO's commitment that HRH will be strengthened through the other accelerators.

### ... as well as of our input in the political declaration on Universal Health Coverage

At the United Nations High-Level Meeting on Universal Health Coverage (UHC) on September 23rd, UN member states discussed the draft political declaration on UHC, in which they state their commitments to achieve UHC. The Health Workers for All Coalition, which Wemos co-chairs, published a [response with recommendations to this draft](#), among others to strengthen commitments around the health workforce. We applaud that the [final declaration](#), in line with our input, included notable language amendments, such as the mentioning of the Code.

### Report on Uganda's health workforce crisis

With a population of 40 million people, Uganda grapples with an urgent health workforce crisis: it has only 1 skilled health worker per 1,000 people. This is far from WHO's recommended ratio of 4.45 : 1,000. At the same time, many qualified [health workers](#) are unemployed or seek better opportunities abroad. We published a report as part of the [Health Systems Advocacy Partnership \(HSAP\)](#) – which advocates stronger health systems to realise better outcomes on sexual and reproductive health and rights (SRHR). Together with our Uganda based partner organisation [ACHEST](#) we analysed Uganda's health workforce crisis and provided policy recommendations for Uganda's government and international financial institutions, like the International Monetary Fund. We discussed our findings with the Ugandan Ministry of Health (MoH) and the report was also discussed in the Ugandan Parliament. The HRH Technical Working Group of the MoH committed to using the findings for their next HRH strategic plans in 2019/2020.





Sufficient, sustainable finance is necessary for a country's health system to meet the needs of its population. However, many low-and lower-middle income countries (LMICs) do not have enough money to recruit and retain sufficient health workers. Also, health expenditure relies heavily on out-of-pocket spending, which can push people further into poverty. With our finance for health programme, we call for the strengthening of the pool of public resources for health (among others by increasing fiscal space for health) and aim to contribute to increasing Official Development Assistance (ODA) to co-finance and achieve Universal Health Coverage, including universal access to sexual and reproductive health and rights (SRHR). Furthermore, we contribute to increase CSOs' capacity to influence finance for health and we advocate alternative financing models where appropriate. Our goal is for everyone to have access to a skilled health worker and for UHC to be realised.

## Exchanging concerns and ideas at the Civil Society Policy Forum during the 2019 Spring Meetings of the World Bank Group and IMF

### Side event on civil society and the Global Financing Facility (GFF)

At the Civil Society Policy Forum during the World Bank/IMF 2019 Spring Meetings in Washington D.C. in April, we co-organised a [side event](#) - with almost 50 attendees - together with Médecins Sans Frontières (MSF), Oxfam UK and CEHURD Uganda. Six months earlier we addressed our concerns about the Global Financing Facility for Reproductive, Maternal, Newborn, Child and Adolescent Health's (GFF) approach in an open letter to the GFF, which was endorsed by over 50 CSOs.

Our side event, with Dr. Monique Vledder (GFF), Michele Gragnolati (World Bank), Dr. Mit Philips (MSF) and Moses Mulumba (CEHURD) present, was a constructive dialogue in which some of our concerns - such as the need for better civil society inclusion in country platforms - were acknowledged. As part of our work on the GFF, and in reaction to the demand for more clarity on how the GFF works, together with our country based partners, we also conducted [country analyses](#) of the GFF approach in Kenya, Malawi, and Uganda, to raise awareness on the GFF among our country-based partners. This also led to input in their advocacy agenda for funding for SRHR.



Monique Vledder (GFF), [Lisa Seidelmann](#) (Wemos), and Moses Mulumba (Cehurd) during the session.

### Side event on the IMF, austerity and the right to health

We co-hosted a second [side event](#) at the Civil Society Policy Forum during the 2019 Spring Meetings of the World Bank/IMF: 'Austerity and the right to health: the IMF's role in expanding fiscal space for public spending'. We partnered with the Center for Economic and Social Rights (CESR), Eurodad, INESC, ActionAid, and Bretton Woods Project. Global health advocate [Mariska Meurs](#) was among the panellists.

Together with Gino Brunswijk (Eurodad), David Coady (IMF) and Kate Donald (CESR), Mariska assessed how IMF's austerity policies affect the human right to health and discussed policy alternatives. In our peer-reviewed article '[How healthy is a healthy economy](#)', published in the journal Globalization and Health in November, we delved further into this topic.



Global health advocate Lisa Seidelmann giving a workshop on the GFF to participants from 11 CSOs in Malawi.

## Discussing private sector engagement in health at the 2019 Annual Meetings of the World Bank Group and IMF

Triggered by concerns raised by several CSOs in our networks in Eastern Africa about public support for profit making business in their health systems, we published a [case study](#) on the application of Dutch Official Development Assistance (ODA) for business strengthening in the healthcare context. We looked into an infrastructure development project for 37 public hospitals in Tanzania, and discussed its characteristics with Tanzanian NGOs, health professionals and academia in order to answer the following questions: ‘How does this type of development project impact health system goals, including Universal Health Coverage (UHC)?’, and ‘To what extent does it respect general aid effectiveness principles?’.

In our discussion paper on this case, developed after extensive consultation with Tanzanian civil society, the Dutch government, and Philips, we provided policy recommendations for the Dutch government to better promote and protect the right to health. We presented our paper during a [panel session](#) ‘*Leveraging Private Sector Engagement in Health: Maximizing or obstructing progress towards Universal Health Coverage?*’ at the Civil Society Policy Forum during the World Bank/IMF 2019 Annual Meetings in Washington D.C. on October 18<sup>th</sup>, co-hosted with Oxfam GB, Eurodad, and the Initiative for Social and Economic Rights Uganda (ISER).



From l.t.r.: Panellists Maria Jose Romero (Eurodad), Andreas Seiter (World Bank Group), Allana Kembabazi (ISER Uganda), Jessica Hamer (Oxfam GB), and global health advocate [Barbara Fienieg](#) (Wemos) at the Civil Society Policy Forum.

## WEMOS GOES TO UNIVERSITIES SHARING KNOWLEDGE IS POWER

As an evidence-based advocacy organisation, Wemos works closely with universities and academic institutions around our key thematic areas. We value mutual learning and sharing each other's knowledge and expertise, for example by engaging in joint projects and hosting research interns.

In March, KIT (Royal Tropical Institute) invited us to give a lecture and an interactive workshop on the topic of Health Workforce Financing to students of the module Human Resources for Health. Also, we gave a lecture to

master students of the Global Health programme in Maastricht University on the topic of the Global Health Workforce. During these lectures we familiarised students with our work, like basic concepts around human resources for health and fiscal space analysis and the effects of health workforce migration on health systems. Both lectures were well received by the students, who engaged in vivid discussions, raised critical questions and shared experiences from their backgrounds.



Global health advocate [Myria Koutsoumpa](#) at the Royal Tropical Institute (KIT).

## WEMOS IN THE MEDIA

### We are an “inspiring example” in the 3rd Sustainable Development report!

In the third edition of the Dutch Sustainable Development Goals (SDGs) report, our Malawi country report was mentioned as an “inspiring example” of how the SDGs are taking shape by civil society. The report commends the combination of our expertise on global policy and local CSOs’ insights – even mentioning The Lancet’s referral to our report!

#### 2. Inspirerende voorbeelden

Op verschillende manieren krijgen de SDGs vorm binnen het maatschappelijk middenveld, waarvan we kort twee voorbeelden noemen.

- 1) Wemos is in Malawi actief op het gebied van SDG 3 waar een studie werd uitgevoerd over de financiering van zorgpersoneel in Malawi samen met de Association of Malawian Midwives: ‘Mind the funding gap. Who is paying for the health workers?’ Dit rapport focust op aanbevelingen voor beleidsverandering. In het onderzoek werd Wemos’ kennis over internationaal beleid gecombineerd met inzichten van lokale maatschappelijke organisaties. Zelfs in de Lancet is naar het rapport verwezen.

### Our director Mariëlle in Vice Versa on health and employment

Vice Versa, a Dutch journalism platform magazine that focuses on development cooperation and global development, interviewed our director **Mariëlle Bemelmans** for it’s special jobs report in September. Mariëlle: “The narrative of ‘healthcare as a source of expense’ has to change. Investing in healthcare is in fact very beneficial from an economic point of view: for every dollar spent on health care, there is a return on investment of nine dollars, as investing in a healthy population increases productivity.”



### In the spotlight in Devex

‘Should governments see healthcare as an investment?’ In an article on the global development media platform **Devex**, our global health advocate **Mariska Meurs** was cited, saying that there may be financial advantages to reorienting the funding for health discussion around human rights commitments. “It disentangles health budgets from politics, which is significant, because these are not investments that will materialize within a couple of years. Also not within one election cycle. This requires a longer-term vision.”

## COMMUNICATIONS & KNOWLEDGE PRODUCTS

We believe that sharing knowledge is key to create meaningful collaborations that aim to effectively achieve access to health worldwide. Below we show several knowledge products we have shared with others this past year, such as factsheets, webinars, and also our input for an online consultation for the Dutch Ministry of Foreign Affairs’ Strategy on Youth, Education and Employment.

### From 1979 to 2019: our 40th anniversary

Wemos was founded in 1979 by a group of medical students who aimed to find constructive solutions to public health problems they encountered in low- and middle-income countries during their training. In September, we looked back on four decades of work to advocate the right to health: successes, current challenges and the future. We did so together with a diverse crowd of new and familiar faces of people engaged in global health. It was an **exciting event** full of interesting, stimulating discussions with diverse speakers and moderators. Thank you to all who joined us that day!



## How can countries increase their fiscal space for health for the better?

Governments worldwide grapple with the question of how they can sustainably finance their health sectors. Our [factsheet on fiscal space for health](#) explains four ways in which national governments can improve their health sectors by increasing their fiscal space for health. We also organised a [webinar](#) on this topic which attracted participants from diverse backgrounds: among others from India, Poland, Norway, South Africa and Kenya, as well as several from organisations outside the health sector. This is an excellent example of how our work has a global reach and of how we share knowledge with a diverse group of people and organisations.

## Creating space for civil society in the Global Financing Facility

Wemos critically follows the developments and outcomes of the Global Financing Facility (GFF) for Reproductive, Maternal, Newborn, Child and Adolescent Health. We have been working to create space for civil society to engage in an open, constructive dialogue with the GFF and to express shared concerns. Together with CSOs we look at how the GFF's processes and investments affect the health systems of the countries receiving funds. We seek answers to questions like: Do GFF investments truly benefit children, adolescents, and women? Do they structurally improve their sexual and reproductive health and rights? Last year, we depicted our work on this topic in a clear and interactive [digital story](#).



## Joint factsheet with STOPAIDS for the High-Level Meeting on UHC

Together with STOPAIDS, we worked on a [factsheet](#) which was disseminated at the High-Level Meeting on Universal Health Coverage in New York. This factsheet gives an overview of the lessons learned from the HIV response. It identifies six key thematic building blocks of the HIV response - such as meaningful community and civil society engagement, and political response - which Wemos believes will also underpin UHC.



## Our thoughts on the Dutch Ministry of Foreign Affairs' Youth, Education and Employment Strategy

In the summer of 2019, the Dutch Ministry of Foreign Affairs (MoFA) held an open consultation round on its [upcoming strategy on Youth, Education and Employment](#) that will focus specifically on young people in the Sahel, Horn of Africa and MENA (Middle East and Northern Africa) regions. Wemos provided input. We believe that education and employment are crucial for youth, and that the foundation of a strong health workforce lies in investments in youth, health workforce education and the creation of jobs.

### Donors

We are grateful for our relations with our donors and their trust in our organisation and work. Thanks to their support, we are able to protect the universal human right to health.

We would like to thank: Adessium Foundation, Dioraphte Foundation, the Dutch Ministry of Foreign Affairs, IDA Charity Foundation, Open Society Foundations, and Sharenet.