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Opportunities for a more equitable and inclusive global health architecture

Health is essential for everyone. We all want the chance to live a healthy life. However, inequality, exclusion and injustices in our societies pose barriers to many people all around the world. In 2021, the Covid-19 pandemic continued to expose and exacerbate this. Governments worldwide struggled to guarantee the health of their citizens.

At the same time, the pandemic has led to a global understanding and conviction that health challenges transcend countries' borders. In that sense, it is an opportunity to build a more equitable, inclusive and diverse global health architecture. With many allies around the world, we seized the opportunity, advocating structural and systemic changes worldwide to ensure stronger health systems, vaccine equity, more equitable availability of health workers, and more sustainable financing for health.

Strengthening our organisation

As an organisation, we strengthened our position in 2021. We are proud to be the lead organisation in four international partnerships and to have attained a role as civil society representative in various multilateral health initiatives. This underlines the growing recognition of Wemos as a knowledgeable and trustworthy organisation. Moreover, our team increased substantially, making it possible to be even more effective and visible.

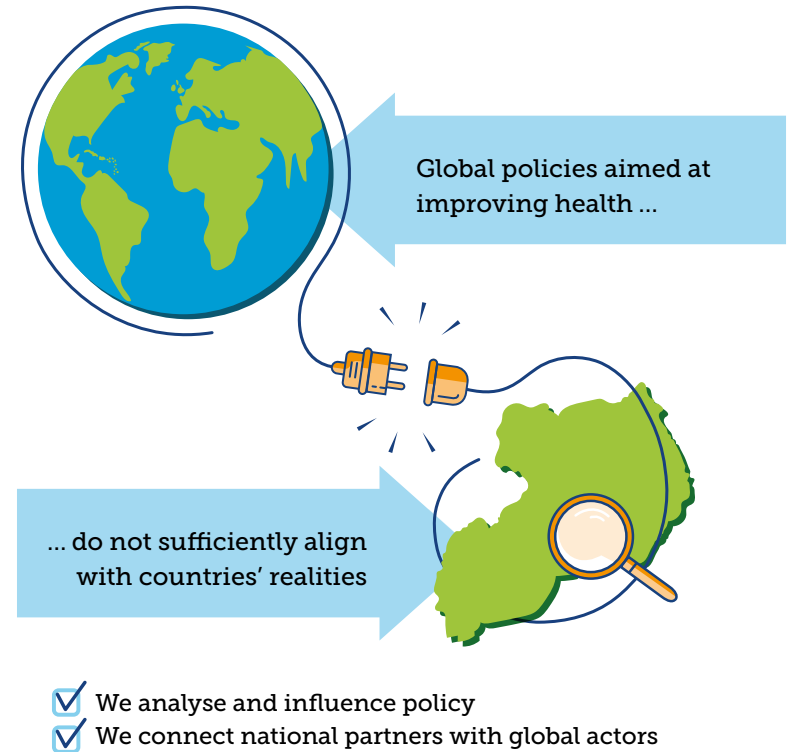
Over 40 years of drive to improve health worldwide

Based on sound analysis and in collaboration with partner organisations around the world, we convince policy makers at national, European and international level how they can strengthen health systems. For over 40 years, we have been a critical yet constructive expert and sparring partner for influential actors in global health. And we will not stop until everyone, everywhere receives the healthcare services they need without suffering financial hardship. Because health comes first.

This year overview shows our achievements towards this goal in 2021. I hope you enjoy reading it!



Mariëlle Bemelmans,
Director Wemos



About Wemos

We advocate the right to health for all: access to health services and protection against threats to health. With over 40 years of experience, we have acquired an international reputation for our rights-based and systemic approach to health. We create spaces for dialogue and discussion around global health, addressing underlying power imbalances and bringing in the perspective of those whose voices are not always heard in the global arena.

Our global lobby work is always done in service of and connected to actual (health) needs and country contexts. Many of the challenges of low- and middle-income

countries cannot be solved at national level alone: many receive up to 50% of their health budget from international donors, who strongly influence health policies that affect national health systems.

At Wemos, we zoom out and look at the bigger picture. We connect the national context and health outcomes to global (health) policies and identify gaps. We do this together with national civil society organisations (CSOs) who know their context best and are in place to call for improvements towards their governments, while we open doors to take it up to the appropriate actors on global level together.

Our vision

Health is a universal human right. Governments must create the conditions for guaranteeing the health of all their citizens: access to health services and protection against threats to health.

Our mission

As an independent civil society organisation, we seek to improve public health worldwide.

- ▶ We analyse Dutch, European and global policies that affect health and propose relevant changes.
- ▶ We hold the Dutch government, the EU and multilateral organisations accountable for their responsibility to respect, protect and fulfil the right to health.

Our organisational values

Our guiding principle is 'health as a human right' – a right that takes precedence over political and economic interests. We believe that the pursuit of health for all in this globalised era is a shared responsibility, that it should favour those left behind according to the equity principle and that it should take the health of future generations into consideration. In addition, we are aware of how policies in one area can affect, counteract with or undermine policies in another area. We strive for policy coherence, for example by addressing the effects of economic policies on health.

Our core values

- ▶ Grounded
- ▶ Critical and constructive
- ▶ Striving for structural change
- ▶ A belief in global justice

How we work

Evidence-building

We analyse policies that affect health to formulate our policy recommendations and advocacy messages. Through knowledge products we share these insights with civil society, governments, academia and the private sector. Also, we publish peer-reviewed articles to make our research more rigorous, increase our outreach and build relations with experts and knowledge institutes.

Coalition-building

We work with (inter)national networks of CSOs to reinforce joint messages. Besides using existing coalitions, such as the CSO Coordinating Group of the Global Financing Facility, we also create new informal spaces, such as the Consortium against Commercialisation in Health Care.

Advocacy

We look for open dialogue with Dutch and international policy and decision-makers, being critical yet constructive. With access to important stakeholders in global health, we can effectively get our (joint) messages across. Depending on the context, we choose the most adequate advocacy role, acting as expert, initiator, facilitator, critic, or watchdog.

OUR THEORY OF CHANGE



wemos
HEALTH UNLIMITED

OUR VALUES

Grounded
Critical and constructive
Structural change
Global justice

OUR ADVOCACY ROLES

Expert
Initiator
Facilitator
Critic
Watchdog

OUR FOCUS AREAS

- FINANCE FOR HEALTH**
All governments should allocate sufficient (sustainable and flexible) funding to investments in a high-quality, resilient and gender-sensitive health system that is accessible to all citizens.
- HUMAN RESOURCES FOR HEALTH**
Everyone, everywhere should have access to skilled, motivated and properly supported health workers.
- ACCESS TO MEDICINES**
Everyone, everywhere should have access to high-quality, affordable medicines that meet their medical needs.

Collaborations

In our programmes, we collaborate with many civil society organisations in countries around the world and with various networks and coordination groups. We also work with academia, multilateral institutions and government. We are partner of the Dutch Ministry of Foreign Affairs through our Make Way programme, that focusses on improving sexual and reproductive health and rights outcomes for the most vulnerable people. Through

our programmes, we also discuss various topics with the Dutch Ministry of Health, Welfare and Sport. Both Ministries invite us regularly to speak at expert groups or fora. Moreover, our project funding from the European Commission (DG SANTE) allows us to take part in European Commission conferences and discussions.



What we achieved in our programmes

2021 marked the start and build-up phase of (relatively) new international partnerships of which Wemos is the lead organisation. In co-creation sessions with our partners, we developed and started implementing work plans that reflect our complementing strengths and capacities, aiming to enhance health equity and justice.

Throughout the year, we managed to raise awareness and set the agenda on various topics. For example, our push for knowledge sharing for global fair access to Covid-19 vaccines led to two related motions passing in Dutch Parliament. We held constructive dialogues with the World Bank on the risks of private financing for health. And, after many years of advocating for a Global Health Strategy in the Netherlands, we were pleased that such a strategy was included in the coalition agreement in December 2021.

Moreover, we attained a role as civil society representative in the Access to Covid-19 Tools Accelerator (ACT-A) as well as in the Global Financing Facility for Women, Children and Adolescents (GFF) Investors Group and the GFF's Alignment Working Group.

Our team grew from 20 to 24 employees (22,11 FTE), with an increase of both programme and communication, and planning, monitoring, evaluation & learning staff, making it possible to be even more effective and visible.

Our highlights

The next section gives an overview of the successes in our programmes. At Wemos, we work on different themes. You find the icons shown below in each of the highlights to indicate the theme(s) they link to.

Finance for health

Human resources for health

Access to medicines



Public finance for public purpose in health



GLOBAL LEVEL

The World Bank Group operates under the Maximizing Finance for Development or 'private first' approach. This approach aims to strengthen the role of private-for-profit actors and investors. It is echoed in many other multilateral and bilateral development actors' policies, including that of the Netherlands. It is re-emphasised in the Covid-19 pandemic.



NATIONAL LEVEL

Focussing on the role of the private-for-profit sector in healthcare can drive up the costs of healthcare and divert resources away from the public health sector. It can exacerbate health inequalities, making it difficult, especially for more vulnerable people, to access the health services they need. This counters the central promise of the Sustainable Development Goals (SDGs) to Leave No One Behind.

Feeding the dialogue with the World Bank Group on Public-Private Partnerships and public finance for health

Global actors such as the World Bank Group should focus on strengthening public health financing. They should refrain from promoting Public-Private Partnerships (PPPs) with commercial companies in healthcare because of associated risks, including driving up of costs for the public purse and worsening of existing inequalities in access. This was our plea to the World Bank Group in an [open letter](#) with close to 100 signatories in March 2021. Our request was based on an analysis of PPPs in healthcare as described in our position paper '[Risky business: position paper on the promotion of Public-Private Partnerships in healthcare](#)'.

Moreover, we raised our concerns at the Civil Society Policy Forum of the IMF/World Bank Spring Meetings, during a [session](#) where civil society partners shared lessons learnt on PPPs in healthcare in Zimbabwe, Lesotho, Peru, Fiji, Uganda and Kenya. This catalysed dialogues with World Bank Executive Directors, senior staff, and their [Community of Practice](#) on post-Covid health financing.

In February, together with the Kampala Initiative, we co-hosted the webinar '[Public-Private Partnerships and commercialisation in healthcare: donors, profit and people](#)'. Speakers and participants from civil society worldwide - especially from Africa - engaged in the lively discussions.

- ▶ Watch our short video of the report [Risky Business](#) that we shared on social media
- ▶ Recording of session [Universal access to healthcare lessons learned from Public-Private Partnerships](#) - Mar 24, 2021



Emphasising that health security and equity are a public priority

The International Development Association (IDA) is the World Bank's lending arm for the poorest countries. Ahead of its 20th replenishment (IDA20), we published a [position paper](#) with recommendations for the World Bank's IDA leadership and donor and recipient governments' negotiations on the IDA20 policy framework.

We stated that IDA20 should help close the global Covid-19 vaccination gap as soon as possible while also supporting systemic changes to further universal access in the long run and prioritise public (not private) healthcare financing and service delivery.

We discussed our recommendations during the [IMF/World Bank Civil Society Policy Forum](#) in October, and in meetings with relevant staff at the World Bank, Executive Directors and the Dutch Ministry of Foreign Affairs. After assessing the near final IDA20 policy text, we provided [written input](#), explaining our concerns about the [IDA Private Sector Window](#) in healthcare and our hopes about the use of the IDA Regional Window for countries' collaborative action towards equitable access to Covid-19 vaccines.

The negotiations concluded in December, and the final documents will become available in March 2022.

The goal of the IDA20 replenishment is to support countries in their recovery from the Covid-19 crisis and transition to green, resilient, and inclusive development. The replenishment started in December 2021 with a policy and financial package to support 74 (lower-income) countries between July 2022 and June 2025. See our website www.covid19response.org for more information on IDA Private Sector Window and the IDA Regional Window

- ▶ Watch our [short video](#) of the position paper that we shared on social media.
- ▶ [Building back better health systems lessons](#) from the WBG's Covid-19 response and recovery plans - Oct



Finance for health

Global health initiatives for health system strengthening



GLOBAL LEVEL

Global health initiatives can contribute to strong, equitable and inclusive health systems if they coordinate with each other and align with countries' priorities. The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the Global Alliance for Vaccines and Immunizations (Gavi) and the Global Financing Facility (GFF) - also called the '3Gs' - all aim to contribute to health systems strengthening and have a large influence of health in low- and lower-middle-income countries.



NATIONAL LEVEL

Even though the 3Gs are making progress in coordination and alignment, their focus on short-term attributable objectives leaves fundamental elements of health systems strengthening, like health workforce financing, unaddressed. Weak alignment with national governments may challenge national leadership and disrupt policy and implementation processes in recipient countries. It can also lead to fragmentation and duplication, and it increases the burden of planning, implementing, monitoring and evaluating for the recipient countries.

Influencing the '3Gs' to align to strengthen health systems

Together with Cordaid, we published a report and a policy brief on the coordination of the 3Gs: the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the Global Alliance for Vaccines and Immunizations (Gavi) and the Global Financing Facility (GFF). We analysed whether the 3Gs global strategies can contribute to country-led, sufficiently funded and staffed, gender-transformative and equitable health systems. With our finding we informed civil society to enrich their advocacy towards their national governments and the 3Gs.



Based on our findings, we organised a [webinar](#) to facilitate dialogue between representatives from the 3Gs and the World Bank, the Dutch Ministry of Foreign Affairs, the World Health Organization and civil society partners in countries working with the 3Gs, to improve coordination of their strategies. Speakers included Ellen van de Poel (World Bank/GFF representative), Marja Esveld (Dutch Ministry of Foreign Affairs) and Hendrik Schmitz (GAP Secretariat, World Health Organization).

We also started a case study on Rwanda - where the 3Gs support various programmes - to analyse how the 3Gs align their strategies with the Rwandan national policies and health needs. Its context-specific conclusions will sharpen our advocacy.

Studying progress and implications of the Global Financing Facility in the healthcare sector in Uganda

After co-publishing a [factsheet](#) on the GFF in Uganda and its response to the Covid-19 pandemic in 2020, in 2021 we took a deeper dive. Together with [CEHURD](#) and [Uganda Debt Network](#), we investigated one aspect of the contribution of the GFF to the Uganda Reproductive, Maternal and Child Health Services Improvement Project (URMCHIP).



We assessed to what extent the implementation of Results-Based Financing in URMCHIP is underlined by a human-rights based approach. Besides positive outcomes, like improved availability of and access to medical supplies and services, we also identified challenges. For example, the need for better and more timely disbursement of funds to the facilities and more transparency in the flow of funds. [Our study](#) can be used for national level advocacy and as learning opportunity for implementing Results-Based Financing.

Moreover, we were happy to be selected as alternate civil society representative to the GFF Investors Group and to represent civil society at the newly established GFF's Alignment Working Group. This enables us to further engage and influence this prominent global health initiative.

The Global Financing Facility (GFF) is a global health initiative hosted by the World Bank. It supports national governments to accelerate progress on sexual and reproductive health and rights (SRHR), maternal, new-born, child and adolescent health and nutrition, by increasing financial resources and strengthening health systems.

▶ [Webinar 'How do the 3Gs coordinate their efforts to strengthen Health Systems? From policy to practice'](#)



An intersectional lens to ensure no one is left behind

BLIND SPOTS HINDER THE PROMISE TO 'LEAVE NO ONE BEHIND'

The promise to 'Leave No One Behind' is at the heart of the Sustainable Development Goals (SDGs), including SDG 3 for Good Health and Well-being. However, current policies and programmes are too often unable to realise this promise, because they fail to identify the barriers minoritised people in our societies face. For example, a girl living in poverty and with a disability faces many more hurdles in accessing the health services she needs than an average middle-class man.

APPLYING AN INTERSECTIONAL LENS FOR HEALTH EQUITY AND JUSTICE

Incorporating an intersectional lens in our work helps us understand and address power dynamics and discrimination. Applying it, for example, in our policy analysis and research enables us to see the (lack of) effect of health policies and programmes on the most vulnerable people in our societies. In the Make Way programme, we seek to operationalise this intersectional lens and use it to advocate for health systems strengthening and the realisation of sexual and reproductive health and rights (SRHR) for all people.

Leaving no one Behind in sexual and reproductive health and rights

We started [our Make Way programme](#) in Ethiopia, Kenya, Rwanda, Uganda, Zambia and at regional and global level. Make Way aims to break down barriers to sexual and reproductive health and rights (SRHR) by promoting an intersectional lens when looking at and addressing SRHR issues.

Make Way partners jointly brought on 46 collaborating partners who co-created implementation programmes based on analysis of issues that underly many SRHR challenges, including health systems and health financing. Consortium partners did a values clarification related to SRHR and intersectionality, and collaborating partners assessed their organisational capacities for taking on advocacy work as part of the programme.

Together with all partners, we started developing a toolkit to strengthen the intersectional SRHR lobby and advocacy capacities of our partners and beyond. It includes a conceptual framework for quantitative analysis on intersectionality and SRH outcomes and a tool for intersectional policy analysis.



Embracing Intersectionality for Health Equity & Justice

Read [the article](#) in Vice Versa containing interviews with 'the new generation of women activists, who want to expand access to sexual and reproductive health and rights'

Make Way partners



We work in partnership with the Dutch Ministry of Foreign Affairs.



Equitable health worker distribution in Europe



EU LEVEL

Health labour mobility and migration are driven by push and pull factors, such as salaries, working and living conditions, and career prospects. The EU's free internal labour market is an enabler of health worker mobility. Currently, there are no adequate instruments and policies to mitigate the impact of (excessive and skewed) health workforce mobility in the European region on source countries, destination countries and the experiences of individual health professionals.



NATIONAL LEVEL

Migration of health professionals can improve the health service provision of destination countries, while weakening the service delivery of originating, or source, countries. This hampers the ability of source countries to deliver on essential health care services. Moreover, both source and destination countries, increasingly encounter the phenomenon of medical deserts: isolated or depopulated areas, and urban and rural areas with a low concentration of health services.

Finding policy solutions for health worker maldistribution and medical deserts in Europe

One of Europe's public health challenges are medical deserts: isolated or depopulated areas with significant health workforce shortages and subsequent health inequalities. In the Wemos-led project Action for Health and Equity Addressing medical Deserts ([AHEAD](#)) we develop context-specific policy solutions to tackle medical desertification and improve health worker availability across Europe.

With partners in Italy, Moldova, Netherlands, Romania and Serbia we develop an innovative tool to identify medical deserts. Policy makers can use this tool to gain insights in health care access challenges in certain areas and improve their policies accordingly. We introduced AHEAD during the launch of the EU Health Workforce Projects Cluster, an EU network that supports Member States to design and implement their policies related to health workforce retention, task-shifting and medical deserts.

Complementary to AHEAD, we continued our work in the Pillars of Health programme, which aims to contribute to an equitable health worker distribution in Europe. We are currently working with partners in Germany, the Netherlands, Romania and Serbia to better understand the impact of excessive and skewed health worker migration in source countries and destination countries, as well as its impact on individual migrant health workers, with special attention to gender issues. We activate civil society organisations and liaise with key allies to advocate for more equitable availability of health workers across Europe.



Corinne Hinlopen, in '[A perfect storm for the European health workforce](#)', published on the website of the European Public Health Alliance (EPHA)

"It's time for decision-makers at national and EU level to put ideals into practice and show their commitment to a Union that is about well-being and social justice."



Access to Covid-19 Tools Accelerator



GLOBAL LEVEL

Leading global health agencies, among others the Global Fund, WHO and the World Bank, collaborate with governments, civil society and industry to accelerate development and distribution of medical products against Covid-19 through the Access to Covid-19 Tools Accelerator, or ACT-A. If it uses its leverage well, ACT-A could significantly improve equitable access to vaccines, therapeutics and diagnostics, and establish adequate funding of health systems in order to implement these commodities.



NATIONAL LEVEL

The harsh reality is that many low- and middle-income countries still experience dire vaccine shortages and lack strong health systems with trained health workers to implement distribution of medical products against Covid-19. Their involvement in decision-making is crucial to ensure that initiatives meet the actual needs. However, ACT-A has primarily turned to organisations and experts from high-income countries to develop and review ACT-A initiatives.

Influencing the Access to Covid-19 Tools Accelerator as civil society representative

In 2021, we were selected as civil society representative for ACT-A's Health Systems Response Connector. We are proud to be representing civil society in this high-level collaboration of leading global health initiatives.

As representative in the ACT-A Strategic Review Reference Group, we coordinated civil society engagement in the ACT-A review process led by WHO. We managed to raise and include concerns around the lack of funding for additional healthcare workforce recruitment in the [ACT-A review report](#). Thanks to our involvement, the new ACT-A Strategy and its Health Systems and Response Connector include the need to surge the health workforce as one of its intervention areas.

We continue pressing for equitable access to medical products against Covid-19, continued funding for health systems strengthening, and meaningful engagement of civil society and low and middle-income countries in ACT-A.



[Read Devex's article in which Wemos' Amanda Banda explains why ACT-A must prioritise funding of health systems](#)

"ACT-A can help bridge the gap in the short-term, and make the case for investments. It's not about the products themselves, but health workers who will deliver them via a strengthened health system."



Access to medical products against Covid-19

GLOBAL LEVEL

In 2021, Covid-19 continued to severely affect the lives of everyone in the world. A few approved vaccines seemed to offer a way out of the global crisis. However, despite promises of high-income countries and leading pharmaceutical companies, the roll-out of these vaccines turned out highly unequal. By the end of the year, high-income countries were providing their population a third vaccine shot, while low- and middle-income countries were still left largely empty-handed.

NATIONAL LEVEL

To obtain vaccines, low- and middle-income countries became dependent on donations from high-income countries, mostly via the international initiative COVAX. But because high-income countries failed to meet the promised amounts of donations, the scarcity remained high. To end this inequitable relationship of dependency and its destructive consequences, low- and middle-income countries should be able to produce the medical goods themselves. Therefore, it is vital that pharmaceutical companies share the intellectual property and know-how needed for production. If not voluntarily, then forced.

Getting Dutch parliament to support sharing of patents and know-how for Covid-19 vaccines

In 2021, we continued urging the Dutch government to gather international support for the sharing of intellectual property and know-how to produce medical products against Covid-19, such as vaccines. Knowledge sharing by pharmaceutical companies is vital to ensure that everyone in the world has proper access to these life-saving commodities, many of which have been developed with enormous investments from public resources.

In numerous briefings and meetings, we informed Dutch ministries and members of parliament about our position. In a [joint letter](#) together with Oxfam Novib, signed by 52 other Dutch civil society organisations, we called upon the Dutch cabinet to actively support and promote the sharing of intellectual property and know-how. Subsequently, the parliament unanimously adopted a [motion that repeats our call](#). Later, it unanimously adopted another, similar [motion](#) that urges the government to support the temporary waiving of intellectual property rights through the so-called TRIPS waiver.

Since we believe that the government has not yet sufficiently executed these motions, we continue our plea.



Listen to the [podcast 'Wereldmachten'](#) in which Ella Weggen explains how high-income countries and pharmaceutical companies use Covid-19 vaccines as a power tool (Dutch).

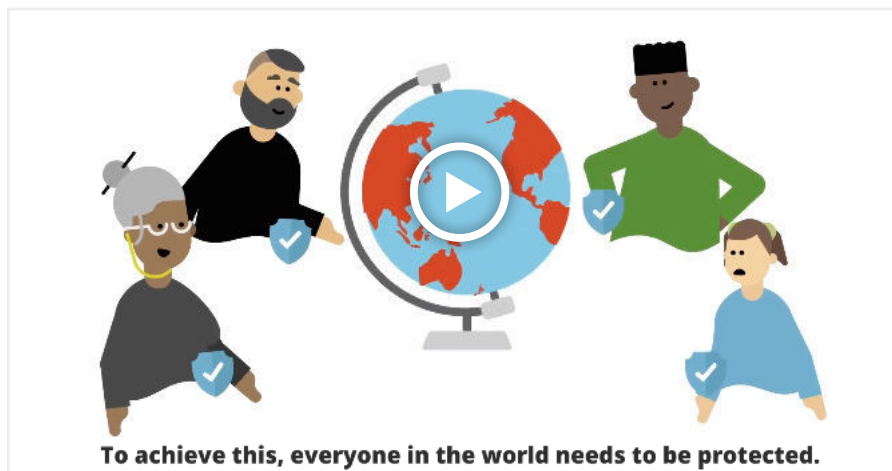
"High-income countries have invested massively in the development of vaccines, without attaching proper conditions to it."

Increasing international support for sharing of intellectual property and know-how

We also aim to increase international support for the sharing of patents and know-how for global access to innovations against Covid-19. In 2021, we continued our collaboration with [Corporación Innovarte](#) (Chile), [Knowledge Ecology International](#) (USA), [Medicines Law & Policy](#), [Health Action International](#) and [Pharmaceutical Accountability Foundation](#) mobilising support and political will around the world.

Read [our editorial](#) in the European Journal of Public Health on how to make reality of the promise to make Covid-19 vaccines a 'global public good'. "An effective global vaccine roll-out requires at scale production, affordable pricing, global allocation and wide deployment."

We published [an animation](#) explaining clearly why governments and companies should push forward with sharing intellectual property and know-how. Furthermore, in [a joint statement](#) with EUPHA, the umbrella organisation for public health associations and institutes in Europe, we called upon European public health experts to advocate sharing of intellectual property and know-how. We also developed an [online overview](#) of all current initiatives to increase access to medical products against Covid-19. On the website, that we launched in February 2022, we assess the initiatives from an equity perspective.



Organising a debate about medicines policy with candidate members of parliament

Ahead of the 2021 parliamentary elections in the Netherlands, we organised a debate about medicines policy at debate centre De Balie in Amsterdam. Candidate members of parliament Attje Kuiken (Partij van de Arbeid/Labour Party), Noortje Thijssen (GroenLinks/GreenLeft), Joba van den Berg (CDA/Christian Democratic Appeal), Vera Bergkamp (D66/Democrats 66), Mirjam Bikker (ChristenUnie/ChristianUnion) and Chris Jansen (PVV/Party for Freedom) joined to discuss questions such as: How do we deal with the power of Big Pharma? Should pharmaceutical companies share their patents and knowledge in times of crisis? How does the fact that a medicine is developed with tax money effects its price? You can watch the recording of [the debate](#) on the website of De Balie (only available in Dutch).

We organised this debate in cooperation with [SOMO](#), [Aidsfonds](#), [Oxfam Novib](#), [Artsen zonder Grenzen](#), [KWF Kankerbestrijding](#), [Farma ter Verantwoording](#), [Patiëntenfederatie Nederland](#), [Commons Network](#), [Health Action International](#) and [License to Heal](#).





Dutch Global Health Strategy



GLOBAL LEVEL

Covid-19 has reinforced the global understanding and conviction that health transcends countries' borders. Developments in one country can affect the health and livelihood of people all around the world. 'No one is safe unless everyone is safe', is a phrase we have heard a lot in the last years. A comprehensive and multi-sectoral approach is needed to effectively deal with both the current pandemic and other (future) global health challenges.



NATIONAL LEVEL

By developing a Dutch Global Health Strategy, The Netherlands can realise various objectives: 1) create coherent policy to implement international agreements in the field of health, such as the Sustainable Development Goals, 2) specify the Dutch contribution to global pandemic preparedness that relies on strong health systems and health equity worldwide, and 3) improve the linkage between global health efforts and Dutch public health, for current and future generations.

Influencing the new Dutch Global Health Strategy

The pandemic has strengthened calls for the need for a coherent Dutch Global Health Strategy. Through a [motion](#) in December 2020, the Dutch Parliament asked the Advisory Council for International Affairs (AIV) to give advice on such a framework. With partners of the [Dutch Global Health Alliance](#) – co-founded by Wemos - we intensively engaged with the AIV and other stakeholders about such a Dutch Global Health Strategy, and were part of an expert consultation.

Through in-depth consultations with selected global health experts and intensive co-creation workshops with civil society organisations, we developed our recommendations into a [policy brief](#), which we submitted to the AIV. On 15 December, the Dutch government's new coalition agreement was presented and indeed included a Dutch Global Health Strategy!

We continue to play our key role in the Dutch Global Health Alliance, keeping global health high on the political agenda and continuing our engagement with the government during the development of its Dutch Global Health Strategy.



**DUTCH GLOBAL
HEALTH ALLIANCE**

"Exciting news for 'Dutch' global health! The Dutch government had included the Dutch Global Health Strategy in its new coalition agreement 'Omzien naar elkaar, vooruitkijken naar de toekomst'.

The [Dutch Global Health Alliance](#) applauds this, but wishes to see that this strategy aligns across all policy areas within the Dutch government."

Wemos in the media

In 2021, journalists often turned to us for interpretation of developments on global health. There was a high interest in the topic of access to Covid-19 vaccines. You might have come across Wemos in newspapers, (online) magazines, on television, radio or in a podcast.

Our work and expertise on access to medical products against Covid-19 drew a lot of attention. For example, RTL Nieuws made an [item](#) about our joint letter with Oxfam Novib calling upon the Dutch government to push pharmaceutical companies to share their intellectual property and know-how. When Merck was the first pharmaceutical company to share its information on a Covid-19 innovation (an antiviral pill) in October, newspaper De Volkskrant published an [article](#) about it, including quotes of Tom Buis, global health advocate at Wemos.

We also got some opinion articles published, advocating structural solutions to enhance global access to Covid-19 innovations. For example, in Het Financieel Dagblad [‘Fear of Wild West when patents are released unnecessary’](#), in Trouw [‘Pharmaceutical companies must share their knowledge about vaccines during a pandemic’](#) and the joint piece with Oxfam Novib and Cordaid in De Volkskrant [‘Dutch opposition to releasing patents for corona vaccines is based on persistent myths’](#). We also contributed to the essay by influential magazine Vrij Nederland [‘To vaccinate the whole world, the power of pharmaceutical companies must disappear’](#).

Ella Weggen (Wemos) was invited to the podcast series [‘Wereldmachten’](#) to discuss how Covid-19 vaccines are being used as a power tool by governments and companies, and how this negatively affects the global access to these essential commodities. Radio 1 interviewed Ella for an [item](#) about the South African mRNA hub, a WHO led initiative to establish local production of mRNA vaccines in low- and middle-income countries. the South African mRNA hub, a WHO led initiative to establish local production of mRNA vaccines in low- and middle-income countries.

International media outlet Devex [interviewed](#) Wemos’ global health advocate Amanda Banda, who was selected as civil society representative for the health systems connector of the Access to Covid-19 Tools Accelerator (ACT-A), about the review of this global collaboration. Amanda calls for prioritising sufficient funding of health systems to effectively respond to the pandemic.

Through the media attention we amplified our viewpoints on policy solutions for global health challenges.



Communication with stakeholders

As global health advocates, we work with a wide variety of stakeholders using different channels and means of communication. Large part of our communication strategy is geared at supporting our lobby and advocacy work with the right messages and communication products, which are increasingly digital and interactive.

We engage with many civil society organisations, especially with consortium partners in the Netherlands, Europe (Italy, Moldova, Romania and Serbia), the Eastern and Southern African region (Ethiopia, Kenya, Rwanda, Uganda and Zambia), the US and Chili. Moreover, we keep our individual donors updated on our work.

Through our website, [newsletter](#) and our social media channels, we connect with partners, global health actors, academics, cross-sectoral professionals and the broader public. We also liaise with journalists, as media is a platform for our messages. We are always happy to share insights and knowledge and to engage with others on the topics of our work.

Working with universities

We value mutual learning and knowledge sharing, and work closely with universities and academic institutions. Like in previous years, in 2021, we were invited to give various lectures to students.

- ▶ At [KIT Royal Tropical Institute](#), we gave a lecture and interactive workshop on Health Workforce Financing to students of the module Human Resources for Health in February.
- ▶ We gave a lecture on the Global Health Workforce to master students of the Global Health programme at [Maastricht University](#).
- ▶ The [Institute of Tropical Medicine](#) in Antwerp invited us for a lecture to students of the Master of Public Health. We discussed the involvement of private actors in healthcare provision, particularly through the use of Public-Private Partnership, and related challenges.
- ▶ We gave a lecture on global health to medical doctors who are specialising in public health at the [Netherlands School of Public & Occupational Health](#).

In 2021, we also started a collaboration with the [Radboud University Honours Academy](#) to analyse how Dutch policies can be influenced to reduce global inequality of access to Covid-19 vaccines.

Last but not least, we have a 3-year collaboration with the [Athena Institute of Vrije Universiteit Amsterdam](#). They are a partner in two of our projects (AHEAD and Pillars of Health), where they share their knowledge and expertise on Intersectionality & Gender Transformative Approaches, and on methods for participatory policy making.



Using assessments to increase the impact of our work

Over the past years, we have been strengthening our planning, monitoring, evaluation & learning (PMEL) cycle. In 2021, we developed an assessment tool to identify critical factors contributing to the success (or lack of success) of our advocacy activities. By understanding better what works and what does not work in different contexts and circumstances, we aim to increase the impact of our work.

By applying the tool to three pilot case studies, we already gained important insights, such as:

- ▶ On top of our aimed impact, our advocacy work often broadened and strengthened our network. And several times, we managed to get a seat at a new table.
- ▶ Working with local CSOs to develop evidence materials that reflect their lived reality is of great value, but it takes time. We have to consider this when planning activities. And to better understand our impact, our monitoring should contain country-level information from our local partners, including an assessment of Wemos' role and performance in the collaboration.
- ▶ It is important to do a solid and critical assessment of our assumptions at the start of new advocacy activities and follow up on this.

After improving the tool based on the experiences during the pilot, as of 2022 we use it in a structural way. We use the lessons we learn for the planning of new activities and strategic reflections.

Grateful for the support of our donors

Our donors have been indispensable in making the past year's successes possible. We warmly thank Dioraphte Foundation, the Dutch Ministry of Foreign Affairs, the European Commission, IDA Charity Foundation, Open Society Foundations and Unitaid for their continuous trust in our work.

We also want to express our gratitude to our loyal group of individual donors who follow our work with great interest. We thank them in particular for their ongoing support throughout the years.

Together we move closer to our goal: that everybody, everywhere has access to health services and is protected against threats to health.



Do you share our vision?

Support our work by contributing either a one-off or recurring donation to our organisation.

Yes, I want to support Wemos.

Do you
share our
vision?

Our governance

Wemos is a foundation with a Managing Director and a Supervisory Board. Mariëlle Bemelmans has been Managing Director since 1 April 2017. Wemos' Supervisory Board consists of six members. On 31 December 2021, these were:

- ▶ Ed Rütters (chairman), Director Instituut Verbeeten; chairperson Supervisory Board Lumens Welzijn
- ▶ Lejo van der Heiden (vice chairman / secretary), Management team member of Nature and Biodiversity; Directorate General for Nature, Fisheries and Rural Areas for the Ministry of Agriculture, Nature and Food Quality
- ▶ Thomas van den Akker, professor of Global Maternal Health, Vrije Universiteit; Obstetrician Gynaecologist, Leiden University Medical Center
- ▶ Ruud van den Hurk, Prior leadership positions at organisations in the Netherlands and abroad, among others, ActionAid, Simavi, International Care and Relief UK, InterAid Kenya
- ▶ Ingrid van de Stadt, Regional Marketing Director Emerging Markets, Elsevier
- ▶ Joep Verboeket, Director Kinderfonds MAMAS

Accreditation

Wemos is recognised as a public benefit organisation (PBO, or ANBI in Dutch) by the Dutch tax authorities. We hold a quality certificate by the Netherlands Fundraising Regulator (CBF) and are certified as an equivalent to a Certified Public Charity by NGO source (Equivalency Determination certification), which means that Wemos is equivalent to a US public charity.



Integrity

At Wemos, we attach great importance to integrity. That means that we always act fairly and treat the people and organisations with whom we work with integrity. We have a zero-tolerance policy for any form of (sexual) harassment, aggression or discrimination in the workplace. If an incident is reported, we take it seriously and investigate the reported allegation immediately. Our [complaints procedure](#) and [whistleblower policy](#) are published on our website.

As member of Partos, the Dutch membership body for organisations working in international development, we subscribe to the '[Partos Code of Conduct](#)'. In addition, we have our own [Wemos Code of Conduct](#) which includes a more comprehensive chapter on integrity. Both codes of conduct, together with the employment conditions regulations, form part of the employment contract of Wemos employees.

The Code of Conduct forms the foundation of the integrity system we implemented in 2019. This system consists of an internal integrity body and three reporting channels, one of which is an external whistleblower point. In addition, two employees were chosen as confidential advisers. In 2021 there were no reports of (possible) integrity violations.

Our team

Our staff members form the true core of our organisation. We want to make sure they stay motivated and engaged and stimulate them to develop their capacities. Every six-months we have a staff meeting, in which employees can bring in topics for discussion. We always pay attention to aspects such as integrity, our code of conduct, whistleblower's policy and complaints procedure.

In 2021 our team consisted of 24 employees (20 in 2020), equivalent to 22,11 FTE (18,8 in 2020). The team represents a mix of employees with longer experience at Wemos and relative newcomers who bring relevant experience from elsewhere. Even though the team is becoming increasingly international and diverse, we started internal discussions about diversity in our organisation. We will continue our reflections on this topic in 2022 and adjust our HR policies to align with the outcomes and ambitions.

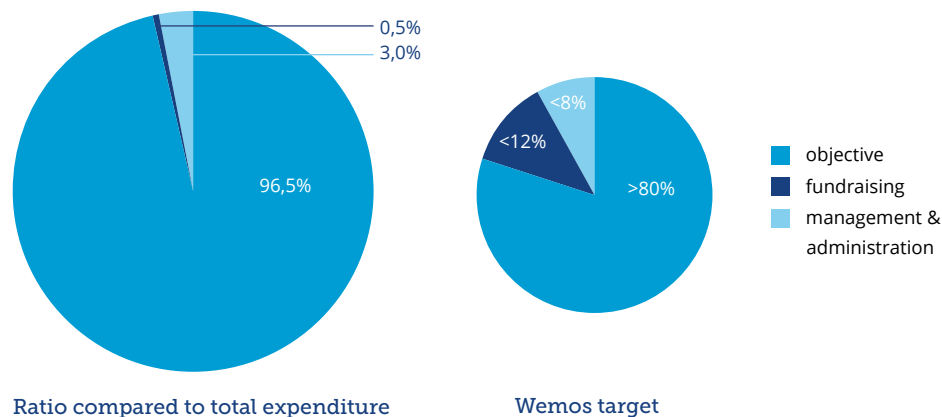


Financial policy and financial results

We raise funds to realise our mission to improve health worldwide. It is our aim to spend as much of every euro we raise on our objective. In 2021, this went particularly well, because we mainly focused on setting up new programmes, and less on fundraising and management. As a result, 96 percent was used to achieve our objective.

On 31 December 2021, Wemos' assets amounted to 796,000 euro (715,000 euro in 2020). The assets are held in various savings accounts and a current account. Part of the assets are intended as a continuity reserve (761,000 euro). Together with the Supervisory Board, the director has determined that this reserve must be sufficient to bear Wemos' operating costs for at least four months. Since our operating costs are approximately 165,000 euro per month, we meet this target.

Key figures



Risks and uncertainties

After focussing on the start and build-up of (relatively) new collaborations in 2021, (private) fundraising will again have a larger emphasis in 2022 to ensure we can continue working on our mission in the years to come. There are no guarantees when it comes to resource mobilisation. At the moment, we are highly dependent on a small group of foundations and institutional donors. Some of them are currently in the process of a strategy revision, possibly making a 'shift to the south', with less funding for northern-based organisations. This raises both challenges and opportunities. As always, we stay alert to arising opportunities and explore new strategies for resource mobilisation.

Peek into the future

The Covid pandemic has clearly shown that over 40 years after Wemos was founded, our mission is still highly relevant. Everybody, no matter their location or personal situation, should have the opportunity to be as healthy as possible. That's why we analyse root causes that stand in the way and propose structural policy solutions.

With a healthy dose of perseverance, we will continue our work on

1. finance for health,
2. human resources for health,
3. access to affordable medicines,
4. global health in the Netherlands, and
5. sexual and reproductive health and rights (SRHR) within strong health systems.

Considering the changing global environment and current debates on 'decolonising aid' and 'shifting (or sharing) the power' between the global North and the global South, we again want to critically review our own role and whether we are fulfilling it optimally and in an equal manner. We are conscious of persistent power imbalances between the global North and the global South, and between different actors operating in the various contexts. Understanding how these imbalances are manifested in our work, how we deal with them and how we position ourselves, is essential. Finding our balance in the global health arena requires continuous self-reflection and a challenging of our role and added value as Northern CSO in improving health worldwide.

We have planned a revision of our strategy in 2022 to align our work to these and other relevant trends. This will help us to be as effective as possible in achieving our goals. Moreover, we plan to sharpen our branding to create a stronger and clearer positioning for our organisation. This will also better support our fundraising activities. Wemos is proud to have a group of loyal donors. To increase this circle of donors, we have developed a fundraising strategy that we will roll-out in 2022.

Finally, we will unabatedly continue to influence policy in 2022. By addressing underlying issues of obstacles in access to health and proposing structural solutions, we open doors that lead to more health equity and justice for all of us.



Budget 2022

The budget below was approved by the Supervisory Board in the meeting of 1/13/2022.

INCOME WEMOS All amounts are in euros

<i>Income individual donors</i>	
Donors	43,990
Subtotal	43,990

<i>Income from institutional donors</i>	
Ministry of Foreign Affairs	1,775,000
European Commission	45,330
Subtotal	1,820,330

<i>Income from other not-for-profit organisations</i>	
Open Society Foundations	386,783
Unitaid	211,235
IDA Charity Foundation	175,000
Dioraphte	100,000
Other	140,000
Subtotal	1,013,018

INCOME WEMOS **2,877,338**

INCOME ALLIANCE PARTNERS

<i>Income from institutional donors</i>	
Ministry of Foreign Affairs	4,882,999
European Union	138,232
Subtotal	5,021,231

<i>Income from other not-for-profit organisations</i>	
Unitaid	459,820
Open Society Foundations	287,446
Subtotal	747,266

INCOME ALLIANCE PARTNERS **5,768,497**

TOTAL INCOME **8,645,835**

EXPENDITURES WEMOS

Personnel costs	1,787,442
Interim personnel	106,330
Other personnel costs	65,127
Project costs	622,735
Project costs audit	27,220
Fundraising	190,000
Housing	100,648
Office and general expenses	69,641
Communication	45,000
Depreciation	14,844

EXPENDITURES WEMOS **3,028,987**

EXPENDITURES ALIANCE PARTNERS

Project costs	5,768,497
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EXPENDITURES ALIANCE PARTNERS **5,768,497**

TOTAL EXPENDITURES **8,797,484**

Financial income and expenditures	-4,000
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DEFICIT **-155,649**

Balance sheet

All amounts are in euros

ASSETS	12/31/2021	12/31/2020
Fixed assets	19,234	15,091
Current assets	234,267	55,668
Liquidities	2,400,344	1,464,117
TOTAL ASSETS	2,653,845	1,534,876

LIABILITIES	12/31/2021	12/31/2020
Continuity reserve	777,310	680,468
Designated reserve	34,723	34,723
Total reserves	812,033	715,192
Designated funds	0	53,479
Short term liabilities	1,841,811	766,206
TOTAL LIABILITIES	2,653,845	1,534,876

Profit and loss account

All amounts are in euros

INCOME	actual 2021	budget 2021	actual 2020
Income from individual donors	9,830	7,000	8,145
Income from companies	26,774	0	0
Income from institutional donors	4,844,033	5,171,386	958,564
Income from other not-for-profit organisations	1,815,289	1,051,454	973,775
Total income raised	6,695,925	6,229,840	1,940,484
Other income	390	0	0
TOTAL INCOME	6,696,315	6,229,840	1,940,484
EXPENDITURES			
<i>Expenditures on objectives</i>			
To strengthen national health systems that contribute to the structural improvement of health through advocacy	6,644,887	5,999,428	1,597,090
Total expenditures on objectives	6,408,659	5,999,428	1,597,090
Income acquisition costs	35,910	139,445	150,592
Management and administration costs	200,318	120,528	95,188
TOTAL EXPENDITURES	6,817,676	6,259,401	1,842,870
RESULT BEFORE FINANCIAL INCOME AND EXPENDITURES	51,428	-29,561	97,614
Financial income and expenditures	8,065	0	460
SURPLUS	43,363	-29,561	97,154
Result allocation:			
Continuity reserve	96,842	5,162	43,676
Designation reserve relocation	0	-34,723	0
Designated reserves objectives	-53,479	0	53,479
SURPLUS	43,363	-29,561	97,154

KEY FIGURES

	actual 2021	budget 2021	actual 2020
Cost percentage fundraising	0,5%	2,2%	7,8%
Expenditures on objectives / Total expenditures	96,5%	95,9%	86,6%
Income acquisition costs / Total expenditures	0,5%	2,2%	8,2%
Management and administration costs / Total expenditures	3,0%	1,9%	5,2%

Wemos has prioritised setting up the partnerships and developing the new programmes in 2021. This can be clearly seen from the percentage 'Expenditure on objectives' and the percentage 'Management and administration costs'. They are both higher than in the budget. The main reason for this is that the staff has spend most of their times on programme development and focused less on fundraising. The year 2022 will be different. Raising funds for the medium and long term will be a priority in 2022.

Valuation standards

The annual accounts have been drawn up in accordance with the Directive 650 for Fundraising Organisations.

Accounting principles

Tangible fixed assets

The tangible fixed assets are valued at purchasing price, after deduction of depreciations based on estimated economic lifetime. The depreciation period of office equipment is 5 years (20%). Computers and other hardware and software are depreciated within 3 years (33,3%).

Receivables and accruals

Receivables and accruals are valued at nominal value after deduction of impairments.

Grants received in advance/grants to be received

Some grants exceed the term of one fiscal year. The difference between the advance payment by the grant provider in a financial year and the amount spent in that same financial year on the execution costs of a project is included in the balance sheet as 'grant received in advance'.

Reserves and funds

The reserves and funds are allocated in the context of the foundation's objectives.

Short-term liabilities

Short-term liabilities are valued at nominal value.

Principles for determining the balance of income and expenditure

Grant income

Grants are allocated on the basis of the realised execution costs of a project, within the frameworks fixed in the grant decision.

Donations and gifts

Donations and gifts are recognised as income in the financial year of receipt.

Cost distribution

Costs for management and administration, fundraising and the various objectives are calculated on the basis of a distribution key in accordance with the Directive 650 Fundraising Organisations.

Balance of income and expenditures

The balance of income and expenditures is calculated based on the difference between the income attributable to the financial year and the expenditures required to realise it.

Explanatory notes to the balance sheet

	<i>All amounts are in euros</i>	
ASSETS	12/31/2021	12/31/2020
Tangible fixed assets		
Purchase value opening balance	54,783	93,229
Investments financial year	13,132	4,984
Divestments financial year	0	-43,430
	67,915	54,783
Depreciation up to the end of previous financial year	39,692	76,304
Depreciation financial year	8,989	6,818
Depreciation on divestment	0	-43,430
	48,681	39,692
Tangible fixed assets, book value 31-12-2020	19,234	15,091
All material fixed assets are designated to the organisation. This includes: computers (€ 14,175), furniture (€ 3,835) and office equipment (€ 1,224).		
Current assets		
<i>Grants to be received</i>		
Ministry of Foreign Affairs	23,386	23,225
Private funds	10,000	10,000
	33,386	33,225
<i>Prepayments</i>		
Funding of alliance partners	155,510	0
Pension fund	0	13,585
Other prepaid expenses	16,897	7,072
	172,407	20,657
<i>Other receivables</i>		
Amounts to be received	28,190	1,636
Donors	137	
Interest	0	4
Deposits paid	146	146
	28,473	1,786
Total receivables and prepayments	234,267	55,668

The grants to be received consist of the final settlement of the previous Ministry of Foreign Affairs project (€ 23,225) and of a contribution from a fund that transfers 10% of its donation later.

The prepayments mainly consist of a prepayment to our alliance partners (€ 155,510). Next to that there are some project costs for insurance and (software) services relating to 2022 (€ 16,897).

The amounts to be received consists of a donation for which we sent a payment request in 2021 (€ 25,000) and a WAZO benefit still to be received (€ 3,190).

Liquid assets	12/31/2021	12/31/2020
ASN savings account	996,673	635,238
Triodos savings account	0	117,464
ING savings account	744,250	249,028
ING current account	659,166	461,517
USD account ING	0	616
Cash - euro	185	185
Cash - foreign currencies	69	69
Total liquid assets	2,400,344	1,464,117

LIABILITIES

Reserves	Continuity reserve	Relocation
Book value 1 January 2021	680,468	34,723
Addition	96,842	0
Withdrawal	0	0
Book value 31 December 2021	777,310	34,723

Wemos aims to have a continuity reserve that is sufficient to be able to pay at least 4 months' salary (of all employees) and 4 months' general costs. The determination of the 4 month period is the result of a risk analysis which is done by Wemos twice a year. The wage costs for 4 months amount to approximately € 600,000 and the General costs (housing, office and depreciation costs) amount to approximately € 60,000. That means that this objective has been met.

In 2016, the decision was made to relocate the office of Wemos. For this reason, Wemos included a dedicated relocation reserve. In the period 2017-2020 Wemos has put that intention on hold because Wemos preferred to build on programme content and expand the workforce. With renewed funding commitments and a better financial situation, Wemos plans to move in 2022 and will use the reserve for this (see also the 2022 budget).

Designated funds	Designated funds
Book value 1 January 2021	53,479
Addition	0
Withdrawal	-53,479
Book value 31 December 2021	0

The funds that were in the designated fund were withdrawn from the fund in 2021. There has been no new addition to the fund.

Short-term liabilities	12/31/2021	12/31/2020
Taxes and contributions		
Income tax and social security contributions	68,678	67,526
	68,678	67,526

Grants to be spent and other benefits		
Ministry of Foreign Affairs	204,828	0
European Commission	168,421	0
Open Society Foundations	823,843	526,979
Unitaid	46,016	48,800
Action Aid	813	0
	1,243,921	575,779

Other short-term liabilities		
Payable to co-contractors	281,978	11,142
Creditors	70,209	21,447
Other amounts payable	4,794	4,591
Salaries and holiday allowance	101,613	38,065
Audit costs	18,755	20,730
Leave day reserve	51,863	26,925
	529,212	122,901
Total short-term liabilities	1,841,811	766,206

OBLIGATIONS NOT INCLUDED IN THE BALANCE

Ministry of Foreign Affairs

Wemos is the penholder of the Make Way programme that is financed by the Ministry of Foreign Affairs (MFA). The MFA has awarded a grant of € 27,379,331 for the period 2021-2025. The amount which is intended for Wemos is:

€ 7,692,460. The remaining funds are intended for Wemos' alliance partners.

On 31-12-2021, € 5,018,406 of this grant was transferred. Of this, € 1,327,200 was allocated to Wemos.

Open Society Foundations

The Open Society Foundations has awarded a grant of € 1,650,000 for the period 1 October 2020 to 30 September 2023. On 31-12-2021, € 1,100,000 of this grant was received. This means that Wemos can still look forward to receive an amount of € 550,000 as part of this grant in 2022.

IDA Charity Foundation

IDA Charity Foundation has awarded an unconditional grant of € 500,000 for the period 1 January 2020 to 31 December 2022. Until 31-12-2021, € 325,000 of this has been requested.

European Commission

The European commission has granted € 397,749 to Wemos and its alliance partners. We expect our alliance partners to spend € 299,503 in the next 17 months. So far our partners have received an amount of € 103,675.

Housing

Wemos has a rental contract with a tacit extension every two months. The notice period is also two months. The rent is indexed annually in June. As of 31 December 2021 the rent is € 40,533 per year; this is not subject to VAT.

Explanatory notes to the profit and loss account

INCOME	actual 2021	budget 2021	actual 2020
Income Wemos			
<i>Income from individual donors</i>			
Donors	9,830	7,000	8,145
Subtotal	9,830	7,000	8,145
<i>Income from companies</i>			
Companies	26,774	0	0
Subtotal	26,774	0	0
<i>Income from institutional donors</i>			
Ministry of Foreign Affairs	1,122,374	1,327,200	958,564
European Union	30,453	37,787	0
Subtotal	1,152,827	1,364,987	958,564
<i>Income from other not-for-profit organisations</i>			
Open Society Foundations	561,548	604,719	231,561
Unitaid	235,600	52,485	86,232
IDA Charity Foundation	150,000	150,000	175,020
Dioraphte	100,000	100,000	100,000
Action Aid	7,315	8,000	0
Other	0	110,000	0
Subtotal	1,054,463	1,025,204	592,813
INCOME WEMOS	2,243,892	2,397,191	1,559,522
INCOME ALLIANCE PARTNERS			
<i>Income from institutional donors</i>			
Ministry of Foreign Affairs	3,691,206	3,691,206	0
European Union	0	115,193	0
Subtotal	3,691,206	3,806,399	0
<i>Income from other not-for-profit organisations</i>			
Open Society Foundations	62,815	26,250	54,027
Unitaid	698,011	0	326,935
Subtotal	760,826	26,250	380,962
INCOME ALLIANCE PARTNERS	4,452,032	3,832,649	380,962
Other income	390	0	0
TOTAL INCOME	6,696,315	6,229,840	1,940,484

EXPENDITURES	<i>actual 2021</i>	<i>budget 2021</i>	<i>actual 2020</i>
Expenditures Wemos			
Personnel costs	1,491,819	1,619,431	1,146,336
Interim personnel	171,826	0	0
Other personnel costs	25,364	63,630	45,499
Project costs	349,132	571,691	487,019
Housing	58,254	88,000	60,244
Office and general expenses	67,543	61,250	54,561
Communication	12,295	15,000	0
Fundraising	7,631	10,000	42,393
Depreciation	8,989	24,000	6,818
EXPENDITURES WEMOS	2,192,855	2,453,002	1,842,870
Expenditures alliance partners			
Project costs Make Way	3,691,206	3,806,399	0
Project costs Human Resources for Health	62,815	0	0
Project costs Covid-19 Innovations For All	698,011	0	0
EXPENDITURES ALLIANCE PARTNERS	4,452,032	3,806,399	0
TOTAL EXPENDITURES	6,644,887	6,259,401	1,842,870
Financial income and expenditures	8,065	0	460
SURPLUS	43,363	-29,561	97,154

Wemos had an excellent year in 2021. Several programmes and partnerships were set up which resulted in a turnover close to 3.5 times higher than in 2020.

One of our donors, OSF, have indicated that due to strategic reconsiderations they will transition out funding Wemos from their global public health programme. More funds will be going through their regional offices. This means that an important source of income for Wemos will disappear in the medium term and therefore Wemos will try to seek funds through their regional offices. It also means that Wemos will be seeking for alternative fundraising possibilities in 2022.

NAME	MARIËLLE BEMELMANS	
Position	Managing Director	
EMPLOYMENT CONTRACT	2021	2020
Nature (duration)	permanent	permanent
Hours per week	36	36
Scope of employment (in fte's)	1,0	1,0
Period	1/1-31/12	1/1-31/12
REMUNERATION	EUR	EUR
Annual income		
Gross wages / salary	95,911	94,206
Holiday pay	7,637	7,358
Fixed year-end bonus	0	0
Payment of residual holidays	0	0
Total annual income	103,548	101,564
Taxed allowances / additions	2,194	3,447
Pension contribution (employer's part)	11,282	10,263
Pension compensation	0	0
Other long-term benefits	0	0
Payment for termination of employment	N/A	N/A
Total remuneration	117,024	115,274
Individual maximum applicable remuneration (WNT)	191,000	189,000
-/- Amount unduly paid	N/A	N/A

The annual income of the Managing Director (with an employment contract) € 103,548 remains within the maximum of € 140,780 (BSD score 455) according to the Regulations for the remuneration of directors of charitable organisations. On 23 April 2021, the remuneration committee of the Supervisory Board determined the BSD score of 455 on the basis of Regulations for remuneration of directors of charitable organisations.

Senior officials with a remuneration of € 1,700 or less

The Supervisory Board consists of the following members:

- ▶ Chair: Ed Rütters
- ▶ Vice-chair / secretary: Lejo van der Heiden
- ▶ Audit committee: Lejo van der Heiden / Ruud van den Hurk
- ▶ General members: Joep Verboeket / Thomas van den Akker / Ingrid van de Stadt

Wemos welcomed three new members of the Supervisory Board in 2021. These are Ruud van den Hurk, Thomas van den Akker and Ingrid van de Stadt. They were installed at the meeting of April 24, 2021.

The members of the Supervisory Board carry out their duties unpaid; all members are entitled to a reimbursement for incurred expenses of € 75 for each attended meeting.

Staff members with an employment contract do not receive higher remuneration than the Wemos director.

Cost allocation sheet

ALLOCATION	OBJECTIVES						Income Acquisition costs	Management and administration costs	Total 2021	Budget 2021	Total 2020
	SRHR & Health care for all	Covid-19 innovation for all	Finance for Health	Human Resources for Health	Access to Medicines	Total spent on objectives					
Advocacy by Wemos	263,241	29,838	0	34,712	21,340	349,132	0	0	349,132	545,441	487,019
Advocacy by alliance partners	3,691,206	698,011	0	62,815	0	4,452,032	0	0	4,452,032	3,832,649	0
Personnel costs	850,554	159,980	28,895	203,370	236,152	1,478,951	26,670	183,389	1,689,009	1,683,061	1,191,835
Housing	38,387	4,351	0	5,062	3,112	50,912	637	6,705	58,254	88,000	60,244
Office and general expenses	44,508	5,045	0	5,869	3,608	59,030	739	7,774	67,543	61,250	54,561
Communication	8,102	918	0	1,068	657	10,746	135	1,415	12,295	15,000	0
Fundraising	0	0	0	0	0	0	7,631	0	7,631	10,000	42,393
Depreciation	5,924	671	0	781	480	7,856	98	1,035	8,989	24,000	6,818
Total	4,901,921	898,815	28,895	313,678	265,349	6,408,659	35,910	200,318	6,644,887	6,259,401	1,842,870

In accordance with the Directive 650 for Fundraising Organisations, costs are allocated to the objectives, income and acquisition and management and administration. Allocation is carried out on the basis of the following principles:

- ▶ directly attributable costs are allocated as such;
- ▶ not directly attributable costs are allocated on the basis of a distribution key, based on the actual hours spend on the job.

PERSONNEL COSTS CAN BE SPLIT INTO:	actual 2021	budget 2021	actual 2020
Salaries	1,188,203	1,278,539	914,367
Social security costs	194,226	219,145	154,895
Pension costs	109,390	121,747	77,074
Other personnel costs	25,364	63,630	45,499
Interim personnel	171,826		
	1,689,009	1,683,061	1,191,835

The number of FTEs with an employment contract for a definite or indefinite period as of 31 December 2021 is 22.11 FTEs (24 employees). In addition, there are 3 interim employees who participate in Wemos' substantive programmes.

INDEPENDENT AUDITOR'S REPORT

To: the Supervisory Board and the Board of Stichting Wemos.

A. Report on the audit of the financial statements 2021 included in the annual report.

Our opinion

We have audited the financial statements 2021 of Stichting Wemos based in Amsterdam, the Netherlands.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of Stichting Wemos at 31 December 2021 and of its result for 2021 in accordance with the 'RJ-Richtlijn 650 Fondsenwervende organisaties' (Guideline for annual reporting 650 'Fundraising Organisations') of the Dutch Accounting Standards Board) and the Policy rules implementation of the Standards for Remuneration Act (WNT).

The financial statements comprise:

1. the balance sheet as at 31 December 2021;
2. the statement of income and expenditure for 2021; and
3. the notes comprising of a summary of the accounting policies and other explanatory information.

Basis for our opinion

We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing and the Audit Protocol WNT 2021. Our responsibilities under those standards are further described in the 'Our responsibilities for the audit of the financial statements' section of our report.

We are independent of Stichting Wemos in accordance with the Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in the Netherlands. Furthermore we have complied with the Verordening gedrags- en beroepsregels accountants (VGBA, Dutch Code of Ethics).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Oranje Nassaulaan 1
1075 AH Amsterdam
Telefoon 020 571 23 45

E-mail info@dubois.nl
www.dubois.nl
KvK nummer 34374865

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Compliance with rule against overlapping pursuant to the WNT not audited

In accordance with the Audit Protocol under the Standards for Remuneration Act ("WNT"), we have not audited the rule against overlapping as referred to in Section 1.6a of the WNT and Section 5(1)(n/o) of the WNT Implementing Regulations. This means that we have not audited whether an executive senior official exceeds the norm as a result of any positions as executive senior official at other institutions subject to the WNT, and whether the explanation required in this context is correct and complete.

B. Report on the other information included in the annual report.

In addition to the financial statements and our auditor's report thereon, the annual report contains other information that consists of the Board's report.

Based on the following procedures performed, we conclude that the other information is consistent with the financial statements and does not contain material misstatements.

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing these procedures, we comply with the requirements of the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements.

Management is responsible for the preparation of the other information, being the Board's report in accordance with Guideline for annual reporting 'RJ-Richtlijn 650 Fondsenwervende organisaties' (Guideline for annual reporting 650 'Fundraising Organisations').

C. Description of responsibilities regarding the financial statements

Responsibilities of the supervisory board and the Board for the financial statements.

The Board is responsible for the preparation and fair presentation of the financial statements in accordance with the Guideline for annual reporting 'RJ-Richtlijn 650 Fondsenwervende organisaties' (Guideline for annual reporting 650 'Fundraising Organisations') and the Policy rules implementation of the Standards for Remuneration Act (WNT). Furthermore, the Board is responsible for such internal control as the Board determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, the Board is responsible for assessing the organisation's ability to continue as a going concern. Based on the financial reporting framework mentioned, the Board should prepare the financial statements using the going concern basis of accounting, unless the Board either intends to liquidate the organisation or to cease operations, or has no realistic alternative but to do so.

The Board should disclose events and circumstances that may cast significant doubt on the organisation's ability to continue as a going concern in the financial statements.

The Supervisory Board is responsible for overseeing the organisation's financial reporting process.

Our responsibilities for the audit of the financial statements

Our objective is to plan and perform the audit engagement in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion.

Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

We have exercised professional judgement and have maintained professional scepticism throughout the audit, in accordance with Dutch Standards on Auditing and the Audit Protocol WNT 2021, ethical requirements and independence requirements.

Our audit included among others:

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management;
- concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organisation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause an organisation to cease to continue as a going concern.
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the supervisory board and the management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Amsterdam, 2 June 2022

Dubois & Co. Registeraccountants

ValidSigned door A.P. Buteijn RA
op 02-06-2022

A.P. Buteijn RA

Colophon

WEMOS FOUNDATION

Ellermanstraat 15-O
1114 AK Amsterdam-Duivendrecht
+31 020 435 20 50

info@wemos.nl
www.wemos.nl

Author: Wemos
Design: Piraña grafisch ontwerp

GRAPHICS AND ANIMATION

Infographic - Our Theory of Change: Jacqueline Hofstra ontwerp
Video - Make pooling work for Covid-19 vaccines: ExtraFazant

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FOTOCREDITS

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