ANNUAL REPORT

2008

wemos Health for All

Contents

Health for all: a human right

In 2008, the third year of our programme entitled Breaking the Vicious Circle (2006-2010), our focus continued to be on contributing to structural improvements to the situation of people such as Joyce Wafula. She represents the millions of people trapped in the vicious circle of poverty and ill-health. Wemos advocates for the right to health in partnership with our allies in the South and in the North. Our ultimate goal is to achieve a situation in which the health systems of developing countries adequately meet the needs of their population.

Our global context is changing rapidly. The global food and energy crisis have taken a dramatic toll on the poor and some predictions show that the financial crisis will have an even deeper and more damaging effect on the underprivileged than is currently apparent. From this perspective, Wemos' structural approach to giving the poor a voice and advocating for coherent and inclusive policies that aim to strengthen health systems is more urgent than ever.

Halfway through 2008 Wemos conducted a mid-term review of our 5-year programme. It revealed a positive image and an appreciation for the work of Wemos, as well as underlining our ideal of partner organizations in the South being able to make a strong case for their own advocacy issues. It is crucial that they coordinate their own advocacy process, that they have a determining role in setting agendas for international lobbying and that they provide reliable evidence. Therefore, we have further strengthened the links among local, national and international advocacy processes so that these lobbying tracks can mutually reinforce each other.

We look back on a year of hard work and we can be proud of the results accomplished, by us and by our partners, in advocating for improvements in the health sector.

Cily Keizer
Wemos Director




what









is in it..

Wemos' work: what's in it for Joyce?

Joyce Wafula lives in a small village in western Kenya. She is 50 years old and lives with her husband and four grandchildren. Three of her six children have died: two when they were very young, and one last year at the age of 30. Of her 20 grandchildren three have also died, of malaria. Joyce had hoped that time would bring change for herself and her family, but she is still a poor woman struggling to survive. She notices that the doctor in the nearest health centre is rarely present. On the radio she heard that the government plans to spend more money on health care, but she has not seen any effects of increased spending in her village yet.

Joyce Wafula's life represents the story of many women in Africa. She is a fictional person based on real circumstances, and Wemos advocates for the right to health of all people like Joyce. One of the focus areas of Wemos' work is on human resources for health, because the enormous shortage of medical personnel in developing countries has a detrimental effect on the functioning of the health system. In the North, Wemos lobbied successfully for increased attention to these problems in the Netherlands and in Europe. In the South, an analysis of gaps in the government health budget by our partner organization in Zambia, the Centre for Health Science and Social Research (CHESSORE), has already led to an increase in resources for maternal health and mental health.

These community budget monitoring activities provide the population with a voice to demand the health services that have been promised. Similar activities were developed by Wemos' partners in Bangladesh, Bolivia and Kenya.

Furthermore, Wemos has succeeded in putting the issue of ethical concerns in clinical trials on the agenda. The problem of underprivileged people in developing countries being used for unethical trials has finally received the attention it deserves: at the European level, the consideration of ethics in the drug registration process is now a priority.

Likewise, the Wemos nutrition lobby fought actively to get global malnutrition problems on the international agenda. We believe that increased attention to malnutrition on the part of international donors and policymakers will improve the chances for Joyce's children and grandchildren to grow up free from malnutrition.

..for Joyce?

South - North Collaboration

Wemos' collaborative relationships with organizations in the Southern hemisphere are concentrated on four countries: Zambia, Kenya, Bolivia and Bangladesh. In each of these countries, Wemos establishes long-term relationships with local organizations. Wemos works to systematically link local realities with national and international decision-making processes provoking structural changes in the health sector.

Wemos keeps its partner organizations informed on international policy discussions; it facilitates exchanges between organizations from different countries and stimulates them to strengthen and initiate networks, with the objective of inspiring and reinforcing capacities. In addition, Wemos has introduced the use of an advocacy planning and budget monitoring tool in order to provide evidence for the lobby and to structure the advocacy activities of our partners.

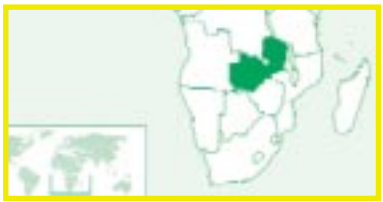
In our work in the four focus countries we concentrated on forming alliances with like-minded organizations and networks in order to provide lobbying with the clout required to change the situation. We are in the process of systematically supporting and facilitating a 'movement' of local civil society organizations that advocate for adequate health services in their own countries, as Wemos does in the Netherlands and internationally. In some countries we began forming networks of non-governmental organizations (NGOs), while in others we formed associations with already existing NGO networks.

The activities that our partner organizations in the South have employed in collaboration with Wemos will be presented in the following chapters. The demographic data presented in these chapters, when compared with the same indicators for the Netherlands, are staggering.

Demography	**Netherlands**
Population	16.5 million
Life expectancy at birth	Men: 78; women: 82
% children 0-5y underweight	0 %
Number of doctors per 10,000 inhabitants	37 doctors
Government expenditure on health, per capita	$ 2311

(Source: World Health Organization)

South - North Collaboration: Zambia



Demography	**Zambia**
Population	11.7 million
Life expectancy at birth	Men: 42; women: 43
Percentage of children 0-5y underweight	23.3 %
Number of doctors per 10,000 inhabitants	1 doctor
Government expenditure on health, per capita	$ 17
Partner	
Name of the partner organization	Centre for Health Science and Social Research (CHESSORE)
Collaboration started with Wemos	2003
Region of work	At the national level, the Zambian organization CHESSORE is active in the capital Lusaka. In addition, CHESSORE has established activities in four districts: Lusaka, Chama (Eastern Province), Chingola (Copperbelt Province) and Choma (Southern Province).

CHESSORE

The Zambian organization CHESSORE engages in health research with the aim of using the results to influence policymakers. It also provides training in research skills. At the district level, CHESSORE works closely with the local population.

Activities

The main focus of CHESSORE's collaboration with Wemos is monitoring health budgets. This is an important tool in improving the quality of health care. CHESSORE examined the government health budget in order to inform communities about national plans. It is important to have insight into the health budgets not only at the national level, but also at the district level. In 2008, local health structures disclosed the district budgets for the first time, under pressure from CHESSORE.

CHESSORE analysed the health situation and evaluated differences in four districts in the country (rural or urban, remote or central). Additionally, they developed community-based structures in these districts, called Equity Gauges, which analysed the health budgets and tracked whether resources actually arrived at their intended destinations. This permits an evaluation of whether the expenditures were appropriate, and the needs of the community can be addressed. CHESSORE compiled this information and presented it to members of the national parliament.

Results

During analysis of the health budgets, gaps in financing for maternal health and mental health were found. Discussion of these findings with parliamentarians has resulted in budget adjustments and an increased allocation of resources. Another success is that the Equity Gauges was requested in one district to help think of solutions to the lack human resources for health in the district.

An illustrative example of a positive result of budget monitoring is the case of Chama hospital. Until 2008 there was no hospital at all in Chama district, although politicians had promised to build one since 2004. In 2007, CHESSORE took this issue up with the Ministry, but got no response. It took active pressure until February of the next year, when the Ministry announced that it had allocated resources to begin construction.

However, by October funds had still not been released. After more inquiries, the first batch of funds was released later that month. Construction has finally started, and CHESSORE regularly checks on the site to ensure the successful establishment of a greatly needed hospital.

Wemos' role

Wemos has played an advisory role in the process of health policy and budget analysis, and has connected CHESSORE to other important actors in the health sector, including donor representatives and civil society organizations. Wemos has also provided financial and capacity building support.

'CHESSORE takes health issues from the local communities to the national level, and Wemos raises this voice to the international level.'

Thabale Jack Ngulube, Chief Executive, CHESSORE

South - North Collaboration: Kenya

Demography	**Kenya**
Population	36.6 million
Life expectancy at birth	Men: 52; women: 55
Percentage of children 0-5y underweight	16.5 %
Number of doctors per 10,000 inhabitants	1 doctor
Government expenditure on health, per capita	$ 11
Partners	
Name of the partner organization	Great Lakes University of Kisumu (GLUK)
Collaboration started with Wemos	2008
Region of work	GLUK is active in several Kenyan provinces, including Nyanza Province; Western Province; Nairobi; Rift Valley Province; and Central Province.
Name of the partner organization	Health NGOs Network (HENNET)
Collaboration started with Wemos	2008
Region of work	HENNET's office is situated in the capital, Nairobi, but it is a network of 72 civil society organizations all over Kenya.
Name of the partner organization	Consumer Information Network (CIN)
Collaboration started with Wemos	1999
Region of work	CIN is based in Nairobi, but has members all over the country.

New partnerships

Wemos has begun working with two new partner organizations in Kenya: the Great Lakes University of Kisumu (GLUK) and the Health NGOs Network (HENNET). GLUK has a good reputation in monitoring and data analysis at the district and community level of health provision, whereas HENNET is an advocacy network with 72 member organizations that operates at the national level and participates in ministerial meetings and donor consultations.

Activities in 2008

Wemos supported the Consumers Information Network (CIN) which analysed and commented on the Kenyan National Food and Nutrition Policy paper. Furthermore, capacity building was expanded and will continue into 2009. Together with CIN and GLUK, workshops were organized at the district level to disseminate the results of a 2007 study on the impact of donor-funded programmes on human resources in the health sector. In collaboration with HENNET, Wemos organized a roundtable meeting

in Nairobi to explore the interest in and the need for setting up a Health and Poverty Portal, an online platform on the subjects of health and poverty.

Results achieved

Feedback from health workers in Nyanza Province to local NGOs and government resulted in an advocacy message to the Kenyan government, demanding that it ensure the coordination of externally funded programmes and draw up guidelines that correspond to local needs.
A promising connection between GLUK, HENNET and Wemos has been established. Working at different geographical levels has created opportunities for working complementarily in our aim to strengthen health systems. One result that has already been achieved is the strengthening of HENNET's advocacy capacities. Also, the idea for the creation of the Health and Poverty Portal received widespread support by HENNET members and will be followed through.

Wemos' role

With its two new partners, Wemos can facilitate joint advocacy, highlighting the policy implications of the community work carried out by GLUK and strengthening the capacity of HENNET in its role as advocate and capacity builder for its members. In this way, data collected at the community level can be used for national advocacy and subsequently for the identification of points of entry to the international lobby.

'Wemos increases our consciousness of the importance of advocacy. Since we are a new partner of Wemos, we will need capacity building on this aspect.'

Dr Dan Clement Owino Kaseje, Vice Chancellor, Great Lakes University of Kisumu

South - North Collaboration: Bolivia

Demography	**Bolivia**
Population	9.3 million
Life expectancy at birth	Men: 64; women: 67
Percentage of children 0-5y underweight	5.9 %
Number of doctors per 10,000 inhabitants	12 doctors
Government expenditure on health, per capita	$ 44
Partner	
Name of the partner organization	Acción Internacional por la Salud (AIS)
Collaboration started with Wemos	1999
Region of work	Acción Internacional por la Salud (AIS) has its head office in the Bolivian capital of La Paz and is active in 12 regional groups throughout the country.

AIS

AIS Bolivia is a consumer organization dedicated to promoting human rights and focusing on health-related topics. The organization monitors national and international policy and studies how they influence people's health. AIS also supports regional groups, helping them claim their consumer and health rights.

Activities in 2008

In 2008 AIS was involved in the creation of various health-related laws. It provided information and technical support to policymakers, and supplied advice on the formulation of specific paragraphs and policies, the most important of which was the drafting of a new Bolivian constitution.
Furthermore, AIS was involved in the creation of several laws covering medicines, including a new law regulating the quality control of drugs in pharmacies and another on drug pricing. In the Malnutrition Zero programme, AIS was involved in redesigning a law endorsing breastfeeding, which included restrictions on the promotion of breast milk substitutes. AIS also organized a training workshop on budget tracking for other civil society organizations. Another seminar was organized in May on the effectiveness of aid in the health sector. All major donor organizations in Bolivia were present and engaged in discussions with representatives from civil society.

Adoption of a new constitution

AIS has successfully lobbied for additional aspects of the right to health to the new Bolivian constitution, which was adopted in January 2009 and now includes sections on the right to health, health insurance for all, access to essential medicines, the right to food and food safety, consumer and patient rights, civil society participation in public policies, and the allocation of resources to prevention and promotion in the health care realm.

Furthermore, the newly accepted law on drug quality and the law on patents and drug pricing better protects consumers' rights and needs, as a result of efforts by AIS. The prospects for 2009 are good, since the new constitution and laws provide a better legal framework for working towards health for all. The essential work now is monitoring the proper implementation of this framework.

'We approach health from a human rights perspective.'

Rodrigo Urquieta, Project Coordinator, AIS

Wemos' contribution

Besides funding various AIS activities, Wemos shares information and provides technical support for AIS' advocacy issues. The two organizations engage in co-lobbying national authorities and donor organizations, proving that having an international organization behind AIS increases the credibility of its lobby.

South - North Collaboration: Bangladesh

Demography	**Bangladesh**
Population	156 million
Life expectancy at birth	Men: 63; women: 63
Percentage of children 0-5y underweight	39.2 %
Number of doctors per 10,000 inhabitants	3 doctors
Government expenditure on health, per capita	$ 3
Partner	
Name of the partner organization	Development Organization of the Rural Poor (DORP)
Collaboration started with Wemos	2003
Region of work	6 sub districts (Upazilas) in Bangladesh

DORP

DORP is a non-governmental organization dedicated to delivering services to the most vulnerable population groups in Bangladesh. DORP aims to fight poverty and promote compliance with human rights conventions. DORP empowers the poor to improve their social and economic position.

Activities in 2008

DORP's main activity, in collaboration with Wemos, was monitoring budgets and the advocacy of health and family planning issues in Bangladesh. Budget clubs were established in six sub-districts, with membership consisting of key persons from the communities. These clubs serve as a platform for informing communities about policies and budgets regarding health issues, as well as a voice from the communities, helping to enhance the utilization of health budgets. They demanded and negotiated the implementation of health policies that benefit the underprivileged. Information gathered at the local level was used as input for lobbying and advocacy efforts at the national level to improve the delivery of essential services.

DORP trained members of the local health budget clubs to lobby for an improvement of health care quality and to map actual health care spending in order to convince local policymakers that certain issues needed improvement. This had an immediate effect. They uncovered the frequent absence of doctors in particular posts, and substantially reduced doctor absenteeism due to pressure from the local population.

Results

The budget clubs are up and running, and with time they have acquired methods by which to represent their community and to convince local policymakers that certain issues need improvement. Gradually the government has begun to see the value of community-based budget monitoring activities and to accept them. Although the idea was perceived to be insignificant at first, in time government bodies and health centres have seen that the system is producing clear results and benefits.

Wemos' role

Besides providing capacity building and funding for activities in the areas of health budget monitoring and advocacy, Wemos supplied DORP with technical input for the development of tools and with guidelines for health budget monitoring. Wemos is a member of the Bangladesh Platform on Development and Human Rights (BOOM), consisting of Dutch NGOs working with local NGOs in Bangladesh. In 2008 the BOOM subgroup on health was reactivated. It is committed to developing joint activities on health monitoring and advocacy with local partners.

'In time government bodies and health centres have seen that budget monitoring helps them to identify bottlenecks in the implementation of health policies.'

A.H.M. Nouman, Secretary General DORP

Advocacy

The international health sector is a complex one. There are many players, with sometimes overlapping or even competing agendas and activities. Some private foundations spend more on health-related issues than agencies of the United Nations, such as Unicef, or the World Bank. Global efforts for health improvements are fragmented, and accountability to people in developing countries is virtually nonexistent.

As a small player in this field, advocating for structural solutions, Wemos needs to be smart. Wemos has a strong history in building coalitions, engaging people and organizations who have different expertise and work at different levels in working towards a common objective.
Advocating for structural solutions involves addressing broader underlying problems. This in turn requires a long view, since concrete progress is sometimes difficult to perceive. In addition, policy making and implementation are not straightforward and linear processes. Policy change is dependent on many factors and actors outside the control of an organization such as Wemos. Therefore, we choose to work on a small number of specific issues that highlight and illustrate the underlying structural failures of the health systems in developing countries.

These are:
1. Resources for Health (with a focus on **health personnel**)
2. Nutrition (with a focus on effective approaches to address **malnutrition**)
3. Medicines (with a focus on **ethical clinical trials**)

All of the issues Wemos works on address an aspect of the right to health: the obligation to protect (against adverse effects by other actors), to respect (in other policy areas) and to promote health by taking progressive measures in the health sector with respect to prevention, cure and care.

EVERYBODY HAS THE RIGHT TO HEALTHCARE

Commission on Human Rights And Administrative Justice
Sponsored by United Nation Development Programme

Advocacy: Medicines

Guinea pigs

Increasingly, new drugs are being tested on people in developing countries. Ethical guidelines are often not respected by pharmaceutical companies carrying out clinical trials in developing countries. Since 2006 Wemos has carried out a project that aims to protect the rights of trial subjects in developing countries.

Activities

- In February, two reports were launched that contain new evidence supporting our case: *A Bitter Pill* by Wemos, and *Ethics for Drug Testing in Low and Middle Income Countries. Considerations for European Market Authorisation* by the Centre for Research on Multinational Corporations (SOMO).
- Messages of support followed from various quarters. The Dutch national newspaper *Trouw* openly sided with policy recommendations formulated by Wemos. Doctors' organizations from more than thirty countries, united in the Comité Permanent des Médecins Européens (CPME), also pledged support for the case. Parliamentarians in both the Netherlands and in the European Commission raised the issue.
- On International Clinical Trials Day, May 20, we led a coalition that wrote a letter lobbying the Dutch ministries of Health, Welfare and Sport and Foreign Affairs. This coalition consisted of SOMO, Health Action International (HAI) Europe, the European Federation of Medical Students' Associations (EMSA) and Farmacie Mondiaal.
- Wemos supported the initial meeting of the Latin American Network on Ethics and Medicines (RELEM) in Buenos Aires, and the publication of a book on clinical trials in Latin America which will be finalized halfway 2009.
- In December, together with Chantal Gill'ard, member of the Dutch parliament (Dutch Labour Party), and Dorette Corbey, member of the European Parliament (Dutch Labour Party), we organized a meeting in the Dutch parliament where representatives of all actors were present.
- Also in December, we launched an interview with the Indian doctor Amar Jesani on unethical medical experiments in India, broadcast on YouTube.
- In the second half of 2008, Wemos prepared a Call for Ethical Clinical Trials in Developing Countries, a call for action directed at policy-makers, regulators and pharmaceutical companies.
- With the support of Wemos and SOMO, the Centre for Studies in Ethics and Rights (CSER) in India conducted a study on ethical concerns in clinical trials.

A mind shift has taken place

At the end of 2008 we can conclude that a shift in mind-set has taken place. At the end of 2008 representatives of the European Commission noted that the issue is now on their priority list. Furthermore, the vice president of the Dutch Medicines Evaluation Board stated in December 2008 that at the European level there are plans to give priority to ethics in the registration process; he emphasized that Wemos had successfully put this issue on the agenda.

Prospects

Wemos launched a new campaign called FairDrugs.org in February 2009. The study by CSER, the Call and two articles in the Dutch national newspaper *Trouw* generated a new wave of political and media attention to the issue of ethical testing for 2009. We will continue our advocacy until the European drug regulatory authorities guarantee that unethically tested drugs will not enter the European market.

Wemos has successfully put the issue of ethics in clinical trials on the European Agenda

Advocacy:
Resources for Health

Refining our focus

In 2008 we decided to focus our advocacy work on Human Resources for Health because health care is a labour-intensive sector and as such the workforce is a key building block of a health system. Wemos believes that general efforts to strengthen health systems will be more beneficial in the long run than funding disease-specific programmes. Supported by the requests of our partners in the South, Wemos has taken up the above issues with policymakers and with members of parliament.

Activities

- Wemos, in a joint effort with Cordaid and Oxfam Novib, initiated a Dutch NGO advocacy group working in the area of Human Resources for Health.
- Throughout the year we submitted several letters to parliamentarians and to the Dutch Minister of Development Cooperation demanding that attention be given to the shortage of health workers. This resulted in a motion put forward by the CDA, SP and PvdA political parties in June 2008.
- During the first global forum of the Global Health Workforce Alliance (GHWA) in March in Uganda, contacts were established with the Advocacy Initiative. Via this network we have contributed to the development of a code of conduct for NGOs to support the strengthening of health systems at the national level in countries that are most in need.
- The knowledge gained in working with the GHWA was also transferred to our partners. This has already initiated research in Zambia on the effects of single-issue funding; results are expected in 2009.
- At the European level there is an ongoing discussion about the development of a European Blue Card scheme to facilitate the immigration of highly skilled professionals. This scheme threatens to further exhaust the health workforce in developing countries, and consequently Wemos and the Evert Vermeer Foundation have taken this issue further at a meeting in Brussels.

- The outcomes of our 2007 studies on the influence of single-issue programmes on the health situation in Kenya and Zambia were presented on various occasions:
  - In the United Kingdom, during a conference of the International Federation of Health and Human Rights Organizations (IFHHRO), in a panel discussion on Migration and Brain Drain.
  - During a lunch session at the Dutch Ministry of Foreign Affairs.
  - During the annual Africa Day in April in The Hague.

Moreover, the outcomes of these studies have been incorporated in a scientific article which is expected to be published in 2009.

- We co-organized a public event in November around the launch of Global Health Watch II, the alternative World Health Report.

In the Netherlands
we have 37 doctors
per 10,000 inhabitants,
whereas countries like
Zambia and Kenya have to
survive with only one.
Wemos fights for
a more equal distribution
of health personnel

- Wemos has contributed input to the development of various policies, codes of practice and charters, including: the WHO Draft Code of Practice on Ethical Recruitment; the WHO Draft Code of Practice on the International Recruitment of Health; the WHO-EURO Charter on Health Systems: Health and Wealth and the Dutch draft policy on HIV/AIDS and reproductive health.

Continuing to draw attention

Wemos successfully contributed input to various WHO codes of practice and charters on this topic. We and our partners in the South will continue to draw attention to strengthening health systems and to the need for sufficient financial and human resources for health.

Advocacy: Nutrition

Nutrition problems in the world are enormous: globally, one in three child deaths is related to malnutrition. Malnutrition is both a cause and consequence of the devastating burden of poverty and illness. International institutions such as the World Bank recognize the importance of addressing malnutrition, but few coordinated efforts have been put into place. Wemos' goal for 2010 is to appeal for effective approaches that will address malnutrition in national, regional and international policies and programmes.

Activities

- Wemos participated in the debate 'Food for fuel: how do we stop hunger?' (organized by LUX, Nijmegen in May) and established contacts with several parliamentarians.
- Wemos attended the yearly World Food Day event on October 16 and questioned Minister Verburg (the Dutch Minister of Agriculture) on nutrition security.
- In collaboration with parliamentarians Waalkens (PvdA) and Ferrier (CDA), Wemos prepared a motion to include nutrition in the Dutch food security plan outlined in the policy note from the Ministry of Foreign Affairs and the Ministry of Agriculture ('Agriculture, rural economic development and food security').
- Wemos and PLAN Netherlands published an essay in *Vice Versa* raising the importance of malnutrition.
- Wemos took part in the newly established working group on nutrition in developing countries in the Netherlands. Other partners are Wageningen University, Unilever, PLAN Netherlands, UNICEF, ICCO and Save the Children. The goal of the working group is to get malnutrition back on the Dutch development agenda and to develop policy and implementation plans to structurally address malnutrition.
- Together with Save the Children in the United Kingdom and Action Contre la Faim in France Wemos started an initiative to create a European NGO Advocacy Group for nutrition, called 'ENGAGE for Nutrition'. The group now covers 9 countries, including the United Kingdom, the Netherlands, Spain, Germany, Sweden, Ireland, Italy, France and Norway, and is still expanding. The group seeks to harmonize and coordinate national efforts, and to encourage increasing attention to the issue at a European level.

Turn commitments into action

Throughout the year, close contact has been established with Dutch parliamentarians and policymakers from the Ministry of Foreign Affairs. The motion prepared by Wemos and parliamentarians Ferrier and Waalkens was adopted in November. It was supported by the entire House of Parliament and received a positive response from Minister Koenders of Development Cooperation. More importantly, this motion opens the way to creating substantial attention to malnutrition on the part of Dutch policymakers. Wemos believes that the size and urgency of the problem require increased and effective donor support. Wemos will therefore remain actively involved in the Dutch and European working group on nutrition in order to see to it that initial commitments are increased and turned into action.

Tackling malnutrition plays a crucial role in the battle against poverty

Communications

To be able to mobilize public and political support, support groups need a clear picture of Wemos' profile. Building a sharp and clear profile among our target groups has been one of the main objectives this year. This profile includes claiming thought leadership on our core issues, like the ethics of clinical trials. Our strategy turned out to be very successful.

Shift in campaigning strategy

The most common way to keep our supporters informed is through the website and our newsletter. In previous years, our campaigns were often focused on mobilizing public support via these channels.

However, a shift in campaigning strategies has taken place: in our Medicines Campaign in 2008 we concentrated our efforts on creating media attention. Wemos appeared more than 100 times in the media in 2008, including 22 times internationally, such as in *European Voice* and *De Morgen*. Thirty-six articles by or about Wemos appeared in the print media in the Netherlands, in *Trouw*, *De Pers, Vice Versa* and *OnzeWereld*, among others. The Medicines Campaign in particular generated a lot of publicity about the issue 'Ethical Clinical Trials in Developing Countries'. Seven radio interviews were given, including BNR News Radio and Radio 1.

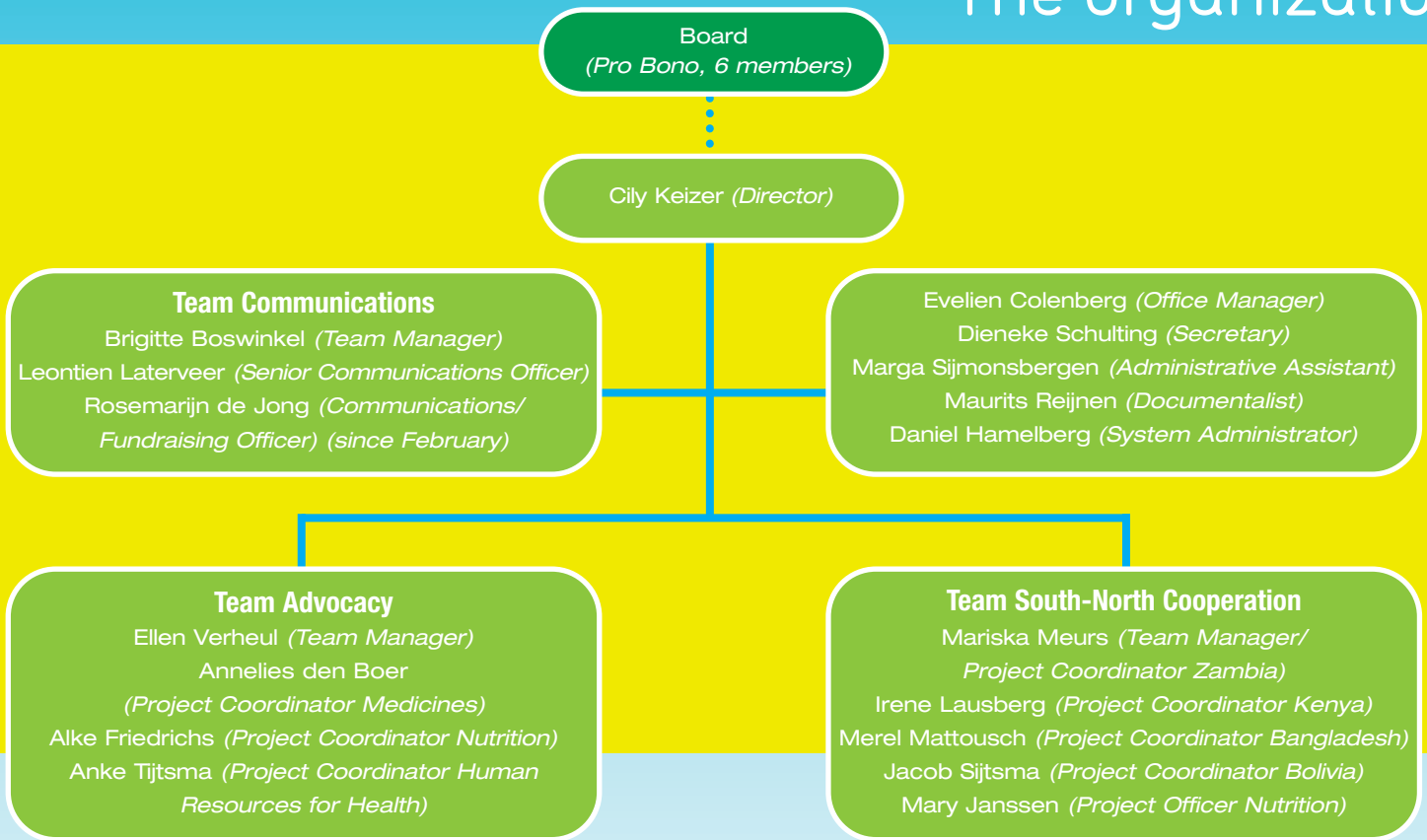
Support groups
We expanded our core support groups from Dutch to European: from the International Federation of Medical Students' Associations in the Netherlands (IFMSA-NL) to the European Medical Students' Association (EMSA) and the Comité Permanent des Médecins Européens (CPME). The EMSA supported the lobby against the unethical testing of medicines in developing countries.

Lessons and lectures
Wemos was invited to give 15 lectures in the Netherlands and abroad, on Medicines (8), Resources for Health (5), Nutrition (1) and Advocating for Health (1). Wemos staff gave lectures at faculties of medicine at Dutch universities and also to students of international development studies and international health law.

Looking forward
In 2009 we are planning to launch a new website and intensify our contacts with our support groups and with other health, human rights and development organizations. Events around the topics Wemos addresses will be organized beginning on World Health Day, April 7.

Media attention helps in mobilizing members of the Dutch and European Parliament

The organization



Moved on

Marc Postelmans
Frédérique Kram

Board

Kick Visser (Chair)
Loes Valk (Secretary)
Oscar van Agthoven (Treasurer)
Ankie van den Broek (Board member)
Jos Dusseljee (Board member)
Chris Knoet (Board member)

Wemos' partners

Acción Internacional por la Salud (AIS), Bolivia
Centre for Health Science and Social Research (CHESSORE), Zambia
Centre for Studies in Ethics and Rights (CSER), India
Consumer Information Network (CIN), Kenya
Civil Society Trade Network Zambia (CSTNZ), Zambia
Development Organization of the Rural Poor (DORP), Bangladesh
Eastern and Southern African Small Scale Farmers Forum (ESAFF), Zambia
Great Lakes University of Kisumu (GLUK), Kenya
Health NGOs Network (HENNET), Kenya
Latin American Network on Ethics and Medicines (RELEM), Latin America
Nutrition Association for Zambia (NAZ), Zambia

Networking

Action for Global Health (AfGH)
Bangladesh forum on development cooperation and human rights *(Bangladesh Overleg Ontwikkelingssamenwerking en Mensenrechten)*
BOOM
Centre for Research on Multinational Corporations (SOMO)
Corporate Social Responsibility Platform *(Maatschappelijk Verantwoord Ondernemen Platform)*
Dutch Platform Millennium Goals (EEN)
Dutch Working Group on Nutrition in Developing Countries
European Federation of Medical Students' Associations (EMSA)
European Food Security Group (EFSG)
European Network on Debt and Development (Eurodad)
European NGO's Advocacy Group for nutrition (ENGAGE for nutrition)
Farmacie Mondiaal
Food Trade and Nutrition (FTN) coalition
Global Health Education Project
Global Health Workforce Alliance (GHWA)
Health Action International (HAI)
Health Workforce Advocacy Initiative (HWAI)
Jubilee The Netherlands
Co-financing programme related broad network on Bolivia *(Mede-financierings Programma Breed Netwerk Bolivia)* MBN Bolivia
Co-financing programme related broad network on Zambia *(Mede-financierings Programma Breed Netwerk Zambia)* MBN Zambia
Netherlands Platform for Global Health Systems and Health Policy Research
Partos, Umbrella association for Dutch NGOs in the international development cooperation sector
People's Health Movement (PHM)

Financial statements

Abbreviated financial statements for the year 2008

Amounts in euros (EUR)

The unabridged financial statements 2008 (in Dutch) can be obtained or consulted at www.wemos.nl.

Balance sheet as at December 31, 2008

	31 December 2008		31 December 2007	
Assets				
Material fixed assets		46,530		66,343
Current assets				
Subsidies	309,719		143,649	
Other receivables	37,176		33,806	
Cash and cash equivalents	367,618		517,318	
		714,513		694,773
Total assets		761,043		761,116
Equity and liabilities				
Reserves and funds		488,718		486,302
Short term liabilities				
Taxation	36,788		29,333	
Subsidies payable	14,964		27,065	
Debts to subcontractors	69,197		69,039	
Other short term liabilities	151,376		149,377	
		272,325		274,814
Total equity and liabilities		761,043		761,116

Statement of income and expenses for the financial year 2008

	2008		2007	
INCOME				
Income own fund raising	340,081		546,347	
Share in actions by third parties	70,000		70,000	
Subsidies from government	929,256		928,649	
Investment income	10,214		9,696	
Other income	31,148		70,533	
TOTAL INCOME		**1,380,699**		**1,625,225**
EXPENDITURES				
Expenditures for objective				
To strengthen national health systems that contribute to the structural improvement of people's health through advocacy		1,178,880		1,645,606
Costs of generating income				
Own fund rasing expenses	19,090		1,901	
Expenses for share in actions by third parties	13,876			
Expenses for subsidies	23,128			
		56,094		1,901
Management and administration				
Expenses for management and administration		143,329		
TOTAL EXPENDITURES		**1,378,283**		**1,647,507**
RESULT		**2,416**		**-22,282**
ALLOCATION OF RESULT				
Addition to/withdrawal from				
- continuity reserve	2,416		-22,282	
	2,416		**-22,282**	

Explanatory notes to the abbreviated financial statements for the year 2008

Specification and breakdown of expenditures according to allocation

Allocation	Objective	Generating income			Management and administration	Realization 2008	Realization 2007
Expenditures	Advocacy for health	Own fund raising	Actions by third parties	Subsidies			
	EUR	EUR	EUR	EUR	EUR	EUR	EUR
Subsidies and contributions to Southern partners	182,699					182,699	374,690
Lobbying	189,704					189,704	50,778
Publicity and communication	44,299	587				44,886	101,481
Personnel	610,345	14,817	11,113	18,521	114,780	769,576	908,443
Housing	72,688	1,765	1,323	2,206	13,669	91,649	95,890
Office and organization costs	64,663	1,570	1,177	1,962	12,160	81,532	91,022
Depreciation and interest	14,464	351	263	439	2,720	18,237	25,203
Total	**1,178,860**	**19,090**	**13,876**	**23,128**	**143,329**	**1,378,283**	**1,647,507**


GHANA

Valuation standards

General
The financial statements are prepared on the basis of the historical costs convention. Unless stated otherwise, all assets and liabilities are valued at their nominal value. Donations and gifts are recognized in the year in which they are received. Provided subsidies are recognized in the year they relate to. Costs are included in the year in which they are incurred and will be accrued if foreseeable. The report has been drawn up according to the “Directive 650 Fundraising Institutions (revised 2007)” (”Richtlijn 650 Fondsenwervende Instellingen (herzien 2007)”) of the Council of Annual Reporting (Raad voor de Jaarverslaggeving), in accordance with the recommendations of the Central Bureau Fundraising (Centraal Bureau Fondsenwerving) for fundraising institutions. The comparative figures The prior years' figures have been where possible reclassified to conform with the new directive.

Comparative figures
The presentation of the balance sheet had been altered this year. The long term assets and liabilities relevant to long term subsidy contracts are balanced where in previous years both assets and liabilities were represented on the balance sheet. As a consequence the balance sheet total is lower than in previous years.

Fixed assets
The fixed assets are valued at the historical cost-price less a straight line depreciation charge for the year. The depreciation is based on the expected economic lifetime and is calculated according to a fixed percentage of the historical cost-price minus expected residual value. Fixed assets purchased during the year are depreciated proportional for the remaining period of the year.
Inventory is valued at the historical cost-price less a straight line depreciation of 20% a year;
Computer hard- and software are valued at cost-price less a straight line depreciation of 33.3% a year;
Renovations building are valued at the historical cost-price less a straight line depreciation of 10% a year.

Current assets
The current assets are expected to mature within one year. They are valued at nominal value after deduction of necessary provisions for insolvency, based on the individual valuation of the receivables.

Reserves and funds
The reserves and funds are designated to the foundation's objectives. The part of the reserves which are not recognized as fixed reserves set apart for the foundation's objectives, is presented as continuity reserve.

Foreign currency
Transactions arising in foreign currencies are translated into Euros at the exchange rate prevailing at the date of transaction. At year-end, assets and liabilities denominated in foreign currencies are translated into Euros at the exchange rate prevailing at balance sheet date. Resulting currency exchange results are included in the statement of income and expenditure.

Donations and gifts
Donations and gifts and subsidies are recognized as income in the year to which they relate.

Subsidies
Only subsidies from governments, including the European Union and similar international institutions, governmental institutions and public bodies, are presented under the heading 'Subsidies from governments'. Subsidies from others are presented under the heading 'Income from own fund raising'. Subsidies consist of contributions which have been related to the costs of execution of the project by the supplier. All subsidies are recognized in the year of report as far as the subsidy is granted to the year of report. Subsidies which have been granted, but which are not allocated in the year of report are presented as assets.

Allocation of costs
Costs are allocated to the foundation's objectives on the basis of generally accepted principles on accounting. The costs of organization are allocated to the expenses made by the foundation for collecting funds and the expenses made for the realisation of the foundation's objectives. Allocation of the costs will take place according to a fixed percentage. Direct costs related to the projects are recognized as costs related to the foundation's objectives. Direct costs accountable to the collection of funds are recognized as costs related to the collection of funds.

MAZARS

Auditor's report

To the board of Stichting Wemos:

Introduction

We have audited whether the accompanying abbreviated financial statements of Stichting Wemos, Amsterdam for the year 2008 have been derived consistently from the audited financial statements of Stichting Wemos, for the year 2008. In our auditors' report dated 25 March 2009 we expressed an unqualified opinion on these financial statements. The foundation's management is responsible for the preparation of the abbreviated financial statements in accordance with the accounting policies as applied in the 2008 financial statements of Stichting Wemos. Our responsibility is to express an opinion on these summarized financial statements.

Scope

We conducted our audit in accordance with Dutch law. This law requires that we plan and perform the audit to obtain reasonable assurance that the abbreviated financial statements have been derived consistently from the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, these abbreviated financial statements have been derived consistently, in all material respects, from the audited financial statements for the year 2008.

Emphasis of matter

For a better understanding of the foundation's financial position and results and the scope of the audit, we emphasize that the abbreviated financial statements should be read in conjunction with the unabridged financial statements for the year 2008, from which the abbreviated financial statements were derived and our unqualified auditors' report thereon dated 25 March 2009. Our opinion is not qualified in respect of this matter.

Amsterdam, April 23, 2009

MAZARS PAARDEKOOPER HOFFMAN N.V.
P.O. Box 7266 - 1007 JG Amsterdam, The Netherlands

L. van Garderen RA
(certified accountant)

Wemos contributes to the structural improvement of people's health in developing countries through advocacy

Wemos
Ellermanstraat 15-0
P.O. Box 1693
1000 BR Amsterdam
The Netherlands

tel +31 (0)20 435 2050
fax +31 (0)20 468 6008
e-mail info@wemos.nl

website www.wemos.nl

Colophon
Text: Wemos
Photos: Roel Burgler
Design: www.ingerdesign.nl
Printing: Avant GPC, Groenekan

Wemos is financed through the Netherlands Ministry of Foreign Affairs, Cordaid, PSO, DOEN Foundation, ICCO, Liberty Fund, private donations and receives subsidies from several other organizations.