



# ANNUAL REPORT 2005

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**WEMOS ENVISAGES  
A WORLD IN WHICH  
EVERY PERSON CAN  
REALIZE HIS OR HER  
RIGHT TO THE HIGHEST  
ATTAINABLE STANDARD  
OF HEALTH**

# Foreword



Wemos is on the threshold of its silver jubilee. 25 years ago, in 1981, Wemos was founded by medical students who believed that too little attention was being paid to the structural causes of ill health in developing countries. Started by volunteers, Wemos has developed over the years into a professional organization with twenty paid members of staff.

**In the earlier days Wemos focused its attention on raising awareness in The Netherlands. In the course of the years, the focus has shifted towards influencing international policies so that they contribute to the structural improvement of people's health in developing countries. Illustrations of our approach in 2005 are: The campaign "Access to Health Care for All"; our support to the three international White Band Days; the impact of the Food, Trade and Nutrition coalition during the summit of the World Trade Organization in Hong Kong; and the debt relief of eighteen developing countries, for which Wemos and many other organizations fought for over so many years.**

**2005 was also significant for Wemos because we decided on our new programme for 2006-2010 entitled "Breaking the vicious circle". The Netherlands Minister for Development Cooperation approved of this programme and decided to financially support the major part of our work for the coming five years. The positive reception by the minister of our strategies and themes forms a valuable incentive for the Wemos staff to continue what was started 25 years ago.**

**We look forward to celebrating our 25th anniversary in November 2006, together with the Wemos founders, partners from the South and the North, and many others.**

**Nina Tellegen  
director**

# Health for all

Millions of people are trapped in a vicious circle of ill health and poverty. Wemos aims to break this circle by structurally improving the health of people in developing countries. Strengthening national health systems that are accessible, available and sustainable is of vital importance and forms the focus of the work of Wemos.

## **Universal Declaration of Human Rights**

Wemos takes the right to health as a starting point for its work. The right to health is expressly included in various charters and treaties, including the Universal Declaration of Human Rights. This means that the necessary conditions for a healthy and productive life, such as affordable care and good nutrition, should be available worldwide.

## **Strategy**

Wemos' activities to improve health in developing countries are based on three strategies:

- Cooperation with organizations in developing countries
- Lobbying
- Communication and campaigning

## **Projects**

In 2005 the Wemos work focused on three themes:

- Health and Trade
- Health and Poverty
- Health and the Private Sector

From 2006 our focus shifts to the following themes:

Health Budgets, Human Resources for Health, Nutrition, and Medicines.

# Cooperation with organizations in developing countries

Working together with civil society in developing countries, including Bangladesh, Bolivia, Brazil, India, Kenya and Uganda, was one of Wemos' main strategies in 2005. Through exchanging information and joint lobbying, Wemos helped influence national and international policies that have an impact on health, while increasing the capacity of partner organizations to take action themselves. This strategy will become even more important under Wemos' programme for the period 2006-2010.

A central plank of this strategy was the report "Risky Remedies for the Health of the Poor", drawing on case studies from eight Southern partner organizations that investigated the realities of **Global Public-Private Initiatives** (GPPIs) in health.

The report called for the initiatives to contribute genuinely to eradicating poverty and improving health, to be integrated into local and national plans, and to be sustainable over a long period.



Participants at the People's Health Assembly in Cuenca, Ecuador, say "yes" to health.



Wilbert Bannenberg, one of Wemos' founding fathers: "Twenty-five years ago we had a more narrow focus on our own interests and easily criticized both the Dutch government and private companies. Today we are more aware of the global village in which we live. We have come to understand that we need to work in close collaboration with Southern organizations to address development issues effectively. Together we stand stronger."



The case studies carried out by Wemos' partners in Africa and India were used at a workshop hosted by India's TEST Foundation in Chennai and later at the People's Health Assembly (PHA) in Cuenca, Ecuador. Wemos and its partners discussed the findings and used the information to achieve results in their countries. The Cuenca Declaration at the close of the PHA included a reference to the challenges posed by GPPIs. In India, the case study findings had a direct impact on a single village. Wemos supported the West Bengal Voluntary Health Association in the publication and circulation of a study on the Global Polio Eradication Initiative. Its concerns that the village of Ghordaur had been left out of the vaccination programme reached among others the United Nations Children's Fund (UNICEF) which took steps to ensure the villagers were included.

Meanwhile Wemos' Ugandan partner the Joint Medical Store discussed the Roll Back Malaria initiative with health and government representatives. They agreed more needed to be done to improve people's health in the districts of Kampala and Wakiso. In Tanzania, the East African People's Health Movement, and in Kenya the Consumer Information Network (CIN) were able to use the studies to raise concerns with their governments, the World Health Organization (WHO) and with the GPPIs themselves.

Another part of Wemos' cooperation with Southern partner organizations is through the **Food, Trade and Nutrition (FTN) coalition**. In April, Wemos' **Health and Trade project** together with the Dutch Inter-church organization for development co-operation (ICCO) helped launch the Bolivian FTN coalition, supporting efforts to highlight the impact in Bolivia of trade agreements with regard to food dumping and food aid. In October and December, Wemos, ICCO and their FTN partners undertook joint activities during the World Food Week and the Hong Kong summit of the World Trade Organization (WTO) (see also the chapter on 'Lobbying').

The difficulties posed by developing countries' limited budgets for health and health staff wages were highlighted by Wemos' **Health and Poverty project**. This project commissioned case studies looking at these issues in four African countries: Zambia, Kenya, Uganda and Ghana.



A health worker visits patients in Ghana.

The plight of Zambia had been highlighted by Wemos in April before the visit of the Netherlands Minister for Development Cooperation Agnes van Ardenne. Due partly to pressure from the International Monetary Fund (IMF) the wage bill for civil servants has been restricted, making it impossible for district health boards to fill the numerous vacancies in the health centres. Low wages and poor conditions have generally lead to an exodus of trained staff abroad, leaving rural areas particularly poorly served.

Now in four countries, Wemos in collaboration with Cordaid and Cordaid partner organizations, commissioned local consultants to look at the situation on the ground and the positions of the different actors including the IMF. Wemos worked in close collaboration with the African Medical & Research Foundation (AMREF) in Kenya, Caritas in Uganda, the Integrated Social Development Centre (ISODEC) in Ghana and the Churches Health Association of Zambia (CHAZ) in Zambia. The preliminary results have been used in a statement to the High-Level Forum on the **Health Millennium Development Goals**, which was co-signed by 19 non-governmental organizations (NGOs).

In addition, Wemos has continued to collaborate with its partners CIN in Kenya, the Development Organization of the Rural Poor (DORP) in Bangladesh and Acción Internacional por la Salud (AIS) in Bolivia. Financial support has been offered for their work in monitoring health budgets and lobbying through the **Poverty Reduction Strategy Paper** (PRSP) process.



# Lobbying

Through lobbying Dutch and international policy makers, Wemos was able to support structural solutions to improve people's health in developing countries. Likewise its Southern partner organizations lobbied their own policy makers and their countries' representatives in international institutions. Together Wemos and its partners lobbied international actors and forums. This continues under Wemos' new five year programme, playing a key role in the overall aim of advocacy.



In Hong Kong, German TV interviews Samuel Ochieng of CIN, Kenyan partner of Wemos.

A highlight in 2005 came in December when Wemos representatives travelled to Hong Kong as part of the international non-governmental organization (NGO) lobby of the World Trade Organization (WTO).

Trade has an enormous influence on health in developing countries. Wemos lobbies for the right to health and so its presence in Hong Kong, attempting to influence discussions, was crucial.

Hong Kong was the culmination of a year of lobbying by the **Food, Trade and Nutrition (FTN) coalition** in which Wemos and ICCO were joined in 2005 by Kerkinactie. Together with their partners from Bolivia, Brazil, India, Kenya and Uganda, they tried to influence ministers, members of parliament and other policy makers both in The Netherlands and abroad on matters involving the WTO negotiations and bilateral trade talks between countries. Letters and lobby briefings raised issues on food aid and protecting local markets.



Essential was whether food aid to developing countries should be offered in cash or in kind. Wemos, as part of the FTN coalition, lobbied for food aid in cash, because it offers a varied, healthy diet and allows local communities to choose food that fits with their eating habits. Subsidized food aid in kind, by contrast, is often used to dump artificial surpluses and abused for commercial reasons, opening up markets in developing countries. It can also undermine local small-scale producers and ruin local economies.



Speaking at the FTN coalition's side event during the WTO summit, entitled "Dumping Food Aid: Aid or Trade", Márcio Pontual of Brazilian partner Instituto de Estudos Socioeconômicos (INESC) explained cash aid enables governments to buy food from local producers, guaranteeing incomes and ensuring food gets through to the most vulnerable communities. The Netherlands Minister for Development Cooperation Agnes van Ardenne, who participated in the side event, agreed. She in turn argued the case for cash with the United States (US), clashing with its official trade representative Rob Portman who preferred to see food aid supplied through US farmers, subsidized by their government. The issue crystallized around a controversial newspaper advert in the Financial Times to promote the foodstuffs option showing African children eating a meal and asking: "Will the WTO negotiators take the food out of their mouths?" The answer from NGOs working on the ground in developing countries is: "No." Cash aid will allow local producers to flourish and nutritious local produce to tackle hunger.

Also at stake in Hong Kong was the agreement on liberalization of trade as part of the **General Agreement on Trade in Services (GATS)**.

Developing countries stand to suffer from swift deregulation as crucial sectors such as health care and education loose out to cut throat competition from trans-national companies. On the road to the WTO Ministerial Conference, Wemos and 20 Dutch development and environmental NGOs joined forces in the **Coalition for Trade Justice**. Starting with the Global Week of Action in April, they campaigned throughout the year for the Hong Kong negotiations to support fair trade.



Training of health workers in Vietnam.

Throughout the Ministerial Conference in Hong Kong Wemos was able to offer daily reports on its website. Visitors could follow the latest twists of debates or read first hand accounts from the street demonstrations.

By the end of the week a package of measures to protect developing countries was announced with much fanfare but Wemos and other NGOs are not yet convinced. The FTN coalition is concerned that the interests of poorer countries still took second place. Wemos and its partners are keeping a close eye on negotiations currently in train on how best to implement the agreement.

Prior to Hong Kong, Wemos, working as part of the FTN coalition, had also been busy lobbying WTO representatives from the European Union and developing countries during the World Food Week held in Geneva. To coincide with this week, the FTN coalition organized a lobby day with events in The Hague where Wemos and its partners could put their arguments to Dutch members of parliament and ministers. And throughout the year, in five strategic workshops in Bolivia, Brazil, Kenya, Uganda and India, FTN partners discussed trade impacts on food and nutrition security with local policy makers and set up national lobby activities with support from Wemos.



Emma Wanyoni of Consumer Information Network (CIN), partner of Wemos in Kenya: **“Wemos and CIN are convinced that lobbying for health makes a difference. Someone is watching and fighting for those whose voices cannot be heard: the poor and vulnerable who do not have access to health care.”**

The case studies report on **Global Public-Private Initiatives** (GPPIs) “Risky Remedies for the Health of the Poor”, was central to the lobby of Wemos’ **Health and the Private Sector project** this year. Its impact was felt on an international level. It was used in discussions with the World Health Organization’s (WHO) Andrew Cassels, director of Millennium Development Goals (MDGs), Health and Development Policy, and presented at the World Health Assembly (WHA) meeting in Geneva. In October, it was discussed at the WHO forum on partnerships. An NGO statement was drawn up by Wemos, jointly with 19 international organizations, many of whom had worked on the report, and submitted to delegations at the High Level Forum on the Health MDGs in November, including the delegation of the Netherlands Ministry of Foreign Affairs. The report was also influential in other ways. In Belgium, its development cooperation officials used it in discussions with board members of the Global Alliance for the Elimination of Lymphatic Filariasis.

Back in The Netherlands, representatives from the Foreign Affairs Ministry said they accepted the risks raised by Wemos and will take them on board in future policies. Those of the Labour (PvdA) and Socialist (SP) parties agreed to raise the risks of GPPIs in the parliamentary debates over the 2006 budget of the Ministry of Foreign Affairs.

Another case study by Wemos on public-private partnerships in health in Ghana, commissioned by the Netherlands Ministry of Foreign Affairs, was discussed with Dutch policy makers and representatives of companies.

Wemos has also supported partners in Kenya, Bolivia and Bangladesh in their lobbying of influential international actors, such as the World Bank (WB) and International Monetary Fund (IMF), on matters affecting national health budgets. In Kenya, the Consumer Information Network (CIN) has questioned the role of the WB and IMF in its new health insurance bill. In Bangladesh, discussions of the Development Organization of the Rural Poor (DORP) with WB representatives over its **Poverty Reduction Strategy Paper** (PRSP) have been assisted by Wemos. In Bolivia, Acción Internacional por la Salud (AIS) has been backed by Wemos in its analysis of the Bolivian health budget and the influence of international actors. The case study interviews have allowed access to international actors, while the PRSP process has meant better collaboration with Netherlands embassies in partners' countries.

Wemos has continued to raise questions around debt relief, PRSPs and the quality of aid with national and international policy makers, through Jubilee Netherlands and the Dutch MDG Platform. Together with Dutch partners Cordaid, Novib, Hivos and ICCO, Wemos wrote to Dutch members of parliament during the debate on the 2006 budget and the Annual and Spring Meetings of the WB and IMF.

As a result of meetings and discussions with NGOs, in which Wemos played its part, there is a more favourable approach towards raising health expenditures in relation to macroeconomic stability among staff in the IMF, WB, ministries of finance and bilateral donor agencies.



Health clinic in Ghana.

# Communication and campaigning



Professor Ivan Wolffers, ambassador for the Wemos campaign “Access to Health Care for All”:

**“People must grasp, as far as possible, why access to health care is so important. Medical students, doctors and nurses, but also my mother. Dutch people must realize that their government can adopt a different position than is now the case. Those who disagree with the government can phone or write to a member of parliament. Our democracy exists through the grace of this kind of campaign. We can get things going.”**

Wemos mobilized support among Dutch health workers and medical students by raising awareness through activities ranging from a national campaign to lectures in medical schools. Wemos also participated in several long-term campaigns with Dutch and international partners. The support of health staff, together with input from Southern partner organizations, reinforced Wemos’ ability to lobby policy makers. After lobbying and collaboration with organizations in the South, communication and campaigning forms the third strategy that will continue through Wemos’ new five-year programme.

2005 witnessed events campaigning under the slogan **“Access to Health Care for All”** which argues for the universal human right to good, affordable health care. In developing countries the right to health is denied through a lack of investment, losing precious staff to better paid jobs abroad, poor rural services, and a growing, expensive, and therefore largely inaccessible, private sector. Also they often lack clean drinking water and good nutrition. This was explained in the campaign’s background document, which was drawn up together with Plan Netherlands. Originally launched in November 2004, the campaign continued to highlight these issues throughout the year culminating in November 2005’s **Week of International Health**, when Wemos made the final sprint towards its goal of collecting more than 10,000 signatures and text messages of support among health workers and medical students in The Netherlands.

The week had begun in the massive central atrium of Amsterdam’s Academic Medical Centre where thousands of visitors, patients and health staff could read Wemos’ key message demanding “Access to Health Care for All”, beamed onto the walls with lasers. Curious at Wemos’ stall surrounded by tiny electric lights, the now familiar giant mobile phone, and

staff and volunteers dressed in white doctors coats, hospital visitors flocked to see the event and signed more than 400 messages of support.

Throughout the week, Wemos, supported by the regional centres for development cooperation (COS's), achieved similar successes at more than 60 health sites. At Groningen's University Medical Centre, Emma Wanyonyi, from Wemos' Kenyan partner CIN, pointed out that while there is only one doctor per 33,000 rural inhabitants in her country, 20 trained doctors a month leave to work abroad.

Taking up the theme at Utrecht's University Medical Centre, Mike Rowson, managing editor of the "Global Health Watch 2005-2006", argued the United Kingdom should repay Ghana for the education of its doctors who end up working in Britain. This event supported by the local International Federation of Medical Students' Associations (IFMSA) working group also included Ivan Wolffers, Professor in "Health care in developing countries" at Amsterdam's Free University. As official ambassador of the Wemos campaign, he urged support for the campaign on several occasions.

The IFMSA also organized a debate at Amsterdam's Free University entitled "Health Care Worldwide" with among others Wemos' Ellen Verheul and Marc Broere, editor of *Onze Wereld* magazine. The debate was chaired by Wemos director Nina Tellegen.

In total 10,350 messages of support were given. Overall, the campaign is reckoned to have reached up to 70,000 medical staff and students. The signatures were presented to the Netherlands Minister for Development Cooperation Agnes van Ardenne at the end of the campaign at Maastricht University in November. There Wemos director Nina Tellegen explained: "Access to health care does not fall from the sky." To illustrate this, the minister was asked to burst a large balloon containing the signatures. Wemos urged the minister to put the right to health above commercial interests when she attended the World Trade Organization (WTO) summit the following month in Hong Kong.



Agnes van Ardenne, Netherlands Minister for Development Cooperation, receives more than 10,000 messages supporting the Wemos campaign "Access to Health Care for All".





CDA Member of Parliament Kathleen Ferrier (left) receives a giant sticking plaster from Wemos director Nina Tellegen on World Health Day.

To mark April's annual World Health Day, Wemos presented Dutch Member of Parliament Kathleen Ferrier (CDA) with a giant sticking plaster with the word "SOS". Government policy towards health care in developing countries, Wemos argues, must not be just a sticking plaster over the wounds, but a real investment in primary care for everyone.

A week later, as part of the Jubilee Netherlands campaign, Wemos took part in a presentation of 65,000 signatures to Finance Minister Gerrit Zalm and Minister Van Ardenne, calling for debt relief for poorer countries.



Furthermore Wemos, as part of the Dutch MDG Platform, supported the international campaign to get 1 million people to wear a white wrist band, the symbol of the fight against poverty. Under the slogans "Make it real. Eradicate world poverty" and "Make it real. Make it white" Wemos joined events such as the three White Band Days in July, September and December. In September, buildings across The Netherlands, including trade union offices, local councils, mosques, churches, and Wemos' own Amsterdam office, were decorated or covered in white symbolizing the fight against poverty.

# Main activities 2005

## Cooperation with organizations in developing countries

- Visit to Bolivia to support NGO advocacy towards Consultative Group meeting, January.
- Workshops on food security and trade for FTN partners and local policy makers in Bolivia, Brazil, Kenya, Uganda and India, January-October.
- Meetings in Brazil, Bolivia and The Netherlands with FTN partners and scientific institutions on developing indicators for monitoring the effects of trade policies on nutritional status, January-November.
- Press conference at the launch of the FTN Bolivia, resulting in articles in newspapers and TV broadcast, April, Bolivia.
- Training on project cycle management of DORP, April, Bangladesh.
- Attending WHA with Southern partner organizations VOICE, CIN and AIS, May, Switzerland.
- Meeting Health in PRS monitoring project, attended by CIN, AIS, DORP and Wemos, May, Switzerland.
- Study visit to Ghana, commissioned by Netherlands Ministry of Foreign Affairs, to examine the functioning of three public-private partnerships in health, June.
- Workshop with organizations from six countries looking at GPPIs, co-organized with India's TEST Foundation, June, India.
- Participation in PHA and organization of workshops on GPPIs, privatization of health services and right to health, July, Ecuador.
- Participation in ActionAid International Conference on Alternative Macroeconomic Policies, Health and Education, September, US.
- Support conference on health insurance organized by CIN, September, Kenya.
- Visits to Kenya, Zambia and Ghana to help conduct case studies on budget ceilings and health, September-December.
- Visit to Bolivia to discuss institutional partnership arrangements with AIS and CIN, October.
- Visit to Bolivia to discuss cooperation on MDGs and poverty reduction with the Netherlands Embassy, together with Hivos, Cordaid, Novib, ICCO and SNV, October.
- Visits to Uganda and Kenya to support advocacy by partner organizations on GPPIs, October.
- Training on health financing and principles of insurance for CIN and DORP, November, Germany.

## Lobbying

- Lobbying letter concerning EU policy on generics and meeting with Maria Martens, CDA Member of European Parliament, January, The Netherlands.
- Director Nina Tellegen in debate with Dutch policy makers and MPs on the UN's MDG report, January, The Netherlands.
- Participation in political café on CPIA, organized by Both ENDS together with other Dutch NGOs including Wemos, January, The Netherlands.
- Participation with FTN partners in workshops on food sovereignty, MDGs and health rights during WSF, January, Brazil.
- Meeting with the Netherlands Minister for Development Cooperation in preparation of Wemos film "Good Intentions with Side Effects", February, The Netherlands.



Mike Rowson (right), a managing editor of the “Global Health Watch 2005-2006”, and Emma Wanyoni from CIN in a debate during Wemos’ Week of International Health.

- Presentation to UNDP staff on MDGs and trade, February, US.
- Attending meeting of Standing Committee on Nutrition, March, Brazil.
- Contribution to Code of Ethics of Codex Committee on General Principles, together with representatives of Netherlands Ministries of Health and Agriculture, March, The Netherlands.
- Joint letter, as part of Dutch MDG Platform, to the Netherlands Minister for Development Cooperation supporting international NGO statement on harmonization, March, The Netherlands.
- Meeting with WB Executive Director on PSIAs, PRSPs, conditionality review, CPIA and debt, March, The Netherlands.
- Contribution to lobby paper “On the road to a sustainable result in Hong Kong” by Coalition for Trade Justice on GATS, TRIPS and AoA, April, The Netherlands.
- Lobbying letter on Spring Meetings of IMF and WB, co-signed by Cordaid, ICCO, Hivos and Novib, to Dutch parliamentary committees on Finance and Foreign Affairs, April, The Netherlands.
- Meetings with Dutch MPs to discuss position of Coalition for Trade Justice on GATS, TRIPS and the AoA, April, The Netherlands.
- Participation in Joint Nordic and Dutch Headquarters Staff Training on Partnership for Poverty Reduction, April, Sweden.
- Presentation at Bolivian Ministry of Health on food, trade and nutrition, together with AIS, April, Bolivia.
- Publication of FTN coalition background paper “Dumping Food Aid: Trade or Aid? (subsidized) Food Aid in kind. What is in it for the WTO?”, April, The Netherlands.
- Contribution to press release on European Union Service Directive, May, The Netherlands.
- Expert meeting, as part of FTN coalition and together with Novib, on food aid with policy makers of Netherlands Ministries of Economic Affairs, Foreign Affairs and Agriculture, Nature and Food Quality, May, The Netherlands.
- Lobbying letter to CDA MP Kathleen Ferrier, prior to parliamentary meeting on MDGs, May, The Netherlands.
- Meeting with Netherlands MPs, as part of Dutch MDG Platform, prior to parliamentary discussion on MDGs, May, The Netherlands.
- Publication of report “Risky Remedies for the Health of the Poor” looking at the impact of GPPIs in Africa and India, May, The Netherlands.
- Presentation report “Risky Remedies for the Health of the Poor” to WHO’s Policy Development Group, May, Geneva.
- Publication of “Contradictions in Corporate Social Responsibility”, report based on studies by SOMO into the role of pharmaceutical companies, May, The Netherlands.
- Contribution to briefing paper of Public Services International on health and GATS, June, The Netherlands.
- Expert meeting on WTO talks with Coalition for Trade Justice and policy makers of the Netherlands Ministry for Economic Affairs, June, The Netherlands.



- Lobbying letter to the Netherlands Finance Minister on MDGs prior to meeting of European ministers at Council for Economic and Financial Affairs (ECOFIN), June, The Netherlands.
- Lobbying letter, as part of Jubilee Netherlands, to the Netherlands Ministers of Finance and Development Cooperation protesting at IMF watering down debt relief accord, July, The Netherlands.
- Presentation during meeting on partnerships organized by Netherlands Ministry of Foreign Affairs, July, The Netherlands.
- Press release, as part of Coalition for Trade Justice, on failure WTO trade talks in Geneva, July, The Netherlands.
- Director Nina Tellegen panel member in political café on MDGs, organized by Both ENDS together with other Dutch NGOs including Wemos, August, The Netherlands.
- Attending Annual Meetings of the WB and IMF, September, US.
- Lobbying letter, as part of Dutch MDG Platform, to the Netherlands Prime Minister, September, The Netherlands.
- Presentation to NIZW staff on GATS and health personnel, September, The Netherlands.
- Lobbying letter to High-Level Forum on Health MDGs, co-signed by 19 NGOs, October, The Netherlands.
- Meetings, as part of FTN coalition, with policy makers at the Netherlands Ministries of Foreign Affairs, Economic Affairs and Agriculture on untying food aid, WTO, AoA and GMO, October, The Netherlands.
- Meeting on GPPIs with Dutch MPs, November, The Netherlands.
- Meetings with WTO delegations in Geneva, October, Switzerland.
- Presentation to Round Table of the Commission of Economic Affairs on the risks of public service liberalization, in preparation for official Dutch position towards Hong Kong, November, The Netherlands.
- Presentation of 10,350 signatures to the Netherlands Minister for Development Cooperation in view of the WTO Ministerial Conference in Hong Kong, November, The Netherlands.
- Publication of FTN coalition's discussion paper "Protecting local markets for food security", November, The Netherlands.
- Organization, as part of FTN coalition, of the side event "Dumping of Food Aid: Aid or Trade?" during WTO Ministerial Conference, in which the Netherlands Minister for Development Cooperation participated, December, Hong Kong.
- Participation in round table discussion with Parliamentary Committee on Foreign Affairs, concerning sexual and reproductive health and rights of young people in partner countries, December, The Netherlands.
- Publication of FTN coalition's article on food aid and trade in "The World Brief", magazine for policy makers and politicians during WTO Ministerial Conference, December, Hong Kong.
- Release of GATS statement on trade and health, December, The Netherlands.
- Submission of FTN coalition's recommendations to WTO Ministerial Conference, and release of FTN statement on results of WTO Ministerial Conference, December, The Netherlands.
- Meetings throughout 2005 with Jubilee Netherlands, Eurodad, Global Health Watch, BOOM and MBN, The Netherlands.
- Meetings throughout 2005 with Netherlands Ministry of Foreign Affairs and Dutch NGOs to discuss PRSPs, The Netherlands.

## Communication and campaigning

- Discussion, co-organized with Share-Net and WPF, on MDGs and health, chaired by director Nina Tellegen, March, The Netherlands.
- Contribution of article on GATS and health to the web site [www.globalalternatives.nl](http://www.globalalternatives.nl), March, The Netherlands.
- Radio interview (director Nina Tellegen) on medical tourism, March, The Netherlands.
- Production of documentary film “Good Intentions with Side Effects” (in Dutch and English) on GPPIs in Tanzania (March), which was shown throughout 2005 during fairs, workshops, lectures and in hospitals, and broadcasted by *Kanaal13* in November, The Netherlands.
- Representation of Wemos campaign “Access to Health Care for All” at seven medical fairs, for example Medica Beurs, KNMG Congress, and three events, Afghanistan Day, Africa Day and Festival Mundial, March-November, The Netherlands.
- Co-launch, with NCDO and KIT, of the web site [www.partnership.nl](http://www.partnership.nl) to inform Dutch organizations about international partnerships, April, The Netherlands.
- Lectures on GPPIs for students in International Development Studies at University of Amsterdam, March, and trans-cultural nursing students at Saxion Hogeschool Deventer, June, The Netherlands.
- Presenting, as part of Jubilee Netherlands, to the Netherlands Ministers of Finance and Development Cooperation 65,000 messages of support for debt relief to achieve the MDGs, April, The Netherlands.
- Panel member (director Nina Tellegen) in debate on new health care system in The Netherlands, organized by general practitioners and medical specialists, April, The Netherlands.
- Panel member (director Nina Tellegen) in KIT debate on clinical trials, together with Netherlands politicians and health experts, April, The Netherlands.
- Lectures on health, poverty and economic policies for medical students at University of Amsterdam, April, trans-cultural nursing students at Saxion Hogeschool Deventer, May, and medical students at Amsterdam’s Free University, November, The Netherlands.
- Support three White Band Days in June, September and December by raising media attention and covering Wemos office white, The Netherlands.
- Participation, as part of FTN coalition, in ICCO event “Contradictions in Trade” (“*Handel tegendraads*”) in The Hague, April, *Kerkendag* event in Zwolle, April, Festival Mundial in Tilburg, June, and World Food Day in Amsterdam, October, The Netherlands.
- Participation in mock tribunal alleging the Netherlands Minister of Economic Affairs of the violation of human rights, April, The Netherlands.
- Presentation of giant sticking plaster to CDA MP Kathleen Ferrier, as part of World Health Day 2005, April, The Netherlands.
- Workshop “Good Intentions with Side Effects” during EVS’ Africa Day, and chairing two debates (director Nina Tellegen) on aid effectiveness and partnerships, April, The Netherlands.



Dutch health workers give their support to the Wemos campaign.

- Press release, as part of Coalition for Trade Justice, on WTO negotiations in July, which was used by the Dutch news media *ANP*, *De Financiële Telegraaf*, *NRC Handelsblad* and *Nederlands Dagblad*, The Netherlands.
- National broadcasting of SOCUTERA fundraising film on work of Wemos, July-August, The Netherlands.
- Contribution to the Health Battle, as part of Chance to Health (*Kans Op Gezondheid*) Campaign, in which student teams study issues related to international health care, August, The Netherlands.
- Radio interview (director Nina Tellegen) on WHO's MDG report, August, The Netherlands.
- Lecture on GPPIs to Shadow Parliament for Development Cooperation organized by Third Chamber, September, The Netherlands.
- Panel member (director Nina Tellegen) in debate on MDG summit, together with Dutch MPs and NGOs, September, The Netherlands.
- Co-organization of workshop on finance and management "Scaling Up for Better Health" at annual conference of the NVTG, October, The Netherlands.
- Publication of interviews with Southern partner organizations in Dutch national newspapers *De Volkskrant* and *Agrarisch Dagblad*, and broadcast on *Wereldomroep* to coincide with World Food Week, October, The Netherlands.
- Co-launch, with WGNRR, of "Global Health Watch 2005-2006" in The Netherlands: publication of Dutch summary, press call with medical and development journalists, and lectures at Utrecht's University Medical Centre and Amsterdam's Free University, November.



The Wemos office covered in white on the second international White Band Day.

- Co-launch, as part of Chance to Health Campaign, with AMREF Flying Doctors, Doctors of the World, HealthNet/TPO and Simavi, "Flush for health" ("*Trek door voor gezondheid*") campaign, November, The Netherlands.
- Participation in panel discussion on MDGs organized by Simavi, November, The Netherlands.
- Interview on clinical trials with Business News Radio, November, The Netherlands.
- Radio commercials taken out on Sky Radio as part of the Wemos campaign, October and November, The Netherlands.
- Organization of Week of International Health including: Lectures at four medical universities by staff from Wemos and Southern partner organizations; Dissemination of information, publication of articles and organization of activities, such as debates, by 60 hospitals and regional COS's; Presentation of 10,350 signatures, raised during Wemos campaign, to the Netherlands Minister of Development Cooperation, November, The Netherlands.
- Participation (director Nina Tellegen) in round table discussion on sustainability and development cooperation, with the Netherlands Minister for Development Cooperation; the State Secretary for Housing, Spatial Planning and the Environment; and Dutch NGOs and companies, November, The Netherlands.

- Publication of daily web log on Wemos web site during WTO Ministerial Conference in Hong Kong, December.
- Publication, as part of FTN coalition, of two press releases during WTO conference in Hong Kong resulting in two articles in Dutch newspapers (*Brabants Dagblad* and *Trouw*), December, The Netherlands.
- Media attention around “Access to Health Care for All” campaign resulting in: Nine articles in professional magazines for medical or development workers, for example *Medisch Contact* and *Global Medicine*; Reports in five national newspapers including *Trouw* and *Het Financieele Dagblad*; Announcements and reports in 23 local newspapers; and 12 articles in newsletters of hospitals.
- Apart from media attention related to the Wemos campaign, publication of opinion letters, articles and interviews in several Dutch health, development and general media, for example in *Trouw*, *Het Financieele Dagblad*, *HP/De Tijd*, *Vice Versa*, *WTO ZIP* and *Medicus Tropicus*.
- Maintain web site on health and PRS including a digital library, production of five PRS newsletters, and publication of two digital briefing notes.
- Publication of regular corporate communication materials: annual report 2004, five Dutch newsletters, and up-to-date Wemos web site. The number of visitors of the Wemos web site increased threefold between 2004 and 2005.

### Other activities

- Meeting at Wemos office with André den Exter, lecturer in health law at Rotterdam’s Erasmus University, February, The Netherlands.
- Meeting at Wemos office with Lynn Freedman, senior advisor for UN Millennium

Project’s Task Force on Child and Maternal Health, October, The Netherlands.

- Support campaign by Max van den Berg, PvdA Member of European Parliament, “Everyone healthy: double the chances,” calling on the European Commission to double its health spending in developing countries, October, The Netherlands.
- Raised €1,675 for women and children in India as part of the “Access to Health Care for All” campaign, given to Wemos’ Indian partner IWID, November.
- Membership of Advisory Board (Wemos director Nina Tellegen) of magazine *Internationale Samenwerking*.
- Membership Advisory Board (director Nina Tellegen) Radio Netherlands Training Centre (*Radio Nederland Training Centre*).
- Membership Executive Board (director Nina Tellegen) of Share-Net.
- Vice chair (director Nina Tellegen) of Partos.

### Participation in coalitions and other networks

- Aprodev
- BOOM
- Chance To Health Campaign (*Kans Op Gezondheid Campagne*)
- Dutch GATS Platform
- Dutch MDG Platform
- Dutch Platform Stop EU Service Directive (*Stop EU dienstenrichtlijn*)
- Dutch TRIPS Platform
- Eurodad
- European Trade Network
- FTN coalition
- Global Health Education Project
- Jubilee Netherlands
- MBN Bolivia
- Partos
- Share-Net
- SLANGI
- TMF Platform

# The organization

## Staff

Wemos was founded in 1981 by medical students. Many people have worked for Wemos since then. While they come from different disciplines and represent a wide spectrum of experience and expertise, they share a common commitment to the organization's mission: to contribute to the structural improvement of people's health in developing countries through advocacy.

### Wemos staff as of February 2006

From left to right, back row: Evelien Colenberg, Ellen Verheul, Jacob Sijtsma, Mary Janssen, Annelies den Boer, Maurits Reijnen. From left to right, middle row: Frédérique Kram, Vera van de Nieuwenhof, Nina Tellegen, Anke Tijtsma, Mariska Meurs, Ger Roebeling. From left to right, front row: Leontien Laterveer, Anna Maria Doppenberg, Lybrich Kramer, Brigitte Boswinkel, Haregu Gebreyesus. Missing at this picture: Jordi van Scheijen, Marga Sijmonsbergen, Govert Buijze and Merel Mattousch.



### In memoriam Hans Hartmann

We were deeply saddened when on 9 March 2005 the incomprehensible news reached us of the death of our colleague, Hans Hartmann. Hans started working for Wemos at the end of November 2004 as communication officer on the project Health and Poverty. In the much too brief period that Hans was our colleague he made an indelible impression on us.



### Board as of February 2006

Wemos has a voluntary board whose functions are largely advisory. The board advises on policy issues, reviews and determines work plans, annual plans, annual reports and financial reports. Members of the board also provide expertise in areas such as organization and management, finance, communications, fundraising, and on health and development questions, as well as a valuable network of contacts.

From left to right, back row: Willem Donkers, Janneke Molenkamp, Kees Boot.

From left to right, front row: Loes Valk, Jos Dusseljee, Kick Visser. Missing from this picture: Ankie van den Broek.

# Board and staff in 2005

## Board

Chair	Kick Visser
Secretary	Loes Valk
Treasurer	Kees Boot
Communication	Willem Donkers
Members	Ankie van den Broek Janneke Molenkamp Jos Dusseljee

## Staff

Director	Nina Tellegen
Planning & reporting officer	Jacob Sijtsma (from October) Marjan Stoffers (till March)
Office manager	Evelien Colenberg
Secretarial and administrative staff	Haregu Gebreyesus, Vera van de Nieuwenhof (from December), Geja Roosjen (till October), Marga Sijmonsbergen, Dominique Elshot (student on work placement from April till June)
System administrator	Jordi van Scheijen (from March)
Documentation officer	Maurits Reijnen
Advisors communication	Anna Maria Doppenberg, Frédérique Kram
Communication students	Bianca van Dam (from September till December), Lelian Net (From May till July), Sietske Dosker (from January till April)

## Project staff

### *Health and Poverty*

Project manager	Ellen Verheul
Project officer	Mariska Meurs
Communication officers	Leontien Laterveer (from June), Anna Pastor (from May till June), Hans Hartmann (died 9 March 2005)

### *Health and Trade*

Project manager	Gertrude Roebeling
Project officers	Lybrich Kramer, Anke Tijtsma
Communication officers	Brigitte Boswinkel, Noor Backers (substitute maternity leave from June till December)

### *Health and the Private Sector*

Project manager	José Utrera (till September)
Project officers	Annelies den Boer, Mary Janssen
Communication officers	Mare Bergsma (from September till December), Nienke Nuyens (till August)

From 2006, Wemos works on four new themes. As a result, several staff members have taken up a new position. See [www.wemos.nl](http://www.wemos.nl) for an up-to-date overview.

## Summarized financial statements for the year 2005

Amounts in Euros (EUR)

### Balance sheet as at December 31, 2005

	31 December 2005	31 December 2004
<b>Assets</b>		
<i>Fixed assets</i>	93,413	100,670
<i>Current assets</i>		
Subsidies	4,963,532	2,050,171
Other receivables	52,765	164,069
Cash and cash equivalents	<u>910,157</u>	<u>481,063</u>
	<u>5,926,454</u>	<u>2,695,303</u>
<b>Total assets</b>	<b><u>6,019,867</u></b>	<b><u>2,795,973</u></b>
<b>Equity and liabilities</b>		
<i>Foundation capital</i>	491,388	451,848
<i>Short term liabilities</i>		
Taxation	36,922	141,904
Subsidies payable	5,165,566	1,886,396
Debts to subcontractors	145,186	121,917
Other short term liabilities	<u>180,805</u>	<u>193,908</u>
	<u>5,528,479</u>	<u>2,344,125</u>
<b>Total equity and liabilities</b>	<b><u>6,019,867</u></b>	<b><u>2,795,973</u></b>

## Statement of income and expenses for the financial year 2005

	2005	2004
<b>Income on fund raising</b>		
Contributions and donations	14,815	17,459
Private funds	<u>36,000</u>	<u>22,000</u>
	50,815	39,459
Fund raising expenses:		
Direct costs	-1,840	-621
Allocated operational expenses	-4,700	-1,725
	<u>-6,540</u>	<u>-2,346</u>
	44,275	37,113
Other income		
Subsidies	1,647,510	1,625,105
Other income	<u>127,631</u>	<u>104,761</u>
	<u>1,775,141</u>	<u>1,729,866</u>
<b>Available for objectives</b>	<b><u>1,819,416</u></b>	<b><u>1,766,979</u></b>
Expenditures for objectives		
<i>To strengthen national health systems that contribute to the structural improvement of people's health in developing countries</i>		
Collaboration with Southern partners, including capacity strengthening	418,412	331,275
Campaigning to raise awareness in		
The Netherlands	166,807	220,490
Lobbying and advocacy	65,804	53,029
Gathering knowledge	24,217	28,225
Collaborating with other NGOs and networks	52,465	25,198
Coordination/general	<u>14,042</u>	<u>-</u>
	741,747	658,217
Operation expenditures	<u>1,038,129</u>	<u>1,060,293</u>
	1,779,876	1,718,510
Dotation to general reserves	<u>39,540</u>	<u>48,469</u>
	<b><u>1,819,416</u></b>	<b><u>1,766,979</u></b>



## Explanatory notes to the summarized financial statements for the year 2005

### *Breakdown of operating expenses*

	<b>2005</b>	<b>2004</b>
Personnel expenses	846,952	830,774
Housing expenses	99,230	94,196
Office expenses	54,748	85,270
Organization expenses	30,736	30,476
Expenses for communication and further professionalization of the organization	<u>11,163</u>	<u>21,302</u>
<i>Total operating expenses</i>	1,042,829	1,062,018
Allocation to fund raising	<u>4,700</u>	<u>1,725</u>
<b>Allocation to objectives</b>	<b><u>1,038,129</u></b>	<b><u>1,060,293</u></b>



# Valuation standards

## i) 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” (*“Richtlijn 650 Fondsenwervende Instellingen”*) 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.

## ii) 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.

## iii) 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.

## iv) Foundation capital

The foundation capital is designated to the foundation’s objectives. The part of the foundation capital, which is not recognized as fixed capital set apart for the foundation’s objectives, is presented as expendable capital.

## v) 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.

## vi) Donations, subsidies and gifts

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

## **vii) Subsidies from governments and others**

All subsidies from governments, companies and other institutions are presented under this heading. 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 current assets.

## **viii) 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.



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Stichting Wemos  
Mevrouw dr. N.W. Tellegen  
Postbus 1693  
1000 BR AMSTERDAM

date  
30 March 2006

our reference  
97000129/BEAF0549

handled by  
drs. J. Stramrood

Subject: Auditor's report

Dear Ms. Tellegen,

We have audited the accompanying summarised financial statements of Stichting Wemos, Amsterdam for the year 2005. These summarised financial statements were derived from the financial statements for the year 2005. We expressed an unqualified opinion on these financial statements based on our audit, dated 30 March 2006.

These summarised financial statements are the responsibility of the foundation's management. Our responsibility is to express an opinion on these summarised financial statements.

In our opinion, the information in the summarised financial statements is consistent with the audited financial statements for the year 2005.

For a better understanding of the financial performance and position and of the scope of the audit performed, the summarised financial statements should be read in conjunction with the unbridged financial statements for the year 2005 and the auditor's report thereon.

Yours sincerely,  
Volte accountants

L. van Garderen RA

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MAZARS

accountants en belastingadviseurs

# Abbreviations

AIS	International Action for Health ( <i>Acción Internacional por la Salud</i> ), Bolivia
AoA	Agreement on Agriculture
AMREF	African Medical & Research Foundation
Aprodev	Association of World Council of Churches related Development Organisations in Europe
BOOM	Bangladesh forum on development cooperation and human rights ( <i>Bangladesh Overleg Ontwikkelingssamenwerking en Mensenrechten</i> ), The Netherlands
CDA	Christian Democratic Appeal ( <i>Christen Democratisch Appèl</i> ), The Netherlands
CHAZ	Churches Health Association of Zambia
CIN	Consumer Information Network, Kenya
COS	Centre for International Co-operation ( <i>Centrum voor Internationale Samenwerking</i> ), The Netherlands
CPIA	Country Performance and Institutional Assessment
DORP	Development Organization of the Rural Poor, Bangladesh
ECOFIN	Council for Economic and Financial Affairs
EVS	Evert Vermeer Foundation ( <i>Evert Vermeer Stichting</i> ), The Netherlands
EU	European Union
Eurodad	European Network on Debt and Development
FTN	Food, Trade and Nutrition
GATS	General Agreement on Trade in Services
GMO	Genetically Modified Organism
GPPI	Global Public-Private Initiative
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
Hivos	Humanist Institute for Cooperation with Developing Countries ( <i>Humanistisch Instituut voor Ontwikkelingssamenwerking</i> ), The Netherlands
ICCO	Inter-church organization for development co-operation ( <i>Interkerkelijke organisatie voor ontwikkelingssamenwerking</i> ), The Netherlands
IFMSA	International Federation of Medical Students' Associations
IMF	International Monetary Fund
INESC	Institute for Socio-Economic Studies ( <i>Instituto de Estudos Socioeconômicos</i> ), Brazil
ISODEC	Integrated Social Development Centre, Ghana
IWID	Initiatives Women in Development, India
KIT	Royal Tropical Institute ( <i>Koninklijk Instituut voor de Tropen</i> ), The Netherlands
MBN Bolivia	Co-financing programme related broad network on Bolivia ( <i>Mede-Financierings Programma Breed Netwerk</i> ), The Netherlands
MDG	Millennium Development Goal
MP	Member of parliament
NCDO	National Commission for International Co-operation and Development ( <i>Nationale Commissie voor Internationale Samenwerking en Duurzame Ontwikkeling</i> ), The Netherlands

NGO	Non-governmental organization
NIZW	Netherlands Institute for Care and Welfare ( <i>Nederlands Instituut voor Zorg en Welzijn</i> ), The Netherlands
Novib	Oxfam Netherlands ( <i>Nederlandse Organisatie voor Internationale Bijstand</i> ), The Netherlands
NVTG	Netherlands Society of Tropical Medicine and International Health ( <i>Nederlandse Vereniging voor Tropische Geneeskunde en Internationale Gezondheidszorg</i> ), The Netherlands
Partos	Umbrella association for Dutch NGOs in the international development cooperation sector
PHA	People's Health Assembly
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
PSIA	Poverty and Social Impact Analysis
PSO	Organization for capacity building in development countries ( <i>Personele Samenwerking Overzee</i> ), The Netherlands
PvdA	Labour Party ( <i>Partij van de Arbeid</i> ), The Netherlands
SLANGI	Southern Lobby and Advocacy Network for Global Institutions
SMS	Short Message Service
SNV	Development organization for strengthening local organizations' capacity ( <i>Stichting Nederlandse Vrijwilligers</i> ), The Netherlands
SOCUTERA	Foundation to promote social and cultural purposes through TV and radio broadcast ( <i>Stichting ter bevordering van Sociale en Culturele doeleinden door Televisie en Radio</i> ), The Netherlands
SOMO	Centre for Research on Multinational Corporations ( <i>Stichting Onderzoek Multinationale Ondernemingen</i> ), The Netherlands
SP	Socialist Party ( <i>Socialistische Partij</i> ), The Netherlands
TEST	Techno Economic Studies and Training (Foundation), India
TMF	Thematic Co-Financing ( <i>Thematische Mede-Financiering</i> )
TRIPS	Trade-related aspects of intellectual property rights
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
US	United States
VOICE	Voluntary Organization in Interest of Consumer Education, India
WB	World Bank
WGNRR	Women's Global Network for Reproductive Rights
WHA	World Health Assembly
WHO	World Health Organization
WPF	World Population Foundation
WSF	World Social Forum
WTO	World Trade Organization

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## **Colophon**

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# HEALTH FOR ALL

