

# Medicus Mundi International – the essence of the organization's activities and its tasks for the future

## Medicus Mundi International – istota działania tej organizacji i jej zadania na przyszłość

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Medicus Mundi International

Medicus Mundi Internationalis (MMI) jest europejską organizacją powołaną do koordynacji ochrony zdrowia w świecie. Zrzesza ona kilkanaście instytucji akademickich i religijnych, katolickich i protestanckich, które są zainteresowane pomocą „trzeciemu światu”. MMI powstała w roku 1963 z siedzibą w Brukseli. Obecnie jej sekretariat działa w Bazylei. W 1997 roku Fundacja Pomocy Humanitarnej Redemptoris Missio, afiliowana przy Klinice Chorób Tropikalnych i Pasożytniczych Uniwersytetu Medycznego im. Karola Marcinkowskiego w Poznaniu została przyjęta na członka MMI. Dr Edgar Widmer – związany z MMI od ponad 50 lat – przedstawia historię działalności MMI. Organizacja ta jest blisko związana z WHO, UNICEF i UE, utrzymuje również kontakt z Papieską Radą ds. Zdrowia. MMI była jednym z inicjatorów międzynarodowego programu „Zdrowie dla wszystkich” i szkolenia pracowników dla Podstawowej Opieki Medycznej. Współdziałanie Fundacji Redemptoris Missio w Poznaniu jest opisywane na łamach kwartalnika Fundacji „Medicus Mundi Polonia”. W ostatnich kilku latach – wobec znacznych zmian zachodzących w realizacji zdrowia międzynarodowego i w globalnej opiece zdrowotnej – MMI zamierza do odpowiedniej adaptacji swej działalności. Propozycje jej są opisane szczegółowo przez Dr Widmera w dalszej części artykułu.

**Słowa kluczowe:** *Medicus Mundi Internationalis (MMI), Fundacja Pomocy Humanitarnej Redemptoris Missio, WHO, UNICEF, Papieska Rada ds. Zdrowia*

Medicus Mundi Internationalis (MMI) is a European organization created for a coordination of health care in the world. As members it is based on a dozen academic or religious institutions, Catholic or Protestant, interested in offering some help to the “third world”; MMI was registered in 1963 with a Secretariat in Brussels. Now the Secretariat is in Basel. In 1997 the Humanitarian Aid Foundation Redemptoris Missio, affiliated at the Clinic of Tropical and Parasitic Diseases of the Medical University, Poznan, Poland, has been accepted as the member of MMI. Dr Edgar Widmer, active in MMI for the last 50 years – presents a history of MMI and its activities. MMI is closely linked with WHO, UNICEF and UE; it has also some relation with the Pontifical Council for Health. MMI was one of the organizers of an international programme “Health for All” and was involved in preparation of the cadres for Primary Health Care. The cooperation of the Redemptoris Missio Foundation in Poznan, Poland has been regularly reported in the quarterly “Medicus Mundi Polonia”. In the last few years – due to the considerable changes in global health care and international health strategies – MMI is planning to adapt its activities. The proposals are described separately by dr Edgar Widmer in the final part of the article.

**Key words:** *Medicus Mundi Internationalis, Humanitarian Aid Foundation Redemptoris Missio, WHO, UNICEF, Pontifical Council for Health*

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For more than thirty years Edgar Widmer has been active as a surgeon and director of the Thalwil Hospital in Switzerland. After medical studies at the Universities of Fribourg, Vienna and Basel he qualified in medicine in 1960. He immediately started practical training in surgery and anaesthesia at the Cantonal Hospital of Lucerne and obtained the degree of doctor in 1963 with a thesis on: “The History of Swiss Medical Mission in Africa, considering particularly the Medical Center of Ifakara in Tanganyika”. Following the example of his uncle, the archbishop Edgar Maranta of Dar es Salaam, who had spent a lifetime as a missionary pioneer in Tanzania, he joined from 1963 to 1965 the medical staff at the Saint Francis Hospital in Ifakara and together with a team of teachers from the Basel University he participated in the

training of future Tanzanian Medical Assistants. Back in Switzerland he continued his internship in surgery and in 1968 obtained the title of a specialist in surgery FMH. One year later he began his work in Thalwil, a little town near Zürich. Since 1966, for 19 years, he was engaged as a board member of the Catholic Medical Mission-Doctors Association of Switzerland (now Solidarmed). Since 1971 he has held many fold positions in Medicus Mundi International and as such was one of the founders of Medicus Mundi Switzerland. He is a member of the Editorial Board of the Bulletin Medicus Mundi Polonia. Since the beginning of MMI doctor Widmer was the go-between for MMI with the Pontifical Council for Health, patiently sharing and learning over the years in regular and fruitful contacts.

Medicus Mundi International – Network Health for All (MMI) is a network of organizations working in the field of international health cooperation and global health. Latest additions to electronic platform: <http://www.medicusmundi.org/en>

### 50 Years Medicus Mundi Internationalis, MMI <sup>1/</sup>, a summary

2013 is special year for the Medicus Mundi International Network. We celebrate the 50th anniversary of its foundation. As one of the former presidents and having been active within the network myself for 45 years, I have been given the opportunity to present view of the history of MMI. In short some of the facts:

**The beginning** goes back to the end of the colonial context, when-the **Bandung Conference (Asian-African Conference)**, 1955 with its representatives from twenty-nine nonaligned governments discussed peace and the role of the Third World in view of political self-determination, mutual respect for sovereignty, non-aggression, non-interference in internal affairs, equality and **new relationships between foreign assistants and local professionals**.

In 1957 several Dutch doctors who worked as post-colonial technical assistants in Indonesia came together in order to talk about their experiences and about their future. All reached the same conclusion; the few NGOs or missionary hospitals scattered across the islands have had little influence on the health conditions of surrounding populations. They proposed that from now on, the emphasis should shift from curative and charitable actions to prevention, training auxiliaries, mother and child health.

In July 1962 when the International Federation of Catholic Doctors was discussing in London the role of: “the Catholic Physician in societies in evolution”. Misereor’s medical consultant, Dr. Jentgens, spoke about “the role expatriate doctors should fulfil in developing countries”. Professor Janssens from Antwerp and Professor Oomen from Amsterdam, both directors of the Institute of Tropical Medicine in their respective cities, submitted a “report concerning hospitals in third world countries”. Out of the meeting was born the idea to found an organisation for international medical cooperation.

The idea led to the first international meeting of the organisation-to-be, hosted by Misereor in Aachen on 8 December 1962. A few months later, **in 1963**, the founders of the organisation formally registered Medicus Mundi International (MMI) as a corporate body according to German law.

**The founders vision** was professional assistance, rather than financial and material assistance; their aim was to promote and maintain health, considering the community as a patient and maintaining the option for the poor

**The MMI-strategy** logically was **Primary Health Care (PHC)**, which was based on the Human Rights Charta (1948), the Alma Ata Health for all-Declaration (1979) and later as well on the Selective PHC Concept, as defined by the Rockefeller Foundation, the World Bank, USAID and UNICEF at the Bellagio Conference in Italy (1979). The selection was based on a ranking of the major infectious diseases of the South; according to prevalence, mortality, morbidity and the effectiveness of available cures. As many lives as possible should be saved at a low cost. For instance simple Growth control, Oral rehydration, Breastfeeding and Immunization (GOBI) were a means to save children in poor regions. As for breastfeeding MMI participated in 1981 in the promotion of the **International Code of Marketing Breast-milk Substitutes**.

**Tools for implementing PHC** were developed. In 1977 MMI got involved in the definition and introduction of the **WHO Model List of Essential Drugs**.

**The links to European training institutions** for tropical medicine existed from the MMI’s beginnings (Basel, Tübingen, Amsterdam, Antwerp, Brescia, Heidelberg, Tübingen and Barcelona). Some of the MMI experts in charge of Tropical Institutes, added to the classical lessons on tropical diseases, complementary modules such as: public health, PHC teaching, health education, environmental health, mother and child health, health service management, district-health care development.

**Official relations with WHO** since 1980 became decisive in determining our strategies.

**Dialogue with politicians and ministers of health** became very important. From 1974 to 1984, MMI organised weekend-meetings at different European seats of its branches during the occasion of the World Health Assembly (WHA). **Ministers of health** from countries in which MM doctors worked, were invited. The outcome of this dialogue was summarised in 1985 in a booklet, published in Paris. (“North-South Dialogue and health, Medicus Mundi, 25 years in the field”, KARTHALA, Paris, 1985) and was translated into five languages.

**Dialogue with Church leaders** became important as well. In the 80’s MMI counted about 1200 MMI-doctors cooperating with more than 250 Church Hospitals. We hoped to help building up networks among

<sup>1/</sup> Dolentium Hominum 2013, nr 82.

church health institutions, to promote integration of Church health Institutions into the District Health System, to foster stewardship, to help installing professional coordinating bodies, to promote institutional capacity, to propagate churches’ partnerships particularly with Governments, to encourage churches’ participation in debates on health policies at national and international level

**Dialogue with the church in the field** started in 1981 together with our 35 Medicus Mundi doctors working in the Cameroon, organising the **First PHC Seminar on African soil**. Participants were the Catholic Medical Bureau of Cameroon, the Federation of the Protestant Churches in Cameroon and the Foundation Ad Lucem. 240 health workers from about 100 private health centres gathered during 5 days of work in the Centre of Jean XXIII in the capital Yaoundé. The Alma Ata PHC-concept and its importance was explained, so that the participants were convinced that reorientation was necessary.

Another important occasion for dialogue with the church was the **Dodoma Churches’ Consultation on PHC in 1985**. 24 of our MMI doctors working in Tanzania took part. All church hospitals had been represented by their Doctors in charge, by their administrators, by many church leaders, owners of church health institutions and by government representatives.

In 1983, MMI had the opportunity to collaborate with the church at its highest level when the **Pontifical Council Cor Unum** had invited some personalities to discuss the question: “Does there exist a Pastoral for Health”. MMI was part of the workshop. The way the question was formulated, indicated that the organisers were aware that after Alma Ata an important paradigm-shift had taken place. Not the sick or the disease was at the centre of interest, but health, the promotion of health and the human right for health. This workshop proposed the creation of a specific Health Dicasterium, which finally came into being in 1985 by the Motu Proprio “Dolentium Hominum” of Pope John Paul II. Right from its beginning, representatives of MMI were able to collaborate with this **Pontifical Council for Health**. We were convinced that by the fact that so many of our own doctors worked in faith based health institutions, it was useful to have a voice at this top level, not as a confessional organisation, but as medical professionals.

**Dialogue within WHO** at its 38<sup>th</sup> WHA in 1985 on “**the importance of International not for profit NGOs for health**”, inclusive faith based health institutions, was the highlight. I quote here Halfdan Mahler, Director General of WHO. He said: “NGOs

prime importance is a subsidiary one and governments ought to be partners joined in a marriage which the WHO would like to bless”.

**From 1999 until 2003 diplomatic lobbying within WHO reached an important result** when the representatives of about 190 nations adopted the **WHA resolution 56.25 on contracting** with the title “The role of contractual arrangements in improving health systems’ performance”.

Even though the Holy See had given its support for the promotion of this resolution, MMI found it necessary to organise between 2004 to 2010 a series of **Working Conferences among African Associations of Bishops Conferences**. The aim was awareness-building for the Public/Private Partnership modality. At the same time, we intended to stress the strategic reorientation of church health institutions in order to face the facts of globalisation.

As an example, I would like to mention the Uganda working conference whereto in March 2004, nine Anglophone African Episcopal Conferences sent their delegates. The conference discussed the viability and sustainability of catholic health services and took due notice of the rapid changing circumstances in which they had to be provided. The Kampala Statement contains a number of resolutions that have been adopted by the delegates of the participating Episcopal Conferences. To mention but a few, namely: to foster stewardship, to install professional coordinating bodies to develop institutional capacity, to engage into partnerships particularly with Government, to seek participation in debates on health policies at national and international level.

An important possibility to advocate the contracting modality was MMI’s participation in „A contribution of Catholic Health Care Institutions to reconciliation through health care”, to be presented to the Second Synod of African Bishops, containing suggestions for public/private partnership by contractual agreements

## Challenges in a globalised world

Since the definition of the United Nations Millennium Goals, extra funds such as the Bill and Melinda Gates Foundation (1999), the Global Alliance for Vaccines and Immunisation, GAVI (2000) and the Global Funds to fight Aids, Tuberculosis and Malaria, GFATM (2002) are available. But more funds are not sufficient to offer more and better care; the Human Resources for Health (HRH), the human resources factor remains a main pillar within the health system. Therefore HRH has become a priority in the MMI’s working plan: In the frame of the Global Health Workforce Alliance, MMI contributed to the

implementation of the “WHO code of practice on the international recruitment of health personnel.” and has been selected by the Global Health Workforce Alliance to host the secretariat of the Health Workforce Advocacy Initiative (HWAI). In 2013 it submitted to the European Community an Agenda for Global Action called “Health Workers for all and all for Health Workers” because acute shortages of health workers in most countries, rich and poor, are undermining advances already made in improving health.

**Operational changes within MMI** recently aim at strengthening our activities. Formerly, Board members were the executives of MMI’s programs. Now a strong secretariat would try to more involve the member Organisations into the MMI’s policy plans. MMI has changed from being an umbrella-organisation to becoming a strong network. MMI started formulating multiannual policy plans. The future will show whether MMI will be able to become a platform for civil society movements and eventually become their voice and advocate in our dialogue with decision makers in the world of health policy<sup>2/</sup>.

#### **Medicus Mundi International after 2015: Proceedings towards an MMI Network Strategy 2015-2019**<sup>3/</sup>

The proceedings are summarized in three consecutive steps.

**FIRST STEP: Review of the MMI Network Strategy 2011-15 October 2013.** This review allowed us to recognize on what base MMI should continue. The dynamism of an expanding network in size and diversity brings along changes with which the Network members have to deal with. As a matter of fact a main characteristic of MMI is its potential to foster social changes. The result are organic changes that have an impact on the patterns of changes in behaviours, relationships or actions of the social actors in the network itself, as they reinforce each other on the advancing together with joint strategies to achieve their common purpose. The review confirms:

1. MMI wants to be an open network but at the same time engages in giving attention to preserving internal network coherence and the established reputation, without losing the balance between the diverse contributions of members, through joint, sustained collaboration, based on voluntary active membership.
2. Still relevant for MMI is its affiliation with the WHO and the standing invitation to attend the

WHA. We want to maintain this unique quality of MMI.

3. Contributions to policy analysis, dialogue and public statements will continue to be important
4. The existing links between research institutions and NGOs are important to MMI and have to go on.
5. In future the relevance of the networks engagement can evolve either by focusing on a limited number of topical subjects or by engaging on a greater number of topics by linking with temporary members for particular topics and by increased interaction between members or between similar networks.
6. As concerns MMI engagement for Civil Society there appears a shared understanding that civil society input on health governance is considered essential for policy transformation, under the condition that at local level democratization of global health will be reinforced.
7. There remains a concern that the discussions in « Geneva » remain detached from the reality they perceive in countries of the South. There is the wish to see that MMI helps in bringing the Geneva-Based perspectives and local realities together.

#### **SECOND STEP: Members of Consultation on MMI Network-Strategy 2015-19 September 2014**

As a result of this Consultation « Health for All » remains the shared vision. In this context MMI proposes as main activities the **promotion of**

1. universal health coverage
2. strong national health systems
3. policies addressing social and political determinants of health
4. connection of local with global health policy
5. policies and practices based on evidence
6. critical reflection of one’s own role and contributions

The specific mandate of the MMI Network is to support its member’s efforts to **achieve the shared vision of HFA through:**

1. enhancing communication and cooperation among members
2. providing a platform for the development of joint activities or thematic working groups.
3. providing a platform for joint advocacy at a global level, especially with focus on WHO.
4. fostering evidence based approach in the members’ programs and promoting collaboration between the Network members and research institutions,
5. fostering visibility of the Network members and their activities.

<sup>2/</sup> Cf. references in the full text on Internet under the title: Edgar Widmer: 50 years of Medicus Mundi Internationalis ...

<sup>3/</sup> A Polish translation of this chapter is available in Medicus Mundi Polonia, 2014, 49/50 page 5.

Two clearly distinctive, but complementary and coherent fields of activities have been proposed:

1. «The MMI Network fosters knowledge sharing, mutual learning and collaboration to promote evidence based practice of actors in international health cooperation »
2. «The MMI Network provides autonomous, sustainable mind stimulating spaces for the analysis and debate on global health and promotes platforms for joint civil society advocacy, with a focus on WHO»

The Members Consultation gives a clear «GO AHEAD» in these two fields of activities. The feedback on the specific activities/strategic lines does not yet allow clear conclusions and apparently further discus-

sions should offer more explanation on the details of what are the most promising concrete paths.

### **THIRD STEP: Strategy-Workshop during the Extraordinary Assembly on Nov. 6th 2014**

The Assembly adopted the two fields of MMI activities as described above. The representatives of the member organizations valued intensively the priority and feasibility of the above mentioned six main Activities of MMI. Determinant will be the members preparedness and availability to actively participate in these activities. The Assembly has given the mandate to the Board and secretariat to further refine the final strategy document and to submit it to the General Assembly in May 2015 for adoption.