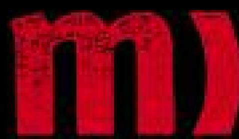
The Work of medico international

> Emergency Relief
> Health
> Psychosocial Work
> Human Rights
> Acting in Networks



medico international

For more than 40 years medico international has been promoting the human right to health. In 1997 medico and other members of the International Campaign to Ban Landmines were awarded the Nobel Peace Prize.

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Rehabilitation in Pakistan -
project partner HANDS,
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The medico team in Frankfurt, photo: Christoph Boeckheler

Solidarity among Equals

medico international is struggling for the right to health

medico international has been campaigning for health to be recognised as a human right for more than 40 years. In 2010 alone, the Frankfurt-based aid and human rights organisation provided funding for over 100 projects run by its partner organisations in Africa, Asia and Latin America.Defending aid, questioning aid and overcoming aid are the guidelines of medico international's work. By supporting partner organisations, raising public awareness in Germany and Europe, and networking with health initiatives globally, we are contributing to the struggle to change the causes of poverty and adversity. In practical terms this might mean direct emergency aid to survivors of the earthquake in Haiti, for example, which was provided within a few days of the tragedy by our Dominican Republic partners, the health organisation Cosalup, and funding for the International People's Health University in Kisumu. Both actions have seen the emergence of a new concept of solidarity: one forged between equals in this one world. Haitians do not need the expertise of 'white' aid workers to overcome their marginalised situation. It needs their own expertise and support for their resources for self-help and recovery. By strengthening solidarity from below rather than sending own staff, we are making a stand against paternalistic approaches to aid that all too often increase dependence of marginalised people rather than addressing it. Our support for the IPHU is also an attempt to retain, develop and pass on alternative expertise, to go against the ever more mainstream assumption that people's access to health is subject to market forces. The IPHU convenes regularly in various locations throughout the global south (and also in Brooklyn, New York in 2011) and promotes the exchange of knowledge and specific practical experiences.

Since the banking crisis of 2008 we are experiencing a global renaissance of the idea of social justice. Whether in Cairo, Santiago, Madrid or Tel Aviv, people are going out on to the streets and are demanding democracy infused with the notion that ensures everyone participates. 'Another world is possible' is the slogan of the global social forums. For many years this slogan faced criticism from politicians across the world who claimed there was no alternative to a global economic order based on rising inequality. Now we are experiencing an – albeit fragile – return of political thinking. Inherent therein is the idea that all human beings are citizens of this world and thus have rights. The work that medico international carries out is dedicated to ensuring that these rights take shape. We do this as equals among equals in association with our partners across the world and our supporters and donors in Germany.

South to South

How emergency aid from neighbouring countries turned into a long-term programme

When the earthquake struck Haiti on 12 January 2010 the capital Port-au-Prince was almost totally destroyed and over 250,000 people lost their lives. In the midst of such an apocalyptic nightmare, emergency aid provided by Haiti's neighbours provided a ray of hope. In addition to the solidarity Haitians showed through numerous examples of self-help, neighbouring Dominican Republic also provided assistance. One of the organisations supported by medico international using funds raised in Germany was the Dominican health association Cosalup. As part of the 'Ayuda Haiti' network it was in charge of basic healthcare at emergency shelters in Léogâne, where volunteer doctors and care workers maintained a health supply chain for several weeks. medico has known Cosalup for many years through the health activist networks in Latin America. Like medico, it is a member of the People's Health Movement.

Emergency Relief

At medico international 'critical emergency relief' means more than disaster management. Our approach involves providing victims the support they need to help themselves, understand the underlying political and economic causes and deal with the psychological and social trauma they have suffered as a result of the disaster.

This was the first project funded by medico in Haiti and the approach adopted in it remains an important feature of medico's programming to this day. medico funded Guatemalan dental health promoters to undertake two missions to Léogâne, only to find that even this was not enough to cover basic needs. This gave us the idea of learning from other partners' positive experiences in similar situations of exclusion and poverty. Aid was also provided by a grassroots organisation in a rather more distant neighbour – Brazil. The Landless People's Movement in Haiti has links with the Landless People's Movement in Brazil (MST) through the Via Campesina network and medico has been working with the Brazilians for several years. We are now providing funding to train Haitian peasant activists at MST's training centre in Brazil. They attend courses ranging from organic farming to political training, learning practical ways of advocating for their rights and political action. The aim is to strengthen Haitian grassroots organisations and civil society structures in order to provide support not only for rebuilding infrastructure but also for political and social (re-)construction. These include the rural community-based organisation APDK, which is attempting to stave off the next disaster through an environmentally-friendly reforestation programme; the NGO CRESFED, which is setting up a participative community development scheme with the help of advisers from Benin; the Haitian-Dominican Women's Organisation (AFDC), which has its origins in emergency aid but has also begun developing a long-term operational programme to support women's rights in Haiti; and finally the Haitian human rights organisation RNDDH, whose aim is to monitor transparency and the rule of law during the national reconstruction and pursue abuses through the courts.

This approach arises directly from medico's experience of humanitarian aid over a number of decades and its often ambivalent consequences for the victims, of which Haiti is a classic example. On the one hand, the presence of many NGOs – whose number has tripled since the earthquake – is needed to ensure the population's basic humanitarian needs are met. On the other hand, they present a serious problem as they undermine the Haitian's own capacities to recover and move on from the disaster. medico is attempting to address this dilemma by actively encouraging public debate about the limits and responsibilities of international aid organisations and by strengthening South-South cooperation. This is something we have already had success with in other contexts.

Rebuilding houses for flood victims – HANDS, Pakistan, photo: HANDS

Pakistan

Strengthening Self-Help

medico’s partner HANDS was ready to act immediately

When Pakistan was overwhelmed by floods along the Indus and other regions in August 2010, medico’s partner HANDS (Health and Nutrition Development Society) was one of the first civil society organisations on the scene. In the Sindh region HANDS evacuated tens of thousands of people trapped by the floods, quickly set up camps to ensure their survival and is now supporting the return of the refugees. This was possible because HANDS had been working in the poor regions affected by the disaster for decades and was able to mobilise thousands of volunteers rapidly. HANDS was just one of many other civil society organisations in Pakistan that demonstrated their capacity to act during disasters. medico was able to provide considerable amounts of money for HANDS due to the overwhelming generosity and solidarity shown by German donors. It had previously had contacts with health and community-based organisations over many years via the People’s Health Movement. HANDS’ approach to emergency relief is based on both providing basic health care and supporting flood victims to organise themselves. As a result of this shared approach and the shared understanding that health is a basic human right, the work carried out by medico and HANDS to deal with the disastrous flood in Pakistan has become a paradigm for a critical understanding of emergency relief work.

Nicaragua

Integrated Community Development

An emergency relief project with long-term results

It can often take many years to assess the long-term effects, if any, of humanitarian aid in post-disaster situations. One example is the situation in Nicaragua following Hurricane Mitch in 1998. There, medico international had been supporting partners and projects since the mid-1970s and responded with humanitarian aid immediately after the hurricane. The emergency relief programme brought us into contact with surviving campesino families who had been forced to flee from their villages and land by a mudslide. Returning home was not an option. Most of them had lost many of their relatives during the mudslide and were in a state of severe shock at the total collapse of their normal living conditions. Despite this, they managed to establish a village at a new site, set up an agricultural cooperative, restore their own livelihoods and even develop prospects for their children’s futures. Since then the village, called El Tanque, has become a symbol of a viable alternative to neoliberal approaches to development.

Farming in El Tanque Nicaragua, photo: medico

A Long Common History

medico's support for the health association ACCSS

Medico's cooperation with the activists of the Guatemalan health and community organization ACCSS began during the fight against the military dictatorship in the 1980s. medico supported indigenous refugees who sought protection from the junta's policy of extermination in camps in Mexico and, in so called 'resistance villages' in the forests of the northern border region. medico supported the refugees with medicines and training for health and dental care promoters. After the end of the civil war medico continued this support as they organized the refugees' return. The aim was to transfer the experience of autonomy and emancipatory health concepts into the new, post war Guatemalan context and to develop them further. This has proved successful in many aspects. One example is the health and training centre that ACCSS has built on the outskirts of the provincial town Playa Grande in the north of Guatemala, co-funded with a subsidy from to the German Ministry for Economic Cooperation and Development. The single-floor building is full of air and light. The doors to the offices are kept open. There are rooms for training and professional development of health promoters; a workshop where young people can attend basic vocational courses; a recycling system that clears waste water into drinking water quality; and a tropical medicinal plant garden that is a riot of colour. But even more importantly, the centre is seen as an oasis or Noah's ark for a different future mainly because of the way that all those involved interact with each other and with the project itself.

Health for All

The concept of primary health care is the guiding principle for medico when supporting direct healthcare projects. Health outreach teams, cooperation with local institutions, training of health promoters, the democratic participation of local communities in developing these structures – these are just some of the cornerstones of the concept, which focuses primarily on people's health needs rather than on market needs.

Among them are Santos Chen, Sebastián Bartolo, Viviano Matias and Juana Perez. The three men come from the hidden resistance villages and were already involved in community work as youth; while Juana joined later. Santos talks about how he once operated on a young girl with a tumour under her tongue. Her father had persuaded him to operate after failing to get help from the poorly equipped public healthcare system. Like the other promoters Santos has received further training in dental care, traditional herbal medicine and acupuncture. For many years he also learned much from experts from the city and from abroad. Sebastián, who has completed a three-step dental training programme and a course in accounting, not only provides his fellow villagers with dental treatment but also looks after the cooperative's accounts. ACCSS has trained around 100 dental promoters in this way in recent years.

Results of the work in the region of Ixcán give evidence that the Primary Health Care concept – understood holistically in its full political dimension – can impact much more than basic health care. Since 2009 ACCSS works in 28 villages with children and youth in schools and youth committees to strengthen their self organisation and participation. While focusing on health interests and problems of children and youth, groups also discuss other social and political developments in the villages: the displacement of peasants in the interest of big plantations, the return of the military, which is justified in terms of the fight against drugs, and human rights abuses by the state and the drug syndicates. Hugo Rosetti, a professor from Argentina specialising on Primary Health Care, evaluated the work of ACCSS in 2011. His conclusion: "I have seldom visited health projects like ACCSS which not only focus on certain health indicators but works as comprehensively on health."

Health committee members of CWGH, Zimbabwe, photo:medico

Zimbabwe

Small Victories

medico’s partners in Zimbabwe fight for the right to health

The devastating cholera epidemic of 2008 in Zimbabwe, in which thousands of people died, was the worst consequence of the dramatic situation facing health in that country. This disaster is primarily a political one: Since the collapse of the healthcare system in the 1990s the situation has continued to deteriorate and diseases that could be prevented by clean water supply are spreading.

The crisis has inspired a committed health movement whose members include medico’s partner Community Working Group on Health. As its name implies, civil society is a key focus. The CWGH is closely linked to the local community through its grassroots structures: 25 regional health committees provide the community with expertise and tools they can use to work together to improve their own situation. The committees were also active during the cholera epidemic. Through their health centres they provided information on prevention measures and distributed sanitary products to prevent the disease from spreading further. The CWGH combines its action on health with criticism of the government: ‘The crisis in healthcare is partly to blame on the increasing number of people with no access to education, transport or water;’ says Itai Rusike.

CWGH is therefore attempting to raise the profile of basic health care on the political agenda and is currently campaigning for the right to health to be adopted in Zimbabwe’s new constitution.

Sri Lanka

Between Strike and Cookery

A trade union in the legal vacuum of Sri Lanka’s global market factories

Katunayake Free Trade Zone is 30 kilometres from the capital Colombo. ‘Eighty per cent of those employed here are women,’ says Anton Marcus from medico’s partner the Free Trade Zone and General Services Employees Union (FTZ&GSEU). The women live in cramped boarding houses, three to a room, with an open fire for cooking outside and a couple of showers. Working conditions are tough, the supervisors are ruthless and the wages are so low that most of the women ‘volunteer’ to do overtime.

Following years of operating illegally, FTZ&GSEU is now the strongest union in Sri Lanka’s free trade zones. It is concerned not only about wages and employment law, but also its members’ health. The workers simply do not have the time to go to the state hospitals – and a visit to a private doctor would easily cost an entire month’s salary. The union provides assistance twice a week, supported by medico, at its own offices and after the end of the working day. One doctor and one assistant doctor attend around twenty women per session and a small pharmacy provides the most important medicines. The service even includes a cookery course for which the union recruited a popular TV chef. How and what can the women cook when they only have half an hour in the evening to prepare meals in the flickering light of the kerosene cooker? The TV maestro’s main message is that the women need to share the shopping and cooking and – just as with the fight for wages and employment rights – you can’t do it alone.

Union cooking course with the TV chef, Sri Lanka, photo: medico

Moving on – Looking Back

Organisational development for social change – the Centro Antonio Valdivieso (CEAV)

Medico has been supporting Nicaraguan civil society in its attempts to implement social and political changes in the country since the struggles against the Somoza dictatorship. The new beginning, marked by the revolution in the 1980s, was followed by disenchantment over neoliberal policies in the '90s and a discussion about misjudgements, global power relations and the role of psychosocial dynamics. 'In order to understand and come to terms with our own history, we also need to analyse the history of our country,' explains Marta Cabrera, head of the ecumenical centre CEAV founded in 1979 that offers a 'psychosocial training programme for social change' in a number of regions of Nicaragua. The training courses are attended by local grassroots organisations and disseminators committed to social change. CEAV's one year training process, which is divided into several workshops, is the result of a decade's experience of psychosocial work. It was prompted by the observation that all the community workshops and local development projects on self-determination, gender issues or ecological sustainability in Nicaragua had only had a limited positive impact. As they tried to identify the reasons why many people lacked the initiative to take a pro-active approach to changing their life and the social situation, they came to the conclusion that Nicaragua as a country had been 'wounded' in many ways by the succession of social upheavals and natural disasters over the last decades. Many people fought in different ways to bring about the Sandinista revolution and social change. When the defeat came they were left to deal with it on their own, as there was no collective space in which to publicly express the pain, mourning and other emotions accumulated over the many years of sacrifice and struggle, in order to come to terms with the meaning of their experiences over that period.

Psychosocial Work

Psychosocial work has been at the core of medico's work for decades. It started with support for victims of political violence, and today it has extended its activities to the consequences of political, economic and social exclusion and violence. There are many facets of this work from individual therapeutic support, psychosocial community work to political interventions and lobbying to establish human rights standards.

Many people, as they spoke of what they had lost, started to touch on other problems that had previously been hidden, such as a woman from León, who told us: 'I am very sorry that I have lost my home but what is far worse is that I cannot sleep at night because I am frightened that my husband will lie in my daughter's bed and abuse her.' CEAV decided to develop a multidimensional approach to strengthening social organisations and the issues they dealt with: 'We wanted to bring issues to the table that no-one was addressing: subjective, psychological, spiritual.' Starting from the complexity of the realities of life and fully recognising the multilayered nature of what people have experienced, this is a holistic approach that does not equate development with economic growth and does not view society as something external and independent from individuals. Institutional structures also needed to be examined. 'In Nicaragua many organisations want to use a machete to carry out a heart operation,' says Martha Cabrera. 'They want to change the world whilst reproducing an outdated style of leadership inside organisations that makes any change impossible.' The workshops gave them an opportunity to analyse and discuss the consequences of the revolution as well as the rapid social change resulting from the globalisation process of the last twenty years. They also helped them to understand why it is necessary to acknowledge the past 'so we can go forward on a firm footing'.

Community workers training Sinani South Africa, photo: medico

South Africa

Transforming Poverty and Violence

The work of Sinani KwaZulu-Natal Programme for Survivors of Violence

Sinani, which has been one of medico's project partners for many years, grew out of a group of committed psychologists who provide therapeutic support to prisoners and torture victims of the apartheid regime. SINANI's work in marginalised, excluded and violence-ridden communities in KwaZulu Natal is driven by the conviction that help for transformation processes must cover all needs and be organised on a holistic basis. Since 1995 SINANI has been working in around 20 communities prone to systemic violence where political, social and domestic violence are closely intertwined. These communities are also dominated by extreme poverty and high HIV infection rates. SINANI's work combines empowering individuals by restoring relationships and connections within the communities and with public institutions. The aim is to increase the self-empowerment of political and social actors in communities through training and developing social and economic programmes, to promote conflict resolution in an attempts to transform the causes of poverty and violence in a constructive way.

SINANI's success over many years in providing assistance to communities designed around their needs is reflected in the fact that SINANI is now being requested by government agencies to provide training and compile a curriculum for training community workers who will work in areas of extreme poverty and violence.

Palestine

At the Edge of the World

The Freedom Theatre in Jenin

Juliano Mer Khamis was an extremely paradoxical phenomenon. Son of a Jewish Israeli mother and a Palestinian father, he embodied the border. He did not allow himself to be confined to one camp or the other, but preferred to sit on the fence: an unprotected place. He was murdered on April 4, 2011 outside his Freedom Theatre. He journeyed to Jenin in the occupied West Bank in the footsteps of his mother Arna, arriving in a town where the people knew Israelis only as soldiers. He continued her work with the children's and youth theatre that she had founded there. The theatre represented a protected space in which young people could process the violence and feelings of powerlessness they experienced in their everyday lives. To the theatre the first Palestinian drama school was added, and their productions were among the best that the Palestinian theatre had to offer. In the glare of the theatre's spotlights, a battle was fought on two fronts: against the Occupation that made prisoners of Jenin's population; and against the development of reactionary type of attitudes and opinions growing up as a consequence of isolation and occupation. Juliano's companions are daring to continue with the venture. This dual struggle climaxed in the scandal-rocked production of George Orwell's parable 'Animal Farm', in which young Palestinians are robbed of their life chances by occupation (the humans) and their own authorities (the pigs). Juliano's murder should not be allowed to be the final act of the Freedom Theatre. His associates are hoping that the theatre will continue to shine out, even after his violent death. Their next project is the Playback Theatre, an interactive theatre experience for Jenin and the surrounding area. It will allow the public to tell their own stories, which will then be improvised on stage by actors and musicians – a powerful way of articulating the common struggle and the strength of resistance.

Freedom Theatre performance, Palestine, photo: Bärbel Högner

Bangladesh

Solidarity from Below

Rickshaw pullers establish a healthcare insurance cooperative

At every intersection in the 15-million-strong metropolis of Dhaka armies of tricycle rickshaws jostle through the inevitable traffic jam, even mounting the pavements if necessary. It's seriously hard work: the drivers stand up on the pedals, pedal three, four, five times, gain momentum, sit down, then have to brake and start all over again all day for up to ten hours. They rest after their shifts at the 'garage' belonging to their 'rickshaw lord', where they all roll out their sleeping mats. The lord deducts the rent directly from their daily wage of just 8 Euro. Since this gives them slightly more room for manoeuvre than many other poor people, medico's partner Gonoshastaya Kendra (GK) wants to try out a specific experiment with them: the Gonoshastaya Rickshawpullers Health Cooperative. This is a mutual health insurance fund that costs the drivers 1 Euro per year. GK provides mobile clinics and basic (primary) healthcare with drugs and comprehensive health awareness-raising in the garages. More comprehensive examinations and treatments are offered to the insured members in the high-rise Gonoshasthaya Nagar Hospital in the city centre. In Bangladesh, however, this is certainly not a step towards privatising healthcare provision: it is a grassroots initiative in the fight for statutory health insurance. medico also supports the project in memory of the history of the German workers' movement which started out with similar mutual associations.

Rickshaw puller 'garage' in Dhaka, Bangladesh, photo: medico

Egypt

Democracy Is the Cure!

Urban health in Cairo

The pharaoh had to go, and nothing will ever be the same again. Still in February 2011, medico was helping our Egyptian partners in the People's Health Movement, donating €10,000 as a rapid response to meet the needs of the injured in Tahrir Square. A mobile team of doctors and nurses cared for the wounded; colleagues from the Al Shehab Foundation gave legal advice; and work has begun on documenting the events of the uprising. medico's partner Al Shehab is also at work in Cairo's Ezbet Al Haggana district. This slum has grown up without planning and without a sanitation, educational or health infrastructure. Al Shehab supports its residents – locals and immigrants – in their campaign for the right to adequate living conditions: the aim is to forge a civil society alliance, bolster the activities of the local community and educate people about their rights. In this way democracy is taking root in the community.

Guatemala

An Archive of Crime

Guatemala's Police Archive makes the civil war crimes publicly available

Filing the National Police Archives, Guatemala, photo: Ulrich Stelzner

In a windowless hall young women and men with facemasks and gloves sit in long rows sifting through yellowing, dusty books of files. The staff treat the material with the greatest care. For these files hold priceless information about a grisly chapter in Guatemala's recent history: this is the historical archive of Guatemala's National Police. Discovered almost by chance in 2005, it comprises 80 million files going back over 100 years and also documents the period of the civil war that lasted from 1960 to 1996. During that period the military, the police and death squads murdered 200,000 people. Another 45,000 disappeared. The archive is now in the hands of the victims and their families. In Latin America, with its history of brutal military dictatorships, this is unique. medico funds the psychological support of the Police Archive staff who are regularly faced with traumatic histories as they inspect the files. medico is also involved in funding screenings of the film 'La Isla' by the German documentary film-maker Ulrich Stelzner, who is documenting the work of the archive.

Chile

Providing Emergency Relief

CODEPU supports indigenous victims of the earthquake

The coastal village of Tirúa was particularly badly hit by the severe earthquake that devastated Southern Chile in February 2010. Many Mapuche Indians live here, who were persecuted during the Pinochet dictatorship and also have little voice in society under the neoliberal economic model. Poverty rates are well above the average for the country. Since little was to be expected from the state, medico's partner of many years, Corporación de Promoción y Defensa de los Derechos del Pueblo (CODEPU), quickly decided after the earthquake to provide emergency relief and assistance with reconstruction. With medico's support, twenty destroyed houses had been rebuilt by the start of 2011. But CODEPU's core aims are actually rather different: for many years the organisation has been working alongside victims and survivors of the Pinochet dictatorship, providing legal assistance and psychotherapy. In Tirúa CODEPU had recently begun an oral history project to write down the history of the Mapuche. medico will continue to support colleagues at CODEPU on this and other projects.

Mali

What We Mean by Freedom

Migration and cross border networks

The West African country of Mali is a migration hub with traditional routes within Africa to Arabic countries that stretch back to antiquity. This is partly a result of the weakness of the economy but also an expression of societal traditions of a culture of mobility entirely separate from the nation state. As in many West African countries, people are generally free to travel in Mali, state borders or passports have had little significance since post-colonial independence.

Mali is one of the poorest countries in the world. The minimum salary is approximately 12,300 CFA francs (35 Euro) for an unskilled worker and approximately 50,000 CFA francs per month for a skilled worker. Many of the unofficial convoys of refugees that cross the Sahara in pick-ups to reach hidden harbours on the North African coast start out from the desert regions in North-Eastern Mali.

Human Rights

medico's work involves an equal mix of defending and implementing political, social and economic human rights. We always connect our human rights work with the daily struggle for social justice, education and health and particularly when supporting people in migration or flight.

Because Mali is not only the homeland but also a transit country for many migrants from the southern part of West Africa, European foreign policy has selected the country for an experiment in migration management. It shares the attitude of the former colonial power, France, that treats francophone West Africa and Mali in particular as a Special Economic Zone. Since European demand for cheap African labour has dwindled and the 1990 Schengen Agreement ended the visa waiver for Europe, Mali is now treated as a peripheral dumping ground to which unwanted, 'undocumented' people are deported from Europe. For some time now, not only deported migrant workers from Mali land at Bamako airport – those from its West African neighbours do as well.

The Office for Migration Management (Centre d'Information et de Gestion des Migrations au Mali) in the capital Bamako is currently drafting models for a selective migration procedure on African soil designed to keep the

Detained 'illegal' migrants at the Mali-Algerian border, photo: Reuters

majority of prospective migrants in Africa and restrict access to the EU labour market to just a few. The EU is targeting existing self-help associations of deportees to make use of their local and regional support networks and to appear to be embedded in the local community. Solidarity networks such as the Association Malienne des Expulsés (AME), an association of deported persons, has so far resisted these attempts to promote stopping migration. AME is a partner of medico international. It provides direct assistance to deportees at the Mali desert borders and Bamako airport and is also directly engaged in Mali's internal politics as an organisation of affected people.

Ousmane Diarra, AME's president, described in Mali's parliament the 21st-century odyssey undertaken by migrants and the exposure of hundreds of thousands of people caught between structural poverty and forced immobility in the following terms: 'After arriving in our homeland and completing border formalities we are left to fend entirely for ourselves. After so many years spent elsewhere, we deportees are left completely alone. Most of us had to leave our wives, children and property behind. Destitution has become part of our life. Now we are back in Mali we think of our other life far away that lies in tatters. So many of our young brothers and sisters have migrated from rural areas and then emigrated, only to end up on the desert roads. If they don't drown in the sea these migrants return as deportees after suffering long periods of imprisonment, harassment, violence and hunger. They are passed from border to border only to be abandoned in Northern Mali. They are left alone to live in the wild. It is a living hell.'

There are many aspects to the work of the West African Network for Migrants' Rights. AME is also responding to the increasingly visible European migration policy in the region by opposing the tightening up of border controls in sub-Saharan West Africa, which was formerly entirely exempt from EU visa requirements with a cross-border solidarity. Working jointly with another of medico's partners, the Mauritanian human rights organisation Association Mauritanienne des Droits de l'Homme (AMDH) in conjunction with human rights defenders in North-Eastern Morocco, AME is attempting to build up a transnational solidarity network. The concern is not limited to emergency assistance for deportees or direct cooperation, such as in the Mauritanian-Malian border area where people are found half-dying of thirst every day and cared for, but also with creating a public opposition movement defending migrants' rights through transnational workshops and demonstrations. In Bamako the AME is also providing a particular type of development assistance: with its advice and support, the Association des Refoulés d'Afrique Centrale au Mali (ARACEM) was founded, a self-help group of deportees from Central African countries (Cameroon, both Congolese republics, the Central African Republic, Chad, Gabon), that attempts to provide hundreds of stranded migrants with essential supplies (medicines, water, food).

Our partner network in West Africa is starting to organise itself. Its staffing and financial resources are still far too small to be able to care for even a fraction of those who are flown out by aeroplane, detained at desert borders between African countries or captured in the boats along Europe's southern coastline. But an important step has been taken: the 'voiceless' people have started to find their voice and are increasingly demanding their rights from their own authorities, who are all too ready to defer to Europe. In doing so, they criticise not only the inhumanity of the European border regime, but also the neoliberal European economic reality which allows the free movement of goods but restricts the movement of human beings. They demand that they too should have freedom of residence and movement to Europe.

Reflective Dialogue

Matching aims and objectives

Medico does not implement development projects itself but supports the work of partner organisations in Africa, Asia and Latin America. In many cases cooperation lasts for many years and we develop a close relationship with our partners. However medico is also entering into cooperation with new partners. Before agreeing to become partners, both sides need to check whether their respective aims and objectives coincide. The partner organisations then submit specific funding applications. During a cooperation programme we consult with our partners on whether we are on track towards achieving our common objectives and reflect on what improvements we can make. At the end of a project we also check what went well and what we should do differently next time. This process is often referred to as planning, monitoring and evaluation, or PME for short, but we prefer the terms reflective practice and partner dialogue.

medico's Work with Partners

medico works with people and organisations in Africa, Asia and Latin America who want to see short- and long-term political and social change. Working together includes continuously learning from and for each other. Planning, monitoring and evaluation (PME) methods also help us in our critical and reflective dialogue.

Finding partners

When medico decided some years ago to become more active in the field of migration we wanted to find partners whose politics and programming matched medico's vision. While researching on the internet and discussing this with colleagues from other non-governmental organisations, one of medico's staff came across the Association Malienne des Expulsés (AME), a self-help group of deported migrants in Mali. A visit to Mali confirmed that medico should cooperate with AME. The organisation not only provides emergency relief for individuals who have been deported or expelled immediately following their return, but also carries out public awareness campaigns and is politically active. It is a committed member of national, regional and international migration policy and anti-globalisation networks and encourages the deportees and expellees to help themselves and to become involved in shaping their political reality. This comprehensive approach closely matches medico's objectives and way of working and AME's first application in 2008 was approved. Since then medico and AME have been working together. Cooperation based on mutual respect is the basis of every partnership for medico. This also includes recognising our partners' autonomy and their specific features since they work under a wide range of conditions. A standardised PME process would be too rigid to cover all this diversity. We therefore apply PME tools flexibly, for example tailoring them to the size and capacities of the partner organisation. We use them primarily as a means of communication at the various stages of cooperation. By maintaining a constant dialogue both sides can reflect on their own work and learn from each other. This allows a relationship of trust to be built up which also makes it easier to overcome difficulties and conflicts.

Joint evaluation

In December 2010 AME and medico staff met to evaluate the cooperation so far and to discuss future plans. Two colleagues from La Cimade, one of AME's French partner organisations, also attended, since AME, like many other organisations, is not only funded by medico. This means its work needs to be coordinated and agreed with a wide range of stakeholders. The interim evaluation report stated that: 'AME has made impressive progress since 2007: its political position is sounder and the organisational structure has improved.' But it was also clear that AME had taken on too much and that it was

Team members of AME, Mali, photo: medico

losing sight of its core tasks. The joint report stated: 'It is important for AME to remain true to its mandate and to set priorities to avoid weakening the organisation.' However the joint evaluation was not only used to assess AME's work, but also to reflect on how the different organisations were cooperating with each other. For example, the report states: 'The relationship between AME, La Cimade and medico is very good; we speak "the same language" and our organisations complement each other.' As so often, here too, we saw that other donors wanted to tie their funding to specific activities; whereas, medico also finances the organisational infrastructure such as office space, staff costs, etc. medico is bucking the trend of funding publicly visible projects at the expense of expanding and maintaining local organisational infrastructure.

This is as unsatisfactory for medico as it is for our partners: the constant need to apply and bill for individual projects to different donors places a huge administrative burden on them. Therefore, in AME's case, an agreement was made following the joint evaluation that all partners should pay into a pooled budget in future and use this to fund the organisational infrastructure as well as projects. For AME, this means not only that funding for their infrastructure is more secure, it also relieves the burden by standardising administrative procedures. The pooled budget was also approved over a longer term, which also reduces the administrative burden for all sides.

The joint interim evaluation of AME, La Cimade and medico in December 2010 was thus not merely a chance to consult and plan future cooperation. Agreements were made on very specific improvement measures affecting all the organisations involved. At the next evaluation we will need to check the extent to which the agreed changes have been implemented and whether they have had the expected impact. Until then, however, we will still consult frequently with our AME colleagues, remaining open to any changes and maintain our partnership.

A Successful Global Initiative

The International Campaign to Ban Landmines

The International Campaign to Ban Landmines was founded in 1991 by medico international in cooperation with the Vietnam Veterans of War Foundation.

Global Networking

medico supports the realisation of social and political human rights within global networks. States and other global actors can only be forced to abide by laws and ensure human rights through a global agreement.

In 1997 the International Campaign to Ban Landmines was awarded the Nobel Peace Prize. The idea developed into a movement for a global ban. Without global support, the campaign would never have become so significant. The 'most successful civil society initiative in the world' (as Kofi Annan, then UN Secretary-General, then called it) succeeded in forcing the military in many countries of the world to ban these weapons. The Ottawa Treaty came into force in 1999, banning the production, stockpiling, transfer and use of anti-personnel mines as well as stipulating that financial resources be provided for mine clearance and mine victim assistance programmes. Finally, for the first time, the number of mines being cleared is exceeding the number of new mines being laid.

There are many reasons for the success of the campaign. One of the most important is that the International Campaign to Ban Landmines (ICBL) succeeded in building up an independent 'international public' that enabled it to turn a military issue into a public one. At its height the ICBL consisted of a global network of more than 60 national campaigns.

Much has changed since the landmine campaign started back in 1991. The number of people killed or maimed by mines has been drastically reduced. That large areas around the world are now being cleared of mines is also due to a network of institutions set up since then to ensure the implementation of the Ottawa Treaty in all countries. The pressure brought to bear by the ICBL in the last two decades has not just lead to the establishment of a new international standard, a ban on landmines under international law, but to an institutional structure which is essential to reduce the danger posed by landmines as well. The institutions that have emerged since the signing of the Treaty include regular conferences held by the Treaty signatories concerned with the political implementation of the provisions of the Treaty; civil society monitoring programmes such as the 'Landmine Monitor' that watch over compliance with the resolutions; the UN Mines Action Service (UNMAS) that coordinates the mine awareness and mine clearance programmes enforced around the world; the Swiss-based Intergovernmental Geneva International Centre for Humanitarian Demining (GICHD) provides essential materials and has developed appropriate mine clearance processes, compiling the standard operating procedures for mine removal. This might sound like too much bureaucracy, but these quality standards are finally crucial life or death decisions.

It took a lot of work to convince people – a form of 'citizen diplomacy' – and to persuade the individual Treaty signatories including Germany to fulfill multilateral mine clearance and victim assistance duties. The continuing need to keep up this type of multilateral commitment on these issues is evident in Afghanistan today, where the successes of the past years risk being superseded by a number of military strategies, whether these are called 'a comprehensive approach' or 'networked security'.

Mine awareness with children, Tierra de Paz Colombia, photo: medico

Examples of mine clearance and victim rehabilitation projects funded by medico:

Colombia

Landmine War on a Daily Basis

The violent conflict in Colombia is far from over. The government's military strategy to take the fight directly to the midst of populated areas is having fatal consequences. Colombia has the highest accident rates from landmines and explosives in the world. medico's partner Tierra de Paz focuses on protecting children: schools are declared conflict-free zones and teachers become mine awareness-raisers.

Afghanistan

Anti-Landmine Sniffer Dogs

Millions of mines and unexploded devices have been left behind by the conflict in Afghanistan and now present a huge danger to the population. Before fields, schools and roads can be repaired and used to the full, the munitions must be removed from zones used by the population. MDC has 1,500 Afghan employees and is training landmine sniffer dogs to detect mines.

Sri Lanka

Mine Awareness Protects the Civil Population

In Vanni, an area previously under the control of the Tamil Tigers (LTTE), there was severe fighting shortly before the end of the conflict. Large areas are riddled with landmines and unexploded devices. Returning refugees are in great danger: already in a precarious situation, they have no free access to their fields and have not been made aware of the danger posed by landmines. To prevent further accidents, CTF raises awareness of explosive remnants of war and trains up community activists to disseminate knowledge as broadly as possible.

El Salvador

Artificial Limbs on the Principle of Solidarity

PODES is Spanish for 'You Can'. This organisation employs mostly people injured by mines laid during the war as artificial limb technicians and managers. They have been injured and traumatised by the long years of fighting. But at PODES they make artificial limbs, supports and spare parts to international standards and earn enough to support their entire families. Another success story due to a long-term cooperation partnership with medico.

The Alliance Development Works

Acting fast and sustainable

Five years ago medico, Brot für die Welt, Misereor, terre des hommes and Welthungerhilfe formed the Alliance Development Works (Bündnis Entwicklung Hilft or BEH in German): It has since been joined by other German partners including Kindernothilfe, Christoffel-Blindenmission, Eirene and Weltfriedensdienst.

Their joint aim is to provide immediate and long-term assistance in emergency situations and disasters simultaneously by supporting experienced indigenous partners. In addition the public should be informed in a professional and engaged manner of the background to the emergency and the opportunities for overcoming poverty and misery. During the disasters in Haiti and Pakistan, this tried and tested method of cooperation again proved successful both in the field and back at home. The spontaneous, widespread civic solidarity, the high standing of the organisations in the alliance and the support of the German ARD TV network led to an extraordinarily high level of donations.

Bündnis Entwicklung Hilft

The alliance ensured that it was reported in a transparent way with several press conferences and comprehensive documentation of the wide variety of aid acivities at www.entwicklung-hilft.de. The Alliance's director Peter Mucke emphasized what the member organisations had in common despite the difficulties that are unavoidable in countries like Haiti and Pakistan: 'With our approach of interlinking emergency relief, preventive measures and development we aim to strengthen stand-alone civil society structures over the long term. That is not something you can do in one year.'

photo: medico

Sri Lanka Advocacy

Joint lobbying in Berlin, Brussels and Geneva

Although the war in Sri Lanka ended in 2009, the country's Tamil-populated north is not at peace. Quite the reverse: their land is completely occupied, tens of thousands live in internment camps and thousands are in prison. Lawlessness is also increasing in the south, with journalists 'disappearing', trade union activists being arbitrarily detained, any opposition gagged. This is also placing the work of medico and other development non-governmental organisations (NGOs) in a precarious position: any statement about Sri Lanka endangers the work of our partners on the ground, which is all the more important in the uncertain post-war period. To protect them and safeguard their mutual assistance and support, the network 'Sri Lanka Advocacy' was formed at the start of 2010 as a means for a number of NGOs, including medico, to coordinate lobbying activities in Berlin, Brussels and Geneva and run a joint website at www.lanka-advocacy.org.

The People's Health Movement

A worldwide network for the right to health

The People's Health Movement (PHM) was founded in December 2000 in Savar, Bangladesh. 1600 people from 93 countries came together at the premises of medico's partner Gonoshasthaya Kendra: activists, professionals and academics who in their various activities are committed to the concept of primary health care (PHC). medico came across many old partners at the PHM, from Central America, South Africa, India and Palestine – and found new partners: for example in Egypt, where a team of doctors and nurses connected to the PHM provided assistance to those wounded on Tahrir Square. Their joint activities range from projects in the field to demonstrations and lobbying against the neoliberal erosion of healthcare systems, the exclusion of minorities and refugees, punitive drug patents, protectionism and world market prices and strives for a comprehensive democratisation of the World Health Organisation.

Challenging the War

Development and peace organisations discuss Afghanistan

The bloodiest year of the war in Afghanistan was 2010, with the civil population the hardest hit by the violence. For development aid organisations working in the country this was a reason to intensify cooperation with one another and increase their contacts with the peace movement. VENRO, an umbrella organisation of non-governmental development organisations in Germany, also has an Afghanistan Working Group, whose members include medico, Caritas International, Deutsche Welthungerhilfe, Misereor, medica mondiale and Oxfam. They are united by an uncompromising opposition to the policy of 'networked security' under which aid and development NGOs are expected to cooperate more closely with the German Bundeswehr (army) as it begins to move into 'out-of-area' interventions. By establishing regular communication with the peace movement, the NGOs are looking for an ally through which the voice of the partners in Afghanistan can also be heard. In 2010 development NGOs and peace activists had several meetings towards preparing a conference in 2011 to present their shared objective jointly to a wider public.

Health activists of CWGH and TARSC, Zimbabwe, photo: medico

Health as a Common Good

The Delhi Statement on democratising Global Health

In early May 2011 representatives of organisations and institutions campaigning for health and social justice came to a meeting in New Delhi organised by the Indian health organisation Prayas, the Community Health Cell Bangalore, the People's Health Movement, the Public Health Foundation India and medico international.
The aim of the meeting was to develop a shared vision of how health could achieve the status of a human right and to introduce that idea into current debates, particularly on the role and work of the World Health Organisation (WHO). This led to the Delhi Statement which caused a stir at the WHO's World Health Congress held a few weeks later. Some excerpts are given here.
The full text can be accessed at www.medico.de and also on the website of the initiative www.democratisingglobalhealth.org.

Health is an essential condition for human and social development. That is why the right to health is enshrined in the Constitution of the World Health Organization, in the International Covenant on Economic, Social and Cultural Rights (CESRC) and in over 130 national constitutions worldwide. (…)

Even now, when global health and poverty reduction are relatively high on the international policy agenda, and governments are launching directs assaults on poverty through various programmes, health inequalities within and between countries are on the rise. Persistent poverty and growing inequalities, these intractable foes, are stark reminders that economic globalization and market liberalization have not created an environment conducive to sustainable and equitable social development. (…)

Listening to the Grassroot Voices

medico’s health campaigning

Global Health Policy has no shortage of initiatives and experts, but the voice of the stakeholders themselves is often ignored; medico fights to make their voices heard. Working through international civil society networks, we strive to prevent the right to health from being sacrificed to commercial interests or subjected to a narrowly technocratic interpretation.

Since 1981 medico international has been campaigning within the global network Health Action International so that access to essential medicines is not subordinated to profits for the Big Pharma lobby.

In 2000 the People’s Health Movement was launched as a strong voice for everyone’s right to health. One of its key demands is that people should be involved in decisions that affect their health. The fact that so many activists and groups from the People’s Health Movement were involved in the work of the World Health Organisation’s Commission for the Social Determinants of Health in 2005–2008 attests to the global achievement of this initiative.

Against this backdrop of success, medico strengthened its critical campaigning in Germany, organising an alternative event at the first ‘World Health Summit’ in 2009. While the summit was aimed exclusively at technical solutions for the issues of health and disease, ignoring their social dimension, medico organised a conference in Berlin in 2010 that brought together international speakers and a national network for global health. The network is not only made up of international initiatives but local public health campaigners, trade unions and migrant groups are involved. We are convinced that ‘Global Health starts at home’. This joint approach is designed to provide constructive criticism of German policy on global health issues.

The most recent step in this direction is the emergence of a distinctive, single voice of civil society amid current debates on ‘Global Governance for Health’. Before now, the sheer number of separate initiatives on Global Health have made coordination difficult and reduced the movement’s capacity to counter the influence of the many actors who focus on their own commercial self-interest rather than health as a public good.

Health is a common good that demands collective responsibility. Instead, structural violations of the right to health are produced by the dominant market dynamics and the uncontrolled influence of profit-driven transnational corporations, supported by the policies of international financial and trade institutions – the International Monetary Fund, the World Bank and the World Trade Organization. Such violations are often unmonitored, unmeasured, and are too numerous to quantify. As they form part of a process of systematic violations of other rights – to gender equality, to water and food, to work and income, to housing and education – any commitment to the right to health cannot be conceived in isolation from a broader approach of universal social protection as a key policy to human development.

As the UN health agency, the WHO remains in today’s globalised world the “directing and coordinating authority” for the realization of the right to health and universal coverage. Its role as the sole global legal authority in health is embedded in its constitution, and needs to be strongly supported. The last few decades, however, have witnessed the rapid emergence of new actors who have highlighted health as a priority and largely shaped the global agenda, but who have also contributed to much fragmentation in health governance. Their increasing prominence has produced a shift in institutional culture, favouring the penetration of market values into areas where they do not traditionally belong and resulting in a new sphere of influence in health policies. (…)

The topics of global health governance and the WHO reform agenda were prominently featured during the WHO Executive Board debate in January 2011, a development we welcome. Fire has been lit and WHO, through its Member States, needs to take responsibility for the policy dialogue opportunity it has opened up. It is a collective responsibility, too.

(…) We are convinced that WHO needs to rediscover its fundamental multilateral identity. Drawing on its strengths, the organisation has to take advantage of its reform process to rethink and reassert itself as the leading actor in a broader governance for health that is coherent with the need for solid public policy responses to the neoliberal prescriptions, so that globalization be shaped around the core values of equality and social justice.

We, the participants in the New Delhi consultation

1. Call on Member States to strengthen the enforceability of the right to health, and the other economic, social and cultural rights. (…)

2. Are convinced that the primary responsibility to enforce the right to health lies with national governments. (…) Without people's mobilization, human rights cannot be met. The right to health is no exception. (…)

3. Favourably consider the proposal by WHO for innovative consultation mechanisms that allow meaningful participation of the multiple actors involved in global health and require that the WHO consult with public interest groups to this end. (…)

4. Strongly challenge the increasingly disproportionate participation of the corporate private sector in WHO processes without a robust mechanism to address conflict of interests. WHO needs to develop a comprehensive framework that would guide interaction with commercial actors as well as develop and implement measures to avoid and properly manage conflict of interest situations. These go beyond transparency and include a clear definition of institutional conflict of interest, clear entry criteria and sunset clauses; (…)

5. Urge Member States to focus on taxation as one of the key policy instruments to enhance revenue capacity to advance human welfare, and in particular to finance a home-grown health agenda. (…) The world is awash in money and time has come to focus on wealth as a way to reconnect redistribution and social policy with economic and fiscal policymaking. (…)

6. Recall that international solidarity is essential in many countries with insufficient financial potential to ensure the necessary human and material resources to guarantee the right to health. Today's non binding provisions need to be turned into mandatory arrangements if we are to make such support predictable and long term.

7. Strongly encourage Member States to increase their financial contributions to WHO and enhance their impact in the organisation. (…)

Signed by:
Salud y Desarollo, Bolivia; Wemos – Health for All, Belgium; Prayas, India; medicus mundi, Switzerland; Geneva Health Forum, Community Working Group on Health, Zimbabwe; Partners in Health, USA; Training and Research Support Centre, Zimbabwe; Section 27, South Africa; O'Neill Institute for National and Global Health Law, USA; Southern and Eastern African Trade, Information and Negotiations Institute, Zimbabwe/ Uganda; World Social Forum, Brazil; Tax Justice Network, Kenya; Community Health Cell, India; Equinet, Southern Africa; World Council of Churches, Geneva; Action Group for Health, Human Rights and HIV/AIDS, Uganda; Diverse Women for Diversity, India; medico international, Germany, People's Health Movement.

Afghanistan. photo: www.one-step-beyond.de

Health – Social Support – Human Rights

medico works... with partners

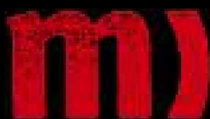
The assistance provided by medico is more than the supply of relief goods in emergency situations. We see our work as an element within comprehensive social action that aims at the implementation of the right to health. Our concern is to cooperate in a spirit of solidarity and trust with people who are autonomous partners and anything but mere recipients of aid. Our common point of departure is marked by the political and social aims that we share with our partner organizations in the South.

medico works... in context

Wars and affliction are never a bolt out of the blue. They have underlying reasons that must be challenged. Those who through avoidance of important political and cultural linkages do not understand the root causes of human distress will not be able to react adequately to such distress.The aim of our efforts is not simply targeted at alleviating humanitarian crises, but at overcoming them permanently.

medico works... for change

Any assistance granted to people leaves traces that will remain long after the original intervention. Therefore, assistance aimed at overcoming the status quo presupposes a socio-political vision of a different and more just world. It must develop strategies that can serve as a roadmap. There are no humanitarian solutions to humanitarian crises. We believe that assistance is an element within social action that fights for democracy, social justice and respect for human rights – together with the victims of destitution and despotism.



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Nicaragua, El Tanque. photo: medico

Annual Report 2010

> Summary of Projects
> Project Countries
> Financial Report
> Overall Result
> Organisational Structure

medico international

Summary of Projects by Region

Africa

Cap Verde
- Equipping an Old Age Home in Sao Vicente (kitchen appliances, wheel-chairs, walking aids), Ministério do Trabalho, Formacao Profissional e Solidariedade Social

€2,362.49

Mali
- Support for deported migrants in Mali, Association des Refoulés d'Afrique Centrale au Mali (ARACEM)
- Contribution to annual budget of AME (Association Malienne des Expulsés), regional networking activities and mobilisation days on the occasion of the 50th anniversary of Malian independence.

€39,500.00

Morocco
- Support for migrants and refugees

€3,000.00

Mauretania
- Workshop on cooperation between human rights organisations, Association Mauritanienne des Droits de l'Homme (AMDH)

€3,000.00

Sierra Leone
- Para-legal advice for local communities in the diamond region of Kono, Network Movement for Justice and Development (NMJD)

€14,918.00

Zimbabwe
- Expansion of local community-based health committees and health centres, Community Working Group on Health (CWGH)
- Community work and campaign for the right to health CWGH

€92,180.38 (including support from German Federal Ministry for Economic Cooperation and Development (BMZ)

South Africa
- Awareness-raising campaigns on the unresolved cases of 'the dis-appeared' and psychosocial support for victims' relatives, Khulumani Support Group (KSG)
- Campaign for the reparation lawsuit during the Soccerl World Cup, KSG
- Support for children in families and communities affected by HIV/AIDS KwaZulu-Natal Programme for Survivors of Violence (SINANI)
- Strengthening of local capacities in peace and development work - phase 2, SINANI
- Prevention and conflict management in cases of xenophobia; assistan-ce to the public in human rights lawsuits at the African Commission on Human and People's Rights, Zimbabwe Exiles Forum (ZEF)

€151,608.02 (including support from ifa-Zivik)

Western Sahara
- Delivery of essential medical supplies, Ministry of Health of the Sahrawi Democratic Arab Republic

€20,000.00

Asia

Afghanistan
- Support for mine clearance programme: 29 mine clearance teams. 2 regional offices, dog rearing and training, veterinary clinic, Mine Detection and Dog Center (MDC)
- Support for MDC polyclinic: physiotherapy and psychosocial counsel-ling, MDC
- Mine awareness for women and children in central Afghanistan, Organisation for Mine Clearance and Afghan Rehabilitation (OMAR)

€3,069,106.47 (including support from the German Foreign Ministry)

Bangladesh
- Emergency relief and psychosocial support for victims of inter-ethnic conflicts in Bagahaihat (Chittagong Hill Tracts), Gonoshasthaya Kendra (GK)
- Support for rural health programme in Bhatshala, Sherpur District, GK
- Top-up funding for GK Rickshaw Drivers Health Cooperative in Dhaka, GK

€50,989.72

Pakistan
- Emergency relief; evacuation of flood victims, setting up of transit camps, assistance with returns, reconstruction in Kandhkot-Kashmore and Thatta regions, Sindh Province, Health and Nutrition Development Society (HANDS)

€1,145,552.88

Sri Lanka
- Resettlement of civil war refugees in Northern Sri Lanka, Social Econo-mical & Environmental Developers (SEED)
- Mine awareness in Mullaithivo District, Community Trust Fund (CTF)
- Medical support for female workers in free trade zones, study on their working conditions, Free Trade Zones and General Services Employees Union (FTZGSEU)
- Empowerment of women refugees in Mannar, Mannar Women Develop-ment Federation (MWDF)

€293,687.21 (including support from German Federal Ministry for Economic Cooperation and Development (BMZ)

Latin America

Brazil
- Funding of a website for exchange of information on global patent issu-es between Indian and Brazilian civil society, Associaçao Brasiliera Interdisciplinar de Aids (ABIA)

€14,533.00

Chile
- Human rights work, emergency relief and rebuilding of 20 houses destroyed by the earthquake in Tirúa, Corporación de Promoción y Defensa de los Derechos del Pueblo (CODEPU)

€36,500.00

El Salvador
- Social fund (resource fund) for people with artificial limbs in El Salvador, Promotora de la Organización de Discapacitados de El Salvador (PODES)
- Social fund for the psychosocial section of Pro Búsqueda, Asociación Pro Búsqueda de Niñas y Niños Desaparecidos – Pro Búsqueda
- Strengthening of the National Health Forum, Alianza Ciudadana contra la Privatización de la Salud (ACCPS)

€33,470.83

Guatemala
- Social and legal support for the right to compensation and justice in for-mer civil war communities, Asociación Campesina para el Desarrollo Integral Nebajense (ASOCDENEB)
- Empowerment of young persons and children in indigenous communi-ties, Asociación Coordinadora Comunitaria de Servicios para la Salud (ACCSS)
- Emergency relief for Tropical Storm 'Agatha', ACCSS
- Psychosocial support for staff at the 'Historical Archive of the Guatemalan National Police', Equipo de Estudios Comunitarios y Acción Psicosocial (ECAP)
- Psychosocial work related to the search for disappeared and executed persons and exhumations, ECAP
- Forestation project (CO2 capture), Fundación Centro de Servicios Cristianos (FUNCEDESCRI)
- II International Film Festival Remembrance Truth Justice, Internationale Solidarität und Kulturaustausch e.V. (International Solidarity and Cultural Exchange, ISKA)
- Support for the regional course at the International People's Health University in Chimaltenango: 'Intercultural health: from the perspective of the indigenous population and people of African descent in Abya Yala', Comité Regional de Promoción de la Salud Comunitaria (CRPSC), Asociación de Servicios Comunitarios de Salud (ASECSA)

€312,964.05 (including support from German Federal Ministry for Economic Cooperation and Development (BMZ)

Haiti
- Expansion of cooperative-based chicken farming activities, Centre de Recherche et de Formation Economique et Sociale pour le Developpement (CRESFED)
- Construction of a bridge in Carrefour Feuilles, Comité de Gestion de Cité 9 (COGEC9)
- Accommodation for young Haitian activists at MST training centres in Brazil, Escola Nacional Florestan Fernandes (ENFF)
- Construction of an office in Léogâne (Ecological Group for Sustainable Development in Haiti), Groupe Ecologique du Developpement Haiti (GEDDH)
- Food supplies and maintenance for a health clinic, Haiti Med
- Emergency relief for Haiti; drugs and essential medical supplies for earthquake victims, health centre in Léogâne, Institución Social Colectivo de Salud Popular (COSALUP)
- Emergency food aid for Carrefour Feuilles, demolition of Montessori school and relaunch, La Maison des Enfants du Village de l'Avenir (MEVA)
- Solidarity with Haiti – psychosocial assistance and awareness-raising using a 'Cultural Caravan' (Dom. Rep. + Haiti), Red Dominicana de Culturas Locales (REDCUL)
- Strengthening of basic health services in Artibonite, Cholera awareness and prevention, Service Œcuménique D´Entraide (SOE)
- Dental health brigade, ACCSS (Guatemala)
- Construction of a woman and child centre including education and training activities, Associacion des femmes pour le Developpement communautaire (AFDC)

€537,827.85

Honduras
- 'Resistencia', grassroots opposition radio programme, Centro de Derechos de Mujeres (CDM)
- Film documentary, 'Who said fear?', Terco Producciones

€13,218.23

Colombia
- Mine awareness and assistance to victims of armed conflict, Fundación Tierra de Paz (TdP)

€25,000.00

Mexico
- Community health and herbal medicine in Chiapas, Salud y Desarrollo Comunitario A.C. (SADEC), via medico international Switzerland

€6,600.00

Nicaragua
- Integrated community development of La Palmerita, Movimiento de Mujeres Maria Elena Cuadra (MEC)
- Documenting the impact on health of the Free Trade Agreement, Comité Regional de Promoción de Salud Comunitaria (CRPSC)
- Cost of flights to enable a PHM-CRPSC representative to attend the 10th World Conference of Community Radio (AMARC 10) in Argentina and consult with PHM members, CRPSC
- Assistance with self-help organisation in La Palmerita, Movimiento de Mujeres Maria Elena Cuadra (MEC)
- Construction and equipping of a preschool and library in La Palmerita, MEC
- Psychosocial training processes for social transformation (stage 2), Centro Ecuménico Antonio Valdivieso (CAV)
- Health awareness raising for children and adolescents, Centro de Información y Servicios de Asesoría en Salud (CISAS)

€98,774.11

Near East/Middle East

Palestine/Israel
- Human rights work (Gaza), Al Mezan Center for Human Rights
- Human rights work (West Bank), Al-Haq
- Report: 'Israeli soldier testimonies 2000-2010', Breaking the Silence (Shovrim Shtika)
- Wind turbines in the Hebron Hills, Community Energy Technology in the Middle East (Comet-ME)
- Campaign for Early Detection of Breast Cancer (Gaza), Culture and Free Thought Association (CFTA)
- Psychodrama and video workshops for young people, Jenin Refugee Camp Freedom Theatre
- Medical and community-based emergency relief (West Bank and Gaza), Palestinian Medical Relief Society (PMRS)
- School for female health workers (Ramallah), PMRS
- Healthcare services in East Jerusalem, Medical Relief Society (MRS)
- Courses in basic healthcare services in marginalised communities and drugs for Advanced Field Clinics (Gaza), PMRS
- Quality assurance programme in PMRS projects, PMRS/Oxfam Belgium
- Institutional support, Physicians for Human Rights – Israel (PHR-IL)
- Mobile clinics on the West Bank, PHR-IL
- Kindergartens for non-recognised villages in the Jordan Valley, Union of Agricultural Work Committees (UAWC)
- Refuge for young women in emergency situations, Women against Violence (WAV), Nazareth
- Awareness-raising on aspects of a potential return of Palestinian refugees to Israel, Zochrot

€630,062.32 (including support from AA, BMZ, OMID Foundation, L. Möller Foundation, medico international Switzerland)

Kurdistan/Iraq
- Assistance to juvenile detainees at the Sulaimaniya detention facility, Sulaimania, North Iraq. (Association for International Cooperation, HAUKARI) /Social and cultural centre for women (KHANZAD)
- Prevention of domestic violence against women and children (Pishder region), HAUKARI/Kurdistan Health Foundation

€36,396.21

Lebanon
- Support for construction of a gay and lesbian-friendly Health Centre for Sexual Health in Beirut, Lebanese Protection for Lesbians, Gays, Bisexuals and Transgenders (HELEM)
- Support for a 'Cultural Carnival' to develop civil society conflict solutions, Arab Resource Centre for Popular Arts (ARCPA)
- Study on HIV/AIDS-related discrimination amongst healthcare providers, Think Positive
- Grants to Palestinian youths (Ein el Hilweh Camp, Saida), Nashet Association
- Community development in marginalised Palestinian communities in the wider Beirut area and Southern Lebanon, Popular Aid for Relief and Development (PARD)

€53,646.19

Thematic programmes

- Regional networks in Subsaharan Africa, PHM Global Secretariat (Cape Town) **– €16,400.00**
- Grant to Global Health Watch 3, PHM Global Secretariat (New Delhi) – **€14,200.00**
- Funding for a 14-day course at the International People's Health University (IPHU) in Kisumu, Kenya, PHM Global Secretariat (Cairo) **– €5,000.00**
- Support for documentary on PHM Ecuador, CommunicandoNOS/Fundacion Niño a Niño **– €5,680.00**
- Support for a pharmaceutical development laboratory, AG Muhimbili University, Dar es Salaam, Tanzania, action medeor International Healthcare **– €10,080.00**
- Establishment of a fund to purchase essential drugs for member organisations of the CDMU, India, Community Development Medicinal Unit (CDMU) **– €27,930.36**
- One-day seminars on drug policy and access to essential drugs in Jharkand and Andra Pradesh, India, CDMU **– €6,680.00**
- Drug reference books for African and Indian hospitals, Deutsches Institut für ärztliche Mission (DIFÄM) / Ecumenical Pharmaceutical Network **– €5,000.00**

Other

Refugee assistance project within Germany
- Refugee assistance project in North Rhine Westphalia, Interkulturelles Solidaritätszentrum e.V., Essen

€54,500.00

Project Countries 2010

- Afghanistan
- Bangladesh
- Brazil
- Cape Verde
- Chile
- Colombia
- Ecuador
- El Salvador
- Guatemala
- Haiti
- Honduras
- India
- Israel
- Kenya
- Kurdistan/Iraq
- Lebanon
- Mali
- Mauretania
- Mexico
- Morocco
- Nicaragua
- Pakistan
- Palestine
- Sierra Leone
- Sri Lanka
- South Africa
- Tanzania
- Western Sahara
- Zimbabwe

2010 Financial Report

Current status and trends

The total budget for 2010 was €19,241,072.98, twice that of the previous year. This exceptional growth is related to the earthquake in Haiti and the floods in Pakistan.

Income

Total donations for 2010 were €12,193,902.23 including €8,466,803.34 in donations forwarded from the 'Development Works Alliance' (BEH). Excluding the BEH donations, income from donations was €3,727,098.89 (€2,808,278.27 in 2009). Government grants fell slightly (€4,243,319.61 compared with €4,404,783.88 in 2009). This shift is part of a strategy aimed at reducing our dependence on government grants. Grants from the medico international foundation grew to €44,857.66. The continued increase in donor membership is gratifying, as this enables us to work in a long-term and stable manner with our partners in the global south.

Expenditure

Operational expenditure was €8,724,612.58 in 2010 (92.10% of total expenditure). This breaks down into €6,835,115.89 (72.15%) spent on project funding, €1,133,396.75 (11.96%) on project management and €756,099.94 (7.98%) on campaigning and awareness-raising work. We funded a total of 116 projects in 2010 including large programmes such as humanitarian mine clearance in Afghanistan and emergency and reconstruction aid for Haiti and Pakistan. We supported the Pakistan NGO 'HANDS', a long-term comrade in the People's Health Movement, with €1,145,552.88 million for evacuations, immediate aid and rebuilding of destroyed villages. From the start, even during the direct emergency relief phase, we endeavoured to plan the reconstruction jointly with our partners in the disaster areas of Haiti and Pakistan: a process that – if it is not simply to be imposed on people from outside – means taking a long breath and so will continue for some years to come. We ear-marked reserves totalling €7,480,944.81 as of 31.12.2010; €5,519,577.96 for the work in Haiti and Pakistan.

An outstanding aspect of our campaigning and awareness-raising work in 2010 was the conflict in the Middle East and our commitment for a new political framework of 'Global Health'. The Berlin conference 'Health justice – worldwide!' launched an international civil society consultation process aimed at influencing the reform of the World Health Organisation (WHO).

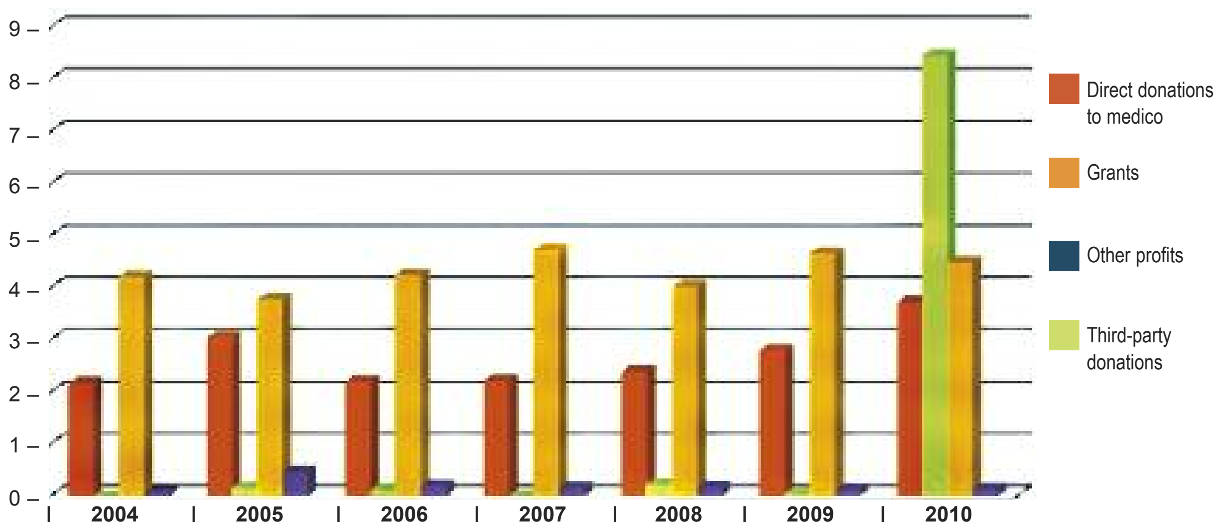
Risks and opportunities

Of course this exceptional increase in donations will not last. However the risks that medico sees for project work only relate to the viability of individual projects. medico is financially and organisationally solid and there is steady support for our work from the critical public. All this is hard evidence that the opportunities outweigh the risks.

Financial Report 2010 – Overall Result

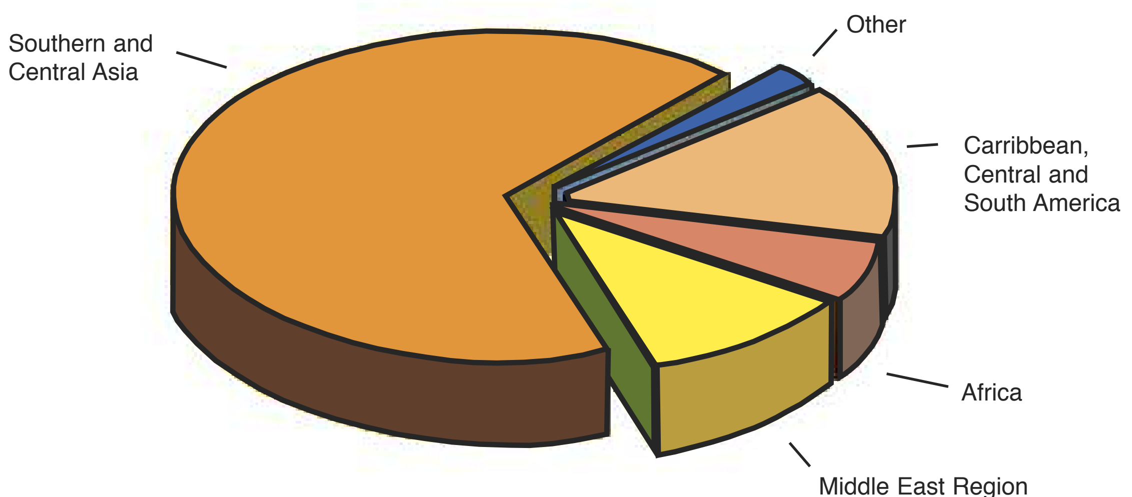
INCOME	2010	2009
Monetary donations	€ 3,727,098.89	€ 2,808,278.27
Third-party donations	€ 8,466,803.34	€ 44,568.01
Grants - public funding	€ 4,243,319.61	€ 4,404,783.88
Grants - non-public funding	€ 253,274.03	€ 273,113.27
Contributions of the medico international foundation	€ 44,857.66	€ 38,950.00
Contributions of the medico charitable foundation	€ 0.00	€ 9,900.00
Bequests	€ 45,753.56	€ 20,613.56
Fines	€ 6,600.00	€ 700.00
Third-party fines	€ 1,770.00	€ 0.00
Interest income	€ 26,403.83	€ 27,863.35
Membership fees	€ 6,487.08	€ 6,567.08
Other revenues	€ 14,217.89	€ 22,521.09
Total Income	**€ 16,836,585.89**	**€ 7,657,858.51**
Reserves		
Last Updated: 01/01/2010 for projects that were granted in 2009 and will be implemented in 2010 but whose issuing of funds could not or could only partially occur by the 31/12/2009, as well as for the earmarked remaining funds.	€ 1,340,891.51	€ 1,414,247.53
Free Reserves according to § 58 No. 7a of the fiscal code	€ 800,000.00	€ 528,000.00
Association Capital on 01/01/2010	€ 263,595.58	€ 397,741.83
BUDGET 2010	**€ 19,241,072.98**	**€ 9,997,847.87**

Evolution of Income (in Millions of Euros)

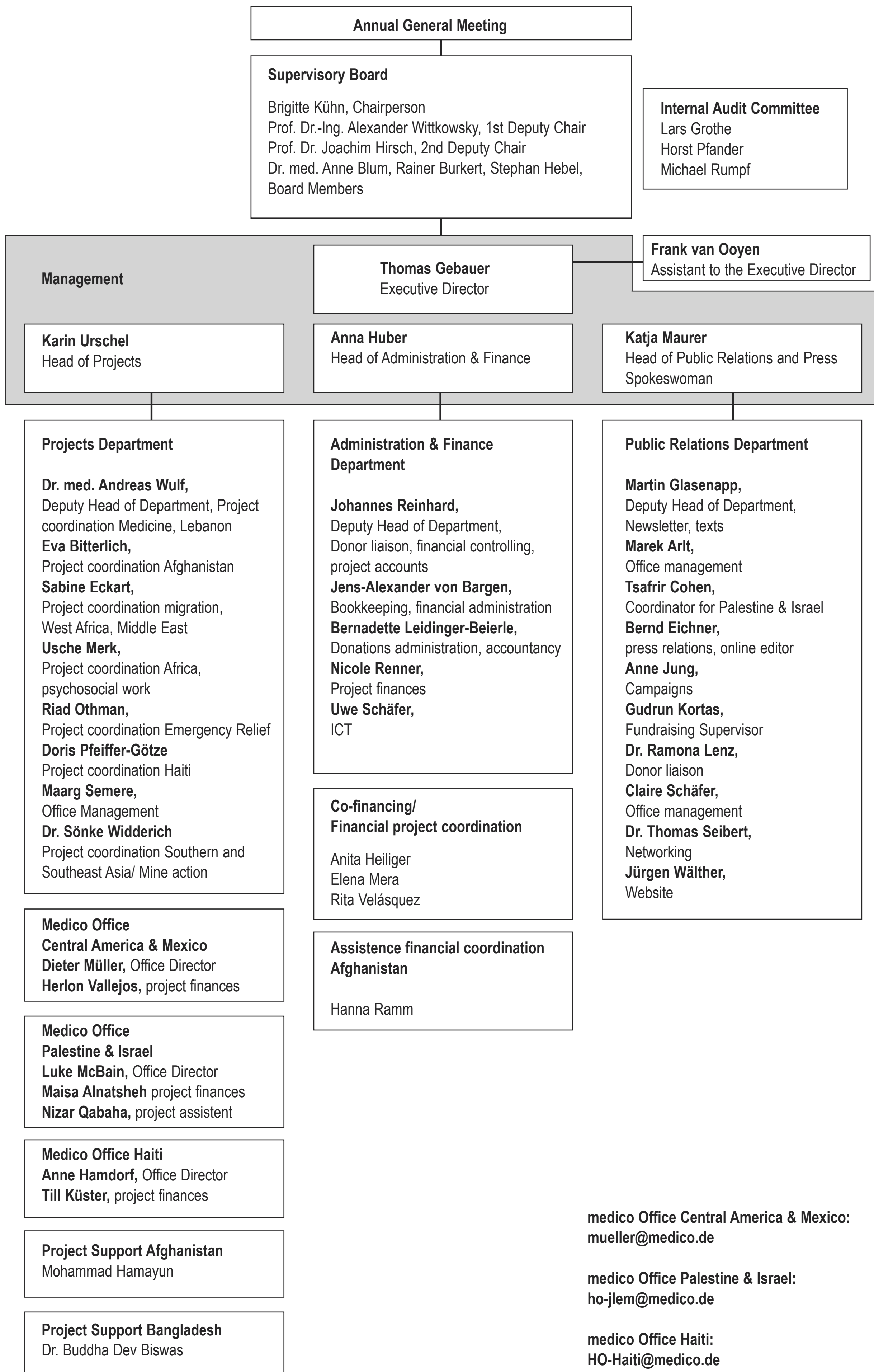


EXPENDITURES	2010	2009
Project funding	€ 6,835,115.89	€ 5,423,221.34
Project management	€ 1,133,396.75	€ 854,496.26
Statuary campaigning and educational work	€ 756,099.94	€ 597,309.12
Advertisements and general public relations work	€ 225,742.76	€ 196,390.59
Administration	€ 522,585.34	€ 521,943.47
Total Expenditures	**€ 9,472,940.68**	**€ 7,593,360.78**
Reserves		
Last Updated: 31/12/2010 for projects that were granted in 2009 and will be implemented in 2010 but whose issuing of funds could not or could only partially occur by the 31/12/2010, as well as for the earmarked remaining funds.	€ 7,480,944.81	€ 1,340,891.51
Free Reserves according to § 58 No. 7a of the fiscal code	€ 2,073,000.00	€ 800,000.00
Association Capital on 31/12/2010	€ 214,187.49	€ 263,595.58
BUDGET 2010	**€ 19,241,072.98**	**€ 9,997,847.87**

Project Expenditures by Region



medico international
Association Organisational Structure
(August 2011)



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