Worldwide, an increasing number of people do not have access to the medicines they need. This is partly due to the high, unaffordable prices of new medicines. Pharmaceutical companies are free to determine the price of their medicines and have monopoly power thanks to patents. Also, many new drugs have little to no added therapeutic value. Wemos aims to see a change in the system to ensure access to medicines for everyone. We advocate public health return on public investments in new medicines and responsible licensing, and aim for development of medicines that address unmet medical needs.

Establishment of the Medicines Network in the Netherlands
Together with the Dutch Cancer Society (KWF Kankerbestrijding), we established the ‘Medicijnen Netwerk Nederland’ (Medicines Network Netherlands). This is an informal network of organizations that follows debates on medicines in the Dutch Parliament. It allows us to exchange information and knowledge, and to learn from each other via joint actions. For example, we have recently submitted joint lobby letters (see below).

Successful lobby on accessibility of medicines in the Dutch Parliament
In anticipation of a Parliamentary debate on medicines policy on 21 June, Wemos and like-minded organizations from the Medicines Network Netherlands addressed a joint lobby letter to the Members of Parliament of the Health Committee. During the debate, the Members of Parliament raised highly relevant points that we mentioned in our letter: for example, public investments and conditions to secure public returns, the issue of independent clinical trials and transparency about medicine prices.

Joint letter on supplementary protection certificates prompts Minister’s response
On 10 December there was a Parliamentary debate on the Minister of Health’s reaction to the initiative bill “Big pharma, not healthy”. In anticipation of this debate, Wemos spoke with several Members of Parliament and - together with five other organizations from the Medicines Network Netherlands - wrote a lobby letter on supplementary protection certificates to the Minister of Health and the Dutch Parliament. This letter and our concerns were raised by the political party D66 during the debate. The Minister will follow up with an official response in 2019.

A lot of media and political attention for Big Pharma and European Medicines Agency (EMA)
On 9 January, together with the European group of the Socialist Party, we organized the event ‘How long is the arm of Big Pharma?’ in the European Parliament. Experts discussed conflicts of interest, transparency in clinical research, EMA’s independency and its relationship with the pharmaceutical industry. The event attracted over 100 attendees, including Members of the European Parliament, the European Commission and EMA, and garnered press coverage in Dutch and European media outlets. Recommendations from the discussions have been included in the approval of the budget of the EMA by the European Parliament.
PROGRAMME HIGHLIGHTS 2018

HUMAN RESOURCES FOR HEALTH

Globally, there is an unequal distribution of health workers. It is expected that by 2030, there will be 40 million more health sector jobs, mostly in middle- and high- income countries. In low-income countries, this health workforce shortage is expected to increase to 18 million. Health workers have become increasingly mobile, resulting in the ‘brain drain’ of valuable human resources. Wemos believes that health worker policy should be sustainable and recruitment of health workers should be ethical.

Health Workers for All Coalition established to strengthen civil society
In 2018, Wemos established the Health Workers for All (HW4All) Coalition to spur action on ensuring sufficient, well-trained, well-supported and motivated health workers worldwide. It strongly links national contexts with advocacy at international level. By the end of the year, the coalition had 28 members. The coalition increased visibility and formulated joint messages on critical issues, for example at the People’s Health Assembly in November in Dhaka, where it called for investing in a strong health workforce structured on the basis of Primary Health Care.

Civil society raises concerns about WHO Code implementation
We actively engaged CSOs from all five countries in the Health Systems Advocacy Partnership (Kenya, Malawi, Tanzania, Uganda and Zambia) and several EU member states to submit independent stakeholders’ reports for the 3rd Round of Reporting on the WHO Code on the International Recruitment of Health Personnel to the WHO. In September 2018, WHO informed us that 13 independent stakeholders reports were submitted so far. A consolidated report, based on National Reports and Independent Stakeholders’ Reports, will be tabled during the World Health Assembly in May 2019. It will include critical issues raised by CSOs about the current (lack of) implementation of the WHO Code. These findings will also inform the second Review of Code Relevance and Effectiveness in 2019-2020.

Wemos chaired a session at WHO International Platform on Health Worker Mobility
Global actors such as WHO acknowledged us for our continuous efforts regarding health workforce mobility and migration. WHO invited Wemos to chair a civil society session on the way forward for the International Platform on Health Worker Mobility, its purposes and priorities. This high-level meeting was convened with the International Labour Organization (ILO) and the Organization for Economic Co-operation and Development (OECD) following the United Nations Commission on Health Employment and Economic Growth. Wemos will continue as civil society member of the platform in 2019, and thus continue giving voice to CSOs like those in the HW4All Coalition.

Participants of the International Platform on Health Worker Mobility, including Global Health Advocate Linda Mans
Sufficient, sustainable finance is necessary for a country’s health system to meet the needs of its population. However, many low- and lower-middle income countries do not have enough money to recruit and retain sufficient health workers. Also, health expenditure relies heavily on out-of-pocket spending, which pushes people into poverty. Wemos calls for strengthening the pool of public resources for health to achieve Universal Health Coverage, so that everyone has access to a skilled health worker.

New report on financing health workers in Malawi well received
In 2018, together with the Association of Malawian Midwives (AMAMI), we published a report on the health workforce situation in Malawi: ‘Mind the funding gap. Who is paying for the health workers?’ Malawi only has a tenth of the WHO minimum recommended number of health workers and one of the highest maternal mortality rates in the region. Our report has a special focus on finance for the health workforce and includes recommendations for policy change on the global and national level. Working with local partners has led to mutual strengthening of knowledge and insight; combining Wemos’ knowledge on international policies and actors, with local CSOs’ insights on the national situation, actors and factors for change. The Lancet referred to our report in their article ‘Health-care system staffing: a universal shortfall’, comparing challenges in the health systems in the UK and Malawi.

Global Financing Facility acknowledges our concerns in open letter with support from over 50 CSOs
Wemos critically follows the developments and the outcomes of the Global Financing Facility (GFF), a financing mechanism for Reproductive, Maternal, Newborn, Child and Adolescent Health, supported by the World Bank. In anticipation of the first replenishment of the GFF in 2018, we conducted country assessments in Kenya, Tanzania and Uganda together with local and international CSOs. We formulated our concerns to improve this financing mechanism in an open letter to the GFF Secretariat ahead of the replenishment conference on 5-6 November in Oslo. Over 50 CSOs supported our letter, which was well received; the GFF Secretariat acknowledged our concerns and will follow up with an official response.
PROGRAMME HIGHLIGHTS 2018

AID FOR TRADE

In low- and middle-income countries, development money is increasingly used to support private for-profit business activities. Business also plays a significant role in the healthcare sector. In Sub-Saharan Africa, increased privatization and commercialization in healthcare often does not benefit the poor nor does it contribute to Universal Health Coverage. Wemos believes that development assistance in healthcare in low- and middle-income countries should serve public health goals.

Uncovering the impact of ‘aid for trade’ on public health in Sub-Saharan Africa

In our project ‘Aid for Trade’ we looked into the Dutch government’s Official Development Assistance (ODA) support aimed at strengthening the private sector and engaging (Dutch) private for-profit actors in development, trade and investment in low- and middle-income countries. In 2018 we mapped out how this ODA-support impacts the health sector of Sub-Saharan African countries and health development goals like UHC, public health decision making and accountability.

HARMFUL SUBSTANCES

In 2012, WHO concluded that endocrine-disrupting chemicals (EDCs) are a global health threat, as these chemicals are linked to hormone-related health problems like infertility and certain cancers. This calls for action on a global scale and protective policies on national, European and international level. However, a coherent Dutch or European plan and progressive measures are still missing. Wemos aims to protect the health of the Dutch and European population by banning these chemicals from our environment.

Petition for national plan well received by Dutch Parliament

In September, together with Plastic Soup Foundation, Women Engage for a Common Future (WECF) and Tegengif, we handed in a petition for a national plan for EDCs in a circular economy to Dutch Members of Parliament. The plan includes seven proposed measures for the Dutch government to better protect the population against the harmful effects of EDCs. A majority of the parliament requested an official reaction from the Ministry of Health on our plan. The Minister will provide a detailed reaction in 2019.

At the first East African Governance for Health meeting in May in Nairobi, convened by Open Society Foundations, we exchanged valuable knowledge about this issue with African health and human rights organizations. The critical debate on aid effectiveness and the resulting collaborative exchange with organizations were useful for our in-depth case studies that followed later in 2018. The findings of these studies will come out in 2019.
HIGHLIGHTS 2018

SHARING OUR KNOWLEDGE

As our advocacy work is always evidence based, research and gathering knowledge on global health issues are at the centre of our work. We exchange this knowledge with other organizations, experts and policy makers, we use it to build the capacity of (local) CSOs and to develop advocacy messages and strategies. However, we also aim to reach a broader audience to stimulate the public debate on urgent global health topics.

Launch of our knowledge platform: Wemosresources.org
In late August we launched our knowledge platform Wemosresources.org. This new website serves as a platform on which we showcase our prominent publications - ranging from fact sheets and infographics to position papers and articles - on our main programmes: human resources for health, financing for health, and medicines. By giving our work and research a platform, we aim to share this knowledge with whomever is interested in our work, whilst also demonstrating the evidence base of our advocacy.

Lively debates at Global Health Cafés
In 2018 we continued the Global Health Cafés series, co-organized by Wemos, Vice Versa, Amref Flying Doctors, Cordaid, Royal Tropic Institute (KIT) and KNCV Tuberculosis Foundation. The series aims to stimulate discussions with international and national experts about global health. The editions focussed on: 1) ‘Finance for health’, with, among others, panel speakers Dr. Fredrick Oluga (Kenya Medical Practitioners Pharmacists & Dentists’ Union), Wemos’ global health advocate Mariska Meurs and health expert Frank van de Looij (Dutch Ministry of Foreign Affairs), 2) ‘Ebola in Bavel’, with, among others, entomologist Bart Knols and Marit van Lenthe (Médesins Sans Frontières), and 3) a special edition with WHO Deputy Director-General for Emergency Preparedness and Response, Dr. Peter Salama.

New animation film on finance for a sustainable health workforce
In 2018, we were also proud to present our second animation film: ‘Finance for a sustainable health workforce’. This film clearly illustrates the background of the global health workforce crisis, and what is – according to us – a viable financial solution. It also explains why we believe that all countries worldwide share the collective responsibility to achieve a sustainable health workforce and therefore, ultimately, health for all.