Year overview 2022

wemos

Make health justice happen

Making health justice happen

Health is essential for everyone. Every person has the right to good healthcare and protection from disease. Unfortunately, this is not a given for everyone. Due to lack of medical personnel, suboptimal access to medicines and insufficient funding of health systems, many people are unable to live their optimal healthy lives. We believe it is possible to change this!

The Covid-19 pandemic was reaching its end in 2022. But it left the world with the clear understanding that health has no borders. Meanwhile other global issues, like the planetary crisis, have a huge and increasing impact on people's health. And hard-fought health gains of the past decade, including sexual and reproductive health and rights (SRHR), are at risk. This is particularly true for marginalised and vulnerable populations. There is momentum to address decades of chronic under-investment in systems for health everywhere. In 2022, we continued our quest to achieve health justice.

At organizational level, 2022 brought some developments. From the start of the year, we took time to critically reflect on our role as global health advocates and the impact we want to make in the coming years. This resulted in our new Wemos Strategy for 2023-2027. We moved to a new office in the city centre of Amsterdam, situated in the building of Doctors Without Borders, where we enjoy modern facilities for hybrid and online meetings, and shared services. Moreover, we sharpened our branding to emphasise our position as solution-oriented advocate for structural change to achieve global health justice.

If anything, these developments have strengthened our ambitions and dedication. In this year overview, we present the highlights of our work towards global health justice in 2022. Enjoy the read!

Mariëlle Bemelmans,
Director Wemos

What we achieved in our programmes

External financial support to strengthen public health systems

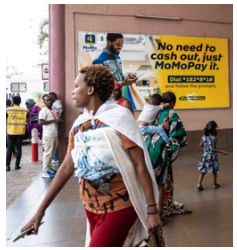
An intersectional lens to ensure no one is left behind

Coordination and alignment of donor strategies

Equitable health worker distribution in Europe

Pandemic prevention, preparedness and response

Access to medical products during health crises



Reform of the international financial systems

Dutch global health policy

Also in this year overview

About Wemos

Our vision

Wemos envisions a world where we can all be as healthy as possible

Our mission

We advocate structural change to achieve global health justice

Our guiding principles

Health is a human right

As health is a fundamental need, it is established as a human right in international treaties. Thus, governments are responsible and accountable for ensuring the conditions to achieve optimal access to healthcare and protection against threats to health for everyone. It also means that the public interest in health must take precedence over political and economic interests.

Health justice means leaving no one behind

No one must be left behind. This is a central promise of the Sustainable Development Goals (SDGs). There should be no unfair, avoidable, or remediable differences in health outcomes among different groups of people, whether they are defined socially, economically, demographically, geographically or, for example, in terms of sex, gender, ethnicity, ability or sexual orientation.

Health justice requires structural change

Creating resilient health systems and health policies that benefit everyone calls for structural change. This includes political, economic and social change, both within countries and globally. It also means that change is needed in laws and priority-setting, financing mechanisms and medical innovation models, and better ways to involve stakeholders in policy development. At the same time, policy coherence across government departments – as well as national and international governing bodies – is essential, to avoid policies conflicting with health interests.

Health justice is a shared responsibility

In our globalized world, the pursuit of equitable access to quality healthcare and protection against threats to health for everyone across the world is a shared responsibility, as well as a shared benefit. Many actors have a role to play: governments, international donors, multi-lateral institutions, civil society, and communities. Moreover, inequity between countries and populations often has roots in colonial history. That is why high-income countries in particular have a responsibility to support progress towards global health justice.

How we work

1. Equitable partnerships

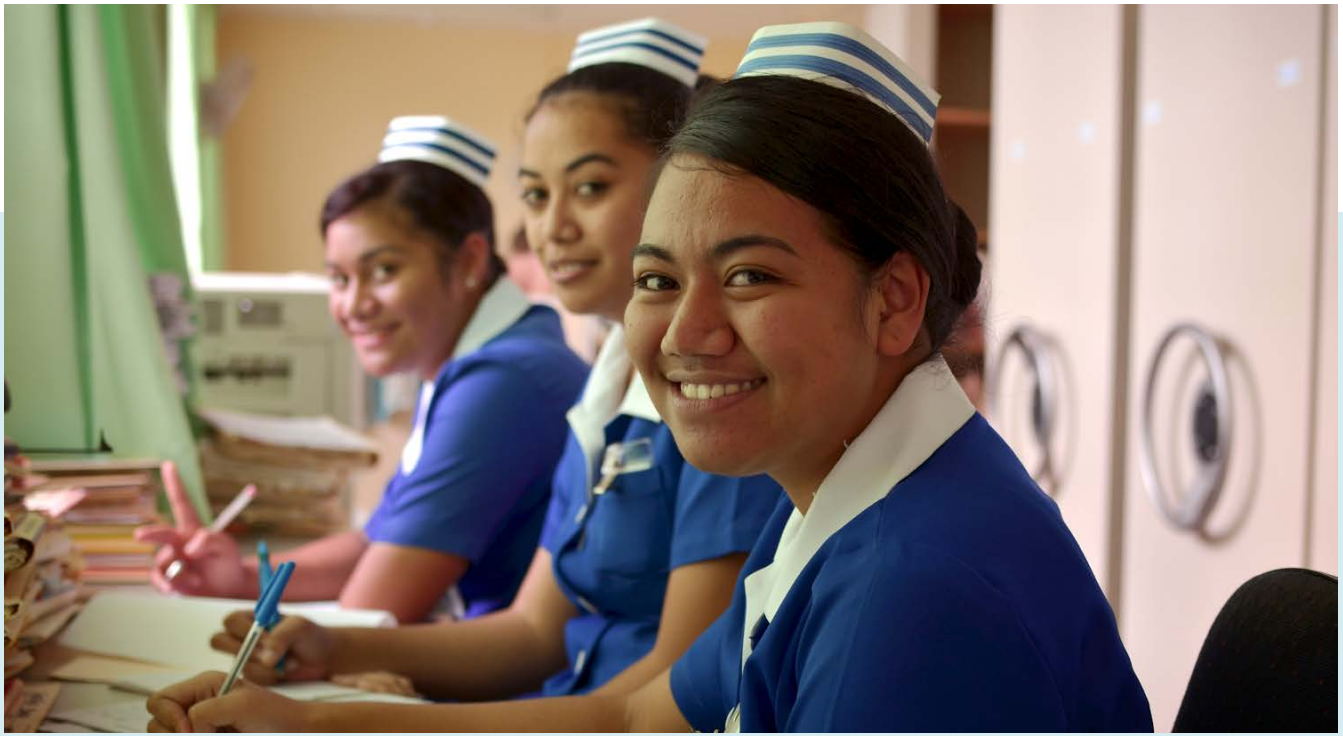
We work with civil society organizations from all over the world, participate in effective Dutch, European and global networks, link with expert groups, and create new alliances. We are aware of the advantages we have as an organization based in the Netherlands in accessing information and resources. In our partnerships we look to mutually strengthen each other's capacity and knowledge, enhance learning and share networks.

2. Evidence-building

We thoroughly analyse the factors hindering health justice and the possible solutions for overcoming these barriers. We often initiate our work with national partners in low- and middle-income countries, based on their most urgent issues related to health justice. Jointly, we gather sound information on which we build our positions and recommendations for structural change.

3. Lobby and advocacy

As an organization based in the Netherlands, we push our Dutch government and by extension the European Union and global health institutions to address structural causes of health inequity and injustice. In our lobby & advocacy we collaborate with allies worldwide, aligning our global interventions with the advocacy work in countries, to ensure our focus is relevant and contributes to national level change processes. Increasingly, we call out power asymmetries in global health institutions and make way for organizations in low- and middle-income countries to lobby global decision-makers, advocate at global events, and take up seats at the decision-making tables.



Strategic communication

Communication is the backbone of our work. Clear and inclusive communication facilitates collaborations, allowing us to expand our network, comprehend the realities of the contexts in which we work, and enhance our shared messaging. We translate facts and data from the national level into appealing knowledge products that support our policy change recommendations. In our communication, we express a positive perspective, emphasizing possibilities rather than problems.

Collaborations

We collaborate with many civil society organizations and networks in countries around the world, as well as with academia, multilateral institutions and governments. We are a partner of the Dutch Ministry of Foreign Affairs through our Make Way programme, that focusses on improving sexual and reproductive health and rights outcomes for the most vulnerable people. The Dutch Ministry of Health, Welfare and Sport is another ministry we discuss relevant topics with. Both Ministries regularly invite us to speak at expert groups or fora. Moreover, our project funding from the European Commission (DG SANTE) allows us to take part in European Commission conferences and discussions. Also, being a partner of Unitaid helped opening new networks and opportunities around access to medicines and vaccines.

Our strategy to achieve global health justice

How we work

Equitable partnerships
Working with civil society organizations worldwide, actively sharing our network and knowledge, and creating space for others.

Evidence-building
Jointly analysing barriers that hinder health justice, both at national and global level, and developing solutions.

Lobby and advocacy
Convincing Dutch, European and global decision-makers and policymakers to act, aligning our global interventions with advocacy work in other countries.

The 5 cumulative changes we push for

Behavioural change Key actors change their behaviour and implement meaningful policies at all relevant levels.

Policy change Decision-makers and policymakers amend or adopt policies, strategies and laws.

Procedural change Changes are made in decision-making processes, e.g. opening of new spaces for policy dialogue.

Discursive change Advocacy targets start adopting our terminology, rhetoric and framing of the issue.

Agenda setting After drawing attention and creating awareness, the issue is put on the political agenda.

We connect global with national developments and vice versa.

Our focus areas and goals

Finance for health
All governments are able to allocate sufficient funding for public health systems that are accessible to all citizens.

Access to medicines
All people, everywhere, have access to pharmaceutical products that meet their medical needs.

Human resources for health
Everyone, everywhere, has access to skilled, motivated and properly supported health workers.

Dutch global health policy
The Dutch government implements an integral approach for dealing with current and future global health issues.

Ultimate goal

Global health justice

Everyone has optimal access to quality healthcare and is protected against health threats, no matter who they are, where they live or how much money they have.

We develop solutions that are inclusive and leave no one behind.

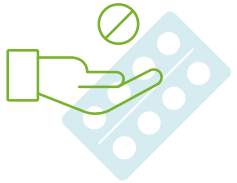
What we achieved in our programmes

This section gives an overview of the successes in our programmes.

At Wemos, we work on various themes. You find the icons shown below in each of the highlights to indicate the theme(s) they link to.

Finance for health

Sustainable, sufficient finance is needed to create resilient and high-quality systems for health.



Access to medicines

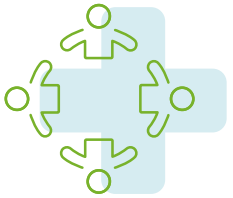
All people in the world should have access to affordable medicines that meet their medical needs.

Human resources for health

For everyone to receive the right care, we need sufficient skilled, motivated and properly supported health workers.

Dutch global health policy

Sound policies help The Netherlands to deal with current and potential future global health issues.



Inclusive health systems

Strong health systems meet everyone's needs, including our sexual and reproductive health and rights.

External financial support to strengthen public health systems

Global level

Global actors, such as the World Bank, invest in health in low- and middle-income countries. Notwithstanding their good intentions, these investments can fragment, commercialize or privatize healthcare service delivery, thus failing to achieve improved health outcomes for everybody. Moreover, global level decision-making that impacts resource limited contexts, is often dominated by high-income countries.

National level

Many low- and middle-income countries struggle to raise sufficient budgets for health and depend on external funding. This funding is often unpredictable and comes with restrictions, for example, not allowing to use it for health worker salaries. External funding for health should be predictable, long-term and unearmarked. Furthermore, it should prioritize the public health system, so that everyone, also more vulnerable people, can access the health services they need.

Calling on the World Bank Group to focus on equitable access to healthcare

In our report 'Improving healthcare, but for whom?', we presented our inventory study of investments and advisory services in health of the International Finance Corporation (IFC), the private sector arm of the World Bank Group.

Even though most of the IFC health investments have a strong focus on quality and availability of healthcare services and products, they almost never consider whether everyone can access those services and products. We recommend the IFC to increase its focus on health equity, ensuring that their private investments in the health sector promote equitable and universal access to care.

As a follow-up case study, we dove into the Africa Medical Equipment Facility, a blended finance facility in Kenya carried out by the IFC and co-funded by the Global Financing Facility: 'The Africa Medical Equipment Facility (AMEF) in Kenya: Does this new blended finance facility contribute to equitable access to healthcare services?' In this study that we conducted with Akina Mama wa Afrika, we concluded that the facility is not likely to reach poor populations and fails to promote universal and equitable access to healthcare.

During the Civil Society Policy Forum sessions in April and October, our findings and recommendations triggered the interest of several World Bank Group senior staff members and Executive Directors, with whom we shall continue the conversation.

Bretton Woods project published notes from both Civil Society Policy Forum sessions:

- The WBG's investments in private healthcare provision: What implications for the right to health? (12 April 2022)
- Global health financing architecture for pandemic preparedness and response: Tackling future challenges and building on strong foundations (12 October 2022)

Collaborations to strengthen public services in healthcare

In 2022, we collaborated with the Support for Advocacy and Training to Health Initiative (SATHI) on the theme of healthcare commercialization and its effect on health equity. Jointly, we helped organizing the health sessions of the 'Future is Public' conference in Santiago, a 4-day conference aiming at developing strategies and narratives to strengthen public services.

On World Health Day, we published the blog 'What we need for equitable access to healthcare: public financing for the public good.'

In December, Eurodad published the report 'History RePPPeated II' – supported by 18 civil society organizations worldwide, including Wemos. It shows that Public-Private Partnerships (PPPs) are a costly financing tool at the expense of the public purse and people's access to essential services, such as healthcare.

Coordination and alignment of donor strategies

Global level

Several global health funds aim to strengthen systems for health at country, regional and/or global level. For example, the Global Financing Facility, the Global Fund, Gavi, and the Pandemic Fund. Collectively, they provide a source of finance for health that is currently indispensable for low- and middle-income countries. If they do not align with national health policies, plans and needs, their efforts may result in ineffective policies and practices that fail to improve health in an equitable way.

National level

Many low-income countries depend on global health funds. It is important that their most urgent needs are acknowledged and that the funds seek alignment with national governments to avoid fragmentation and duplication. Because the focus is mostly on short-term attributable objectives, fundamental elements of health systems strengthening, like health workforce financing, are insufficiently addressed. And vulnerable groups and their specific needs are often not adequately included.

Learning from alignment of the Global Fund, Gavi and the Global Financing Facility in Rwanda

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Global Alliance for Vaccines and Immunizations (Gavi) and the Global Financing Facility (GFF), also called the '3Gs', are three major global health initiatives that (among others) aim to strengthen health systems. In Rwanda, they are well aligned with national priorities for health and the UN goal to 'leave no one behind'. That is the conclusion of our joint study with NUDOR: 'The role of global health initiatives in health systems strengthening in Rwanda. A policy brief on the alignment of the Global Fund, Gavi and the Global Financing Facility with Rwanda's health priorities'

There is still, however, a challenge to include vulnerable groups and their needs. Also, it might take considerable time and effort for the state to take over the financing and management of numerous health programmes from the 3Gs. We shared our findings and recommendations for the Ministry of Health in Rwanda, the 3Gs and other development partners in the global community. We will continue advocating for better coordinated and aligned external resources for health.

Watch our short video with recommendations from our study that we shared on social media.
You can also watch the recording of the webinar about this topic (Nov. 29, 2022).

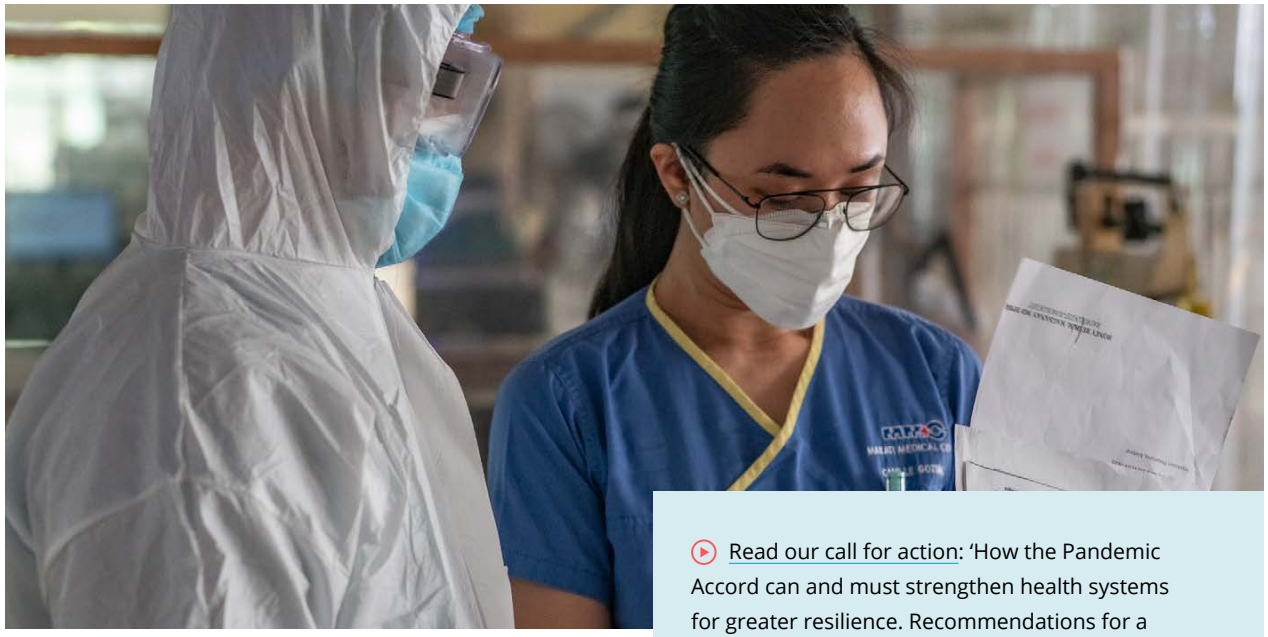
Pandemic prevention, preparedness and response

Global level

The Covid-19 pandemic has shown that the containment of infectious disease requires unified pro-public action. After all, ‘no one is safe until everyone is safe’. Member States of the World Health Organization (WHO) are developing a ‘Pandemic Accord’ to improve the global prevention, preparedness for and response to pandemics. So far, funding for this purpose has proven to be grossly insufficient.

National level

Considering the already large funding gaps for health, funding for pandemic prevention, preparedness for and response should not go to the detriment of official development assistance. Nor should it add to the debt burden of low- and middle-income countries. Health justice should be at the core of the Pandemic Accord, safeguarding everybody in society, no matter who you are or where you live.



Read our call for action: ‘How the Pandemic Accord can and must strengthen health systems for greater resilience. Recommendations for a meaningful WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.’

Pushing governments to focus the Pandemic Accord on strengthening public health systems

Member States of the WHO are developing an international Pandemic Accord to prevent, prepare for and respond to future pandemics. In 2022, we called on all national governments to seize this moment as an opportunity to strengthen health systems worldwide.

For greater resilience against pandemics, the accord must include provisions to realize a strong health workforce, equitable access to pharmaceutical products and adequate finance for health.

We also contributed to the report ‘Financial Justice for Pandemic Prevention, Preparedness and Response’ by the Geneva Global Health Hub (G2H2). It shows how to rethink health through an economic and financial justice lens and includes recommendations for the Pandemic Accord. The report was launched and discussed in a public event at the Geneva Press Club. The conversations brought a deeper understanding of the unspoken tension between the current international financial architecture and health financing models in the post Covid-19 scenario.

bron: G2H2

Reform of the international financial system

Global level

The outflow of finances from low- and middle-income countries through unfair global tax rules, illicit financial flows, and debt services is almost double the inflow of official development assistance. Global health actors should support necessary reforms of the international financial architecture, to allow increased public spending in low- and middle-income countries.

National level

The current system of international development and global health financing is inadequate. On the one hand, countries may receive support from international funds, while on the other hand, the current system limits their fiscal space to invest in public services, including health. It is important to connect the work of economic justice movements with health movements and the broader global health financing discussion.

Launch of handbook on monetary policies for economic justice

In May, we launched the handbook 'Advocacy on Monetary Policies for Economic Justice' which we developed with partners. It explains monetary policy to non-economists: how it interacts with fiscal policies, how mainstream economic thinking has influenced monetary policy making over the last decades, and what alternatives policy-makers should explore to ensure that monetary policy-making is guided by principles of equity, well-being and human rights.

The handbook is meant to strengthen civil society engagement and advocacy on monetary policies at the national level. Understanding how monetary policies work and how they interact with fiscal policies is important because it influences countries' capacity to raise resources for public budgets, including the health budget.

Presenting alternatives for austerity measures

Instead of reverting to austerity measures, governments should focus on alternative financing options to increase public finance ensuring universal and equitable access to quality healthcare. While the International Monetary Fund (IMF) advised most governments to temporarily increase health allocations to fight the Covid-19 pandemic, the most recent IMF country reports contain advice to reduce health expenditures once the pandemic is over – together with a host of other austerity measures. These are the findings of the report that we contributed to: 'End austerity. A global report on budget cuts and harmful social reforms in 2022-2025.'

Austerity cuts are not inevitable. The report presents nine financing alternatives, available even in the poorest countries.

An intersectional lens to ensure no one is left behind

Gap in understanding hinders the promise to 'leave no one behind'

The promise to 'Leave No One Behind' is at the heart of the Sustainable Development Goals (SDGs), including SDG 3 for Good Health and Well-being. However, current policies and programmes are too often unable to realize this promise, because they fail to identify the barriers minoritized people in our societies face. For example, a girl living in poverty and with a disability faces many more hurdles in accessing the health services she needs than an average middle-class man.

Applying an intersectional lens for health equity and justice

Incorporating an intersectional lens in our work helps us understand and address power dynamics and discrimination. Applying it, for example, in our policy analysis and research enables us to see the (lack of) effect of health policies and programmes on the most vulnerable people in our societies. In the Make Way programme, we seek to operationalize this intersectional lens and use it to advocate for health systems strengthening and the realization of sexual and reproductive health and rights (SRHR) for all people.

MAKE WAY
make-way.org

Tools for intersectional lobby and advocacy for sexual and reproductive health and rights

The Make Way programme aims to break down barriers to sexual and reproductive health and rights (SRHR). We developed SRHR lobby and advocacy tools, each with a different purpose – following the steps that make up an advocacy cycle. Their 'intersectional' character helps us understand people's overlapping vulnerabilities, such as gender, religion, ability, ethnicity or social status, and how these affect their access to SRHR. Applying such a perspective ensures we leave no one behind.

The tools are set out to increase and improve the capacity, skills and knowledge of civil society groups and organizations, enabling them to undertake game-changing lobby and advocacy to enhance sexual and reproductive health and rights, and inclusive health systems. In 2022, between all partners, we intersectionalised nine different tools, including the 'Intersectional Community Scorecard' and the 'Intersectionality-based Policy Analysis' tool.

We also developed the Make Way website (launched in 2023), offering a one stop shop for intersectional lobby and advocacy. Besides the toolkit, it contains more resources, news articles and an agenda.

AKINA MAMA WA AFRIKA · CREATE (Circle of Concerned African Women Theologians) · FAWE Forum for African Women Educationalists / Forum des éducatrices africaines · Liliane Fonds open the world for a child with a disability · VSO · wemos Make health justice happen

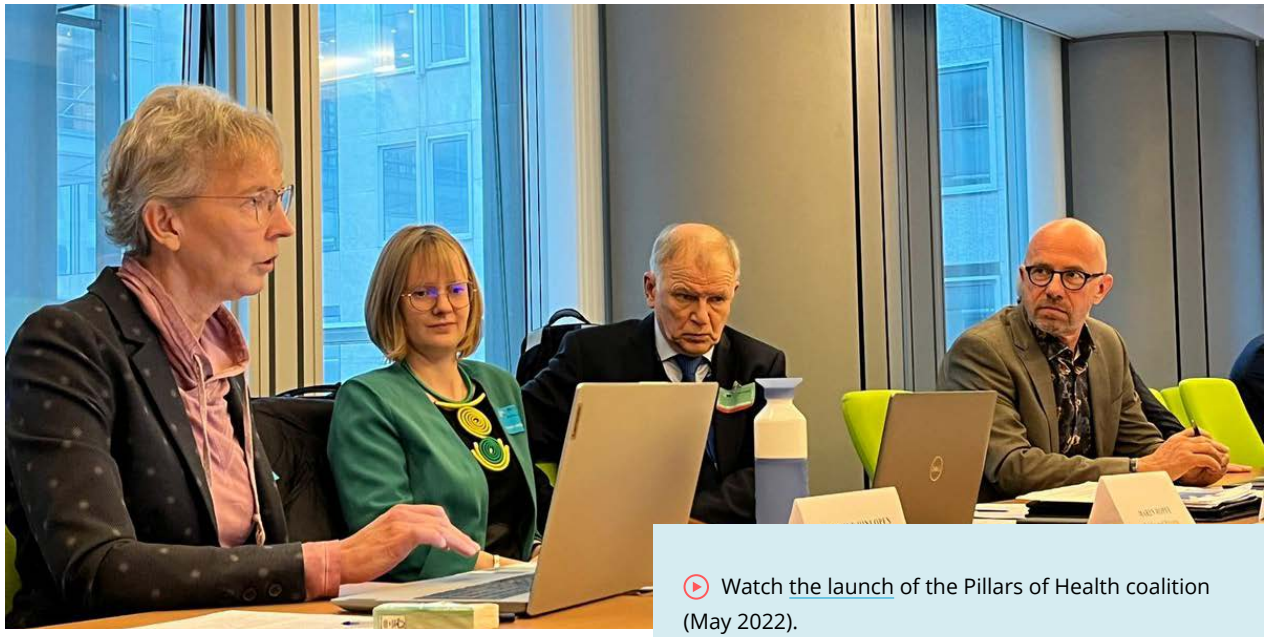
Equitable health worker distribution in Europe

Global level

Insufficient investments in the health workforce, push health workers in some European countries to migrate in search of better working conditions, more job opportunities or higher salaries. This fuels migration and mobility in the European Union (EU) where the single market enables free movement of people. As a result, some countries are left with insufficient health workers, jeopardizing optimal access to healthcare for their citizens. Given the interconnected nature of the crisis, the European Commission should treat it as a shared responsibility that requires joint solutions and support its Member States in tackling the health worker shortages.

National level

Both countries relying on the 'quick fix' of health worker recruitment from abroad, and countries that see their health workers migrate, should invest in their health workforce. In better working and living conditions, and in continuous professional development to retain and keep their health workers motivated. In addition, strengthening human resources for health strategies is necessary to address the risk of medical desertification, a process in which areas face a decline in available health services because health workers are migrating elsewhere.



Watch the launch of the Pillars of Health coalition (May 2022).

We participated in the 'Panel discussion on health workforce recruitment in Europe and beyond at the World Health Summit 2022' organised by the German Platform for Global Health and the Association of Democratic Physicians.

Advocating an equitable distribution of health health workers in the EU through our Pillars of Health coalition

With partners in the Netherlands, Romania and Serbia, in May 2022, we launched the Pillars of Health website to facilitate a coalition of EU-based organizations wanting to contribute to an equitable geographic distribution of health workers across the EU.

We published two country reports; on the health worker migration and mobility in Germany and in Romania. They provide insights in the system, trends and experiences of migrant health workers, as well as recommendations to European and national authorities. The conclusions from the reports feed our advocacy at EU-level. In addition, we have published several interviews with migrant health workers to highlight and learn from their migration experiences.

Throughout 2022, we called for structural investments in health workforce strengthening and an EU-wide approach to the crisis at multiple gatherings. For example, at the European Institute of Health and Sustainable Development (EIHSD) Conference at the EU Parliament in Brussels. Here, we emphasized that the EU can contribute to solving health worker shortages by:

- approaching it as an EU-wide crisis that requires EU-level intervention,
- acquiring better data from Member States to better understand what is happening,
- earmarking finance for structural investments in health workforce strengthening.

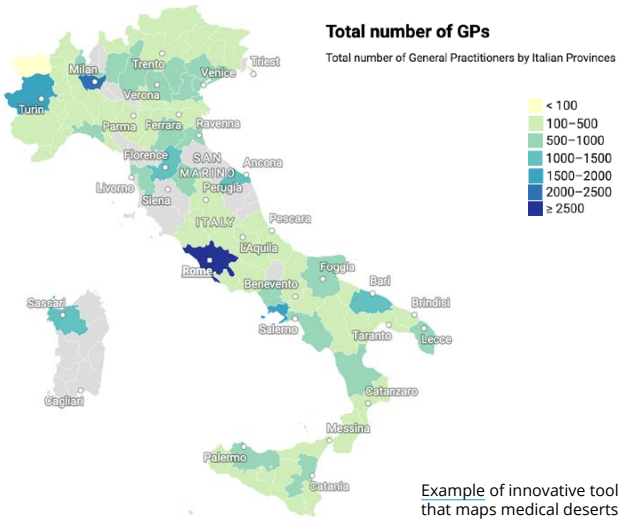
Identifying, tackling and preventing medical deserts with the AHEAD Medical Deserts Diagnostic Tool

With our partners in the project Action for Health and Equity: Addressing medical Deserts (AHEAD), we launched an innovative tool that maps medical deserts. These are areas with limited health services, resulting in unmet health needs of the population. They can exacerbate health inequalities, mostly affecting vulnerable groups. The tool's interactive maps show how far in the process of medical desertification certain regions in Italy, Moldova, the Netherlands, Romania and Serbia are.

For example, it shows the number of general-practitioners in provinces in Italy, indicating which areas have limited access to health care and are vulnerable to the risk of medical desertification (see image on the right).

Policy-makers, researchers, advocates and others can use the tool to develop evidence-based policy measures to address medical deserts and ensure optimal access to healthcare for all. The tool also includes a medical deserts index calculation which researchers can use to determine whether an area is at risk of becoming a medical desert.

- Have a look at the Medical Deserts Diagnostic Tool
- Watch the AHEAD webinars:
  - 'What are medical deserts and how do we find them?' (September 2022)
  - 'Tackling and preventing medical deserts with the Medical Deserts Diagnostic Tool' (September 2022)



Example of innovative tool that maps medical deserts

Access to medical products during health crises

Global level

In the course of 2022, the Covid-19 pandemic slowly weakened. Inequitable distribution of vaccines still left many people in the world vulnerable, but the peak of the global crisis seemed to be over. The attention of policymakers worldwide began to shift from fighting Covid-19 to preparing for future pandemics. Learning from the mistakes made during Covid-19 is key to ensure global, fair access to essential medical products during future health crises.

National level

During Covid-19, low- and middle-income countries had little or no vaccines for a long time, while high-income countries were vaccinating their population multiple times. Pharmaceutical companies that hold the rights of these vaccines mainly sold to countries that could pay the most. Also, they were not willing to share their rights and know-how with others. To ensure that all countries get access to medical products equitably, governments must take responsibility to enforce fair pricing and to overcome intellectual property barriers.

Providing overview and review of initiatives for access to medical products during pandemics

Wemos launched covid19response.org, a website that provides an overview of international initiatives by public institutions to enhance access to medical products during pandemics. It presents their characteristics and critically reviews their potential to contribute to an equitable and effective response to pandemics. Among the assessed initiatives are the mRNA hub, COVAX and the Pandemic Accord.

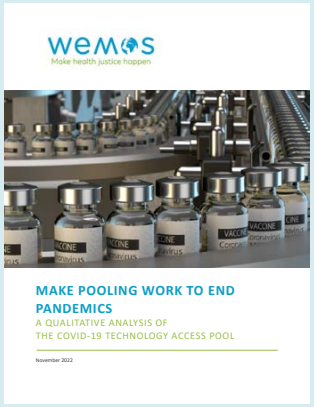
Since the outbreak of the Covid-19 pandemic, multiple initiatives were set up to improve global access to necessary medical innovations. With this website, Wemos provides a go-to-source where decision-makers, advocates, journalists and others can find information on these initiatives and policy recommendations.

In a closed meeting with Dutch members of parliament and staff, we presented the website and its main conclusions. We also hosted two webinars for international stakeholders to promote the website, including one together with the European Public Health Association (EUPHA). In 2022, the website was consulted over 3.000 times.

Our reviews on the website are based on 5 key dimensions that offer guidance for an equitable and effective pandemic response. We made an explainer video on how to apply these 5 dimensions.

Watch our webinar presenting our website and policy recommendations (2 March 2022).

Presenting lessons learnt for sharing intellectual property and know-how during pandemics



Wemos published a report on the functioning of the Covid-19 Technology Access Pool (C-TAP) and lessons learnt for the future. C-TAP is a platform of the World Health Organization (WHO) for sharing intellectual property, knowledge and data for the production of medical products against Covid-19. With our research, we aimed to expose what is needed to make such a mechanism effective in countering pandemics and increasing self-reliance of low- and middle-income countries in access to medical products.

The publication resulted in constructive conversations with C-TAP's Technical Advisory Group about our recommendations for an effective pooling mechanism during pandemics. The WHO will involve the report in an internal evaluation of C-TAP. This way, our report stimulates and steers the international discussion on sharing intellectual property, knowledge and data for medical products during pandemics, and thus provides valuable input for the negotiations for the Pandemic Accord.

▶ Watch our webinar presenting our report and recommendations, followed by reactions from key stakeholders, including the WHO (2 December 2022).

Urging the Dutch government to commit to sharing know-how during pandemics

We continued urging the Dutch government to support and promote the sharing of intellectual property, knowledge and data for the production of medical products during pandemics. The Netherlands can play a pioneering role at European and international level in increasing global, equitable access to life-saving innovations in times of crisis, such as medicines and vaccines.

Thanks to our lobby, the Dutch parliament adopted a motion that presses the government to commit to establishing a mechanism in the Pandemic Accord for the sharing of know-how on medical products to upscale the production and increase self-reliance of low- and middle-income countries. Commitment of the Netherlands is potentially impactful, because it is co-chairing the negotiations for the Pandemic Accord. Through this motion, the parliament can hold the government accountable on its position in the Pandemic Accord negotiations.

▶ Read the interview with Ella Weggen by Global Health Advocates: 'We believe in alternative funding and pricing models that can encourage pharmaceutical companies to innovate and to charge reasonable prices' (September 2022)

Dutch global health policy

Global level

Health transcends countries' borders. Developments in one country can affect the health and livelihood of people all around the world. 'No one is safe unless everyone is safe', is a phrase we have heard a lot in the last years. A comprehensive and multi-sectoral approach is needed to effectively deal with both the current pandemic and other (future) global health challenges.

National level

Dutch policies related to global health do not sufficiently safeguard accessibility of healthcare for everybody, including vulnerable people. By implementing sound global health policies, The Netherlands can realize various objectives: 1) create coherent policy to implement international agreements in the field of health, such as the Sustainable Development Goals, 2) specify the Dutch contribution to global pandemic preparedness that relies on strong systems for health and health equity worldwide, and 3) improve the linkage between global health efforts and Dutch public health, for current and future generations.

DUTCH GLOBAL HEALTH ALLIANCE

Wemos is one of the founders of the Dutch Global Health Alliance. This alliance of civil society organizations raises awareness on the need for concerted global health action, advocating sound policies that contribute to stronger health systems worldwide.

Advocating a Dutch Global Health Strategy that ensures health justice

After years of lobbying by Wemos and other civil society organizations, we were happy that the Dutch government started developing a Dutch Global Health Strategy. Throughout the year, we monitored the process and gave input. We wrote an appreciation of the advice by the Advisory Council on International Affairs on the strategy. And as part of the Dutch Global Health Alliance, we released a comparative analysis of existing global health strategies in Europe and later provided written input and attended six roundtable sessions.

Our assessment of the Dutch Global Health Strategy
When the Dutch Global Health Strategy 2023-2030 was published in October, we shared our assessment. In our opinion, the strategy can contribute to global health, provided it is implemented with the right urgency, vigour, and resources, and attention for the gaps in access to pharmaceuticals, and for the risks of public-private partnerships for health. We will continue to monitor and engage in discussions around the implementation with special attention to these gaps.

New European Global Health Strategy
Shortly after the release of the Dutch Global Health Strategy, the European Commission released its own global health strategy, the first update to the EU's global health policy since 2010. The strategy is potentially a powerful tool in addressing global health challenges. However, we feel it lacks ambitious standpoints on equitable access to medical products. Moreover, it does not sufficiently address health workforce imbalances within the EU and it should focus more on expanding public budgets for health. Read our assessment.

New Foreign Trade and Development Cooperation policy
The Foreign Trade and Development Cooperation policy paper 'Doen waar Nederland goed in is' (*Doing what the Netherlands is good at*), is very much focused on Dutch business interests and seems to have insufficient attention for realizing access to health care for poorer population groups. In our opinion, instead of investing more in public-private collaborations in low- and middle-income countries, the Minister should contribute to strengthening the capacity and financial resources in the public sector. Read our assessment.

Wemos in the media

Wemos was visible on the topic of global health in various media outlets.

Together with the directors of Dutch organizations Aidsfonds, Artsen zonder Grenzen (MSF), Cordaid, ONE Campaign and Oxfam Novib, Wemos' director Mariëlle Bemelmans made a plea to the Dutch government in **newspaper Trouw** to change their words into action to ensure vaccine equity. Besides more financial commitment, action is needed to enable local producers in low-income countries to produce corona vaccines, speeding up production and reducing their dependence on rich countries.

Trouw

Opinie Corona

Nederland, zorg dat de pandemie ook wereldwijd verdwijnt

Arme landen worden slecht geholpen om de pandemie te beëindigen, betogen Mariëlle Bemelmans (Wemos), Judith Sargentini (Artsen zonder Grenzen), Michiel Servaes (Oxfam Novib), Mark Vermeulen (Aidsfonds), Emily Wigens (ONE Campaign) en Kees Zevenbergen (Cordaid).

Emily Wigens e.a. 1 maart 2022, 01:00

De Nederlandse regering doet veel te weinig om de pandemie wereldwijd te helpen beëindigen. Zo lang corona vrij kan rondwaren in grote delen van de wereld, duiken nieuwe varianten op. En blijven alle scenario's mogelijk: gezondheidscrises, lockdowns en beperkingen voor reizigers en de economie. Nu al eiste de pandemie bijna 6 miljoen mensenlevens en kost het de wereldeconomie 4700 miljard euro.

In November, KCGH (Kenniscentrum Global Health), NVTG and OIGT organised the 'Decolonizing Global Health' symposium in De Rode Hoed, where Wemos hosted a session that discussed the question how to correct power imbalances that cause inequity and injustices in the field of global health. Ahead of the event, the **MTb bulletin** published an article by Wemos describing the need to recognize power dynamics, reflect on our own roles and be willing to radically change our way of working.

Another opinion article was published in **newspaper NRC** on the privatization of Intravacc, a vaccine developer in the Netherlands. It states that with the announced sale of Intravacc, the Minister of Health is missing an opportunity to show how global access to vaccines can go hand in hand with financially sound operations.

Houd vaccinontwikkelaar Intravacc in handen van de overheid

Gezondheidszorg Privatisering past niet bij het streven naar een ander verdienmodel voor farmaceuten, schrijft *Mariëlle Bemelmans*.

Minister Ernst Kuipers (Volksgezondheid, D66) ging het zomerreces in met een teleurstellende boodschap: hij wil doorgaan met de privatisering van vaccinontwikkelaar Intravacc. Dit plan is tegenstrijdig met zijn eigen streven om het maatschappelijk belang bij de ontwikkeling van vaccins en medicijnen zwaarder te laten wegen dan het commerciële belang. Door Intravacc in handen van de overheid te houden, kan hij een voorbeeld stellen van hoe eerlijke, wereldwijde toegang tot vaccins samen kan gaan met een financieel gezonde bedrijfsvoering.

Intravacc is een afsplitsing van het vroegere Nederlands Vaccin Instituut (NVI). Een eerdere poging tot privatisering werd vanwege de coronapandemie uitgesteld. In de tussentijd is het bedrijf 'op afstand gezet' door het in een bv te plaatsen waar de overheid volledige beleidsdeelname in heeft.

Het bedrijf is een vreemde eend in de bijt in de farmaceutische wereld. Waar grote farmaceutische bedrijven streven naar winstmaximalisatie door middel van het vergaren van monopolies, streeft Intravacc juist naar het delen van hun kennis met zo veel mogelijk producenten.

Mariëlle Bemelmans is directeur van Wemos.

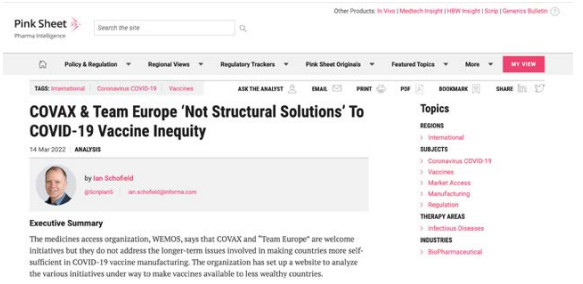
Zo heeft Intravacc toegezegd de kennis rondom hun nasaal Covid-19-vaccin gratis te zullen delen met de Covid-19 Technology Access Pool (C-TAP) van de Wereldgezondheidsorganisatie. Lage- en middeninkomenslanden kunnen erg gebaat zijn bij dit vaccin, aangezien het niet op extreem lage temperaturen bewaard hoeft te worden en eenvoudig toegediend kan worden. C-TAP is bedoeld om de productie van Covid-19-technologieën te stimuleren om zo de zelfbeschikking van landen te vergroten en de toegang tot medische producten te vergroten. Ook Nederland steunt dit initiatief.

Alternatief gezocht

Overheden, farmaceuten en maatschappelijke organisaties discussiëren al jaren over de prijs en toegankelijkheid van geneesmiddelen en vaccins. De Covid-19-pandemie heeft deze discussie alleen maar verhevigd toen bleek dat hoge-inkomenslanden massaal vaccins inkochten, terwijl lagere-inkomenslanden lang met lege handen bleven staan. Centraal in de

The **Dutch magazine Vrij Nederland** devoted an article to the shortage of health workers in Europe and the fact that wealthier European countries are recruiting staff from other parts of Europe, often leaving the home countries empty-handed. The article features health workers who have migrated, national representatives of medical doctors, and health researchers, including from our Pillars of Health project.

Pink sheet published an article about our website covid19response.org that provides an overview of international initiatives by public institutions to enhance access to medical products during pandemics.



External communication

New Wemos logo 2022

Sharpening our branding

Since we started advocating structural change for global health justice more than 40 years ago, our logo has gone through several changes. In 2022, we sharpened our branding to better fit our positioning as solution-oriented partner in achieving health justice. Our new logo is lean and modern and still includes a globe, representing our focus on health worldwide. It's tagline better aligns with our mission: 'Make health justice happen'.

In our communication, we apply an inclusive and hope-based approach, meaning we use positive framing, based on constructive solutions and people's strengths and opportunities. By connecting our messages to shared values, such as health justice, well-being and fair opportunities, we aim to engage and convince our audiences.

Clear and inclusive communication facilitates collaborations, allowing us to expand our network, comprehend the realities of the contexts in which we work, and enhance our shared messaging. We translate the evidence into knowledge products, tailored to specific audiences so that facts and data from the national level support our policy change recommendations.

We use our website, newsletter and social media channels to connect with partners, global health actors, academics, cross-sectoral professionals, journalists, our donors and the broader public. We happily share insights and knowledge, aiming to engage with others on the topics of our work.

Wemos video nominated for Hoogvlieger Award 2022

We were proud that our video 'Make pooling work for Covid-19 vaccines' was nominated for the 'Hoogvlieger Award 2022' (High-flyer Award) by the Expertise Centre for Humanitarian Communication. This annual award is given to the best campaign of a Dutch INGO, simultaneously with the 'Fly in the Eye Award' to the worst campaign of a Dutch INGO. The centre wrote: "[...] their explainer on the fair sharing of Covid vaccines based on a 'pooling mechanism' is a clear and factual story, but also makes a sharp statement about justice. [...] the use of an explainer like Wemos' is a hit as far as we are concerned."

Watch the video 'Make pooling work for Covid-19 vaccines'

1979 1986 1991 1993 1994 2004 2016

Working with universities

We continue working closely with universities and academic institutions, encouraging mutual learning and knowledge sharing. Like in previous years, we were invited to give various lectures to students.

- At KIT Royal Tropical Institute, we gave a lecture and interactive workshop on Health Workforce Financing to students of the module Human Resources for Health in February.
- In October, we were at Maastricht University to give a lecture on the Global Health Workforce to master students of the Global Health programme.
- In November, we were at the Utrecht University and gave a lecture to master students Medical Humanities on the basics of finance for health and lobby & advocacy. Immediately after these lectures, the students had the opportunity to apply their knowledge during a simulation of the annual 'World Health Assembly', that we co-hosted.
- Athena Institute of Vrije Universiteit Amsterdam is our partner in AHEAD and Pillars of Health. Within these projects, they share their knowledge and expertise on Intersectionality & Gender Transformative Approaches, and on methods for participatory policy-making.

Using assessments to increase the impact of our work

In 2022, we continued analysing the impact of our advocacy activities and identifying the critical contributing factors by using our impact assessment tool. This led to new insights and improvements in our way of working.

For example, we found that we could check our assumptions more explicitly and embedded this into our quarterly work plan evaluation. We built in time to think about expected outcomes and critical pathways for new activities. When it comes to advocacy, we agreed not to automatically engage in joint advocacy with partners or networks, but to make the trade-off on a case-by-case basis between joining forces and having control over our own, focused advocacy ask.

In case of joint advocacy activities with partners in other countries, we want to better understand the impact at country-level. For this, we will further invest in co-creation to develop joint advocacy plans that include (interlinkages between) the global level and the national level, as well as outcome indicators for our advocacy at both levels.

Finally, we saw that we can further sharpen our advocacy messages before approaching our targets. For that, it is critical to involve a colleague from the communication team in new advocacy activities from the start.

Together we can make health justice happen!

Grateful for the support of our donors

Our donors have been indispensable in making the past year's successes possible. We warmly thank the Bill and Melinda Gates Foundation, Dioraphte Foundation, the Dutch Ministry of Foreign Affairs, the European Commission, IDA Charity Foundation, Open Society Foundations and Unitaid for their trust in our work.

Furthermore, we express our gratitude to our loyal group of individual donors who follow our work with great interest. We thank them for their ongoing support throughout the years.

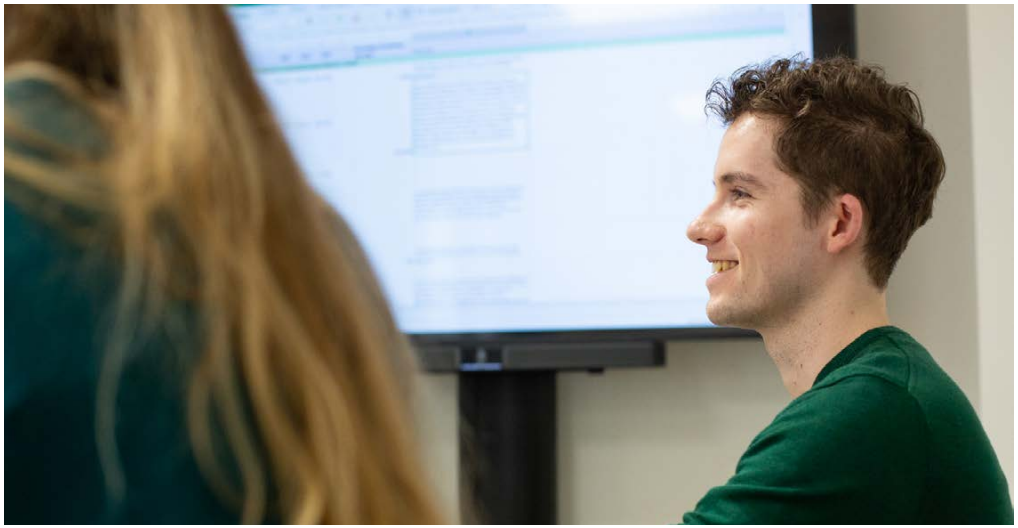
Thanks to the participants of the National Postcode Lottery

This year we grant a special thanks to the participants of the National Postcode Lottery. Together with the Pharmaceutical Accountability Foundation we received a donation of 500,000 euros. This support allowed us to commit to improving access to affordable vaccines and medicines for everyone. We strive for a world in which everyone's health takes precedence over commercial interests. With fair prices and without monopolies that stand in the way of the availability of vaccines and medicines.

Do you share our vision?

Consider supporting our work through a one-off or recurring donation.

Yes, I want to support Wemos



Our governance

Wemos is a foundation with a managing director and a supervisory board.

- Mariëlle Bemelmans has been managing director since 1 April 2017.

Wemos' supervisory board consists of five members. On 31 December 2022, these were:

- Ed Rutters (chairman), director Instituut Verbeeten; chairperson supervisory board Lumens Welzijn
- Lejo van der Heiden (vice chairman / secretary), management team member of Nature and Biodiversity; Directorate General for Nature, Fisheries and Rural Areas for the Ministry of Agriculture, Nature and Food Quality
- Ingrid van de Stadt, Regional Marketing Director Emerging Markets, Elsevier
- Ruud van den Hurk, director at the Global Network of Civil Society Organizations for Disaster Reduction (NL). Previously he held leadership positions in various organizations, among others, ActionAid, Simavi, International Care and Relief UK and InterAid Kenya
- Thomas van den Akker, professor of Global Maternal Health, Vrije Universiteit; Obstetrician Gynaecologist, Leiden University Medical Center

Accreditation

Wemos is recognized as a public benefit organization (PBO, or ANBI in Dutch) by the Dutch tax authorities. We hold a quality certificate by the Netherlands Fundraising Regulator (CBF) and are certified as an equivalent to a Certified Public Charity by NGO source (Equivalency Determination certification), which means that Wemos is equivalent to a US public charity.

Integrity

At Wemos, we attach great importance to integrity. That means that we always act fairly and treat people and organizations with integrity. We have a zero-tolerance policy for any form of (sexual) harassment, aggression or discrimination in the workplace. If an incident is reported, we take it seriously and investigate the reported allegation immediately. Our complaints procedure and whistleblower policy are published on our website.

As a member of the trade association Partos, Wemos subscribes to the 'Partos Code of Conduct'. In addition, we have our own Wemos Code of Conduct (updated in 2019) which includes a more comprehensive chapter on integrity. Both codes of conduct, together with the employment conditions regulations, form part of the employment contract of Wemos employees.

The Code of Conduct forms the foundation of the integrity system we implemented in 2019. This system consists of an internal integrity body and three reporting channels, one of which is an external whistleblower point. In addition, two employees were chosen as confidential advisers. Moreover, integrity is regularly discussed in our staff meetings.

In 2022 there were no reports of (possible) integrity violations.

Our team

Our staff members form the true core of our organization. We want to make sure they stay motivated and engaged and stimulate them to develop their capacities. Every six-months we have a staff meeting, in which employees can bring in topics for discussion. We pay continuous attention to integrity, our code of conduct, whistleblowing policy and complaints procedure. At 1.6%, our absenteeism rate was well below the national average (5,6%).

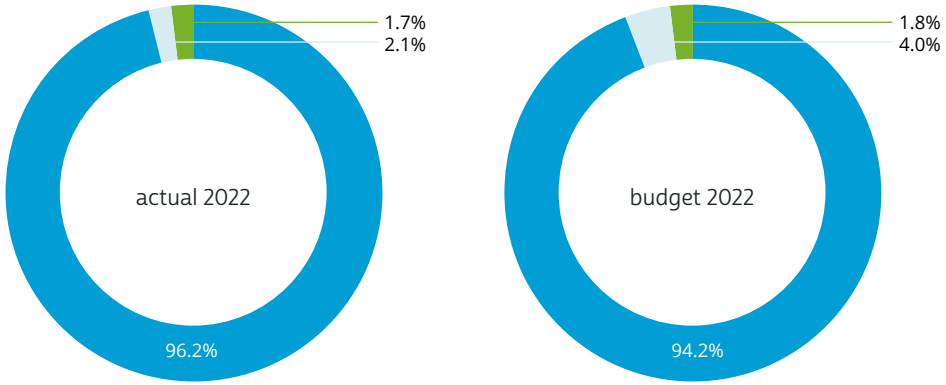
In 2022 our team consisted of 26 employees (24 in 2021), equivalent to 24,8 FTE (22,1 in 2021), with six living outside the Netherlands. In addition, there are three programmatic interim employees (one interim fundraiser and one interim CRM specialist). Our team is diverse, both in nationality, background and expertise. Next to many 'global health advocates' – experts on health topics and lobby & advocacy -, we have communication specialists, staff for planning, monitoring, evaluation and learning, and financial and administrative colleagues. All with a strong sense of justice and great perseverance.

Meet the team ▸

Financial policy and financial results

Working on our mission to achieve global health justice, requires funds. It is our aim to spend as much of every euro we raise on our programmatic goals (objective). In 2021, this went particularly well, because we mainly focused on setting up new programmes, and less on fundraising. As a result, 96,4 percent was used to achieve our objective. In 2022 we have managed to maintain that high percentage (96,2%). In addition, we have spent more time on fundraising (2,1%) than in 2021 (0,6%). However, this was not at the expense of the expenditures on objectives, but at the expense of management and administration costs (2022: 1,7%, 2021: 3,0%).

On 31 December 2022, Wemos' assets amounted to 3,513,433 euro (2,653,845 euro in 2021). The assets are held in various savings accounts and a current account. Part of the assets are intended as a continuity reserve (807,613 euro). Together with the supervisory board, the director has determined that this reserve must be sufficient to bear Wemos' operating costs for at least four months. These costs amount to 705,000, so this objective has been met.



Key figures

- Expenditures on objectives / Total expenditures
- Fundraising costs / Total expenditures
- Management and administration costs / Total expenditures

Risks and uncertainties

To maintain an overview and anticipate potential risks, we developed a risk matrix with risks, likelihood and mitigation measures. The management team regularly reviews and updates the matrix according to developments, and it is on the agenda of the supervisory board twice a year.

Raising sufficient funds is probably the most important topic on the matrix and therefore a continued focus. Currently, we depend on a small group of foundations and institutional donors. Through the years, our funding by the Dutch Ministry of Foreign Affairs has dropped from 84% of our total funding in 2017 to 50% in 2021. Even with the subsidy for 2021-2025, this ratio has not increased significantly in 2022 (55%) since we receive funding from various other donors.

Funding by the Dutch Ministry of Foreign Affairs as percentage of income Wemos

	2017	2018	2019	2020	2021	2022
Percentage	84%	75%	72%	52%	50%	55%

Diversification remains critical for our financial stability. In 2022, we were happy to have enlarged our portfolio with a new donor. And we prepared for targeted online fundraising campaigns of new individual donors in 2023 as part of our aim to increase unearmarked funds. We know that some of our current donors are revising their strategy, allocating more funding for organizations in the 'Global South' and less funding for those in the 'Global North'.

We conducted an internal critical review, assessing our role, relevance, added value and legitimacy in global health advocacy within the changing global context, considering global health power dynamics and the dialogue on decolonization. An external consultant conducted a literature research, followed up by 15 interviews with key informants: partners, donors and other stakeholders from across the world. She also facilitated a reflection day with the whole Wemos team. We discussed the outcomes with the supervisory board and in team meetings, and used them to shape our new Strategy for 2023-2027. Based on this reflection, we feel we have a legitimate role to play at Dutch and global level, while always keeping a sharp eye on the urgent issues of our partners. We also seek to call out power asymmetries in global health institutions and make way for organizations in low- and middle-income countries to take up seats at the decision-making tables.

Budget 2023 *All amounts in this financial report are in euro*

	Budget 2023
Income Wemos	
Income individual donors	
Donors	135,405
Subtotal	135,405
Income from institutional donors	
Ministry of Foreign Affairs	1,883,388
Euopean Union	37,984
Subtotal	1,921,373
Income from other not-for-profit organizations	
Open Society Foundations	519,219
Bill & Melinda Gates Foundation	154,135
IDA Charity Foundation	100,000
People's Vaccine Alliance	14,699
Unitaid	6,910
Other	250,000
Subtotal	1,044,962
Income from lottery organizations	
Nationale Postcode loterij	324.019
Subtotal	324.019
Income Wemos	3,425,759
Income alliance partners	
Income from institutional donors	
Dutch Ministry of Foreign Affairs	4,799,922
Subtotal	4,799,922
Income from other not-for-profit organizations	
Open Society Foundations	35,000
Bill & Melinda Gates Foundation	15,000
Subtotal	50,000
Income alliance partners	4,849,922
Total income	**8,275,681**

	Budget 2023
Expenditures Wemos	
Personnel costs	1,967,550
Interim personnel	169,604
Other personnel costs	85,599
Programme costs	791,718
Programme costs audit	13,310
Fundraising	243,504
Office and general expenses	81,196
Housing	67,997
Communication	44,511
Depreciation	15,420
Expenditures Wemos	3,480,409
Expenditures aliance partners	
Project costs	4,849,922
Expenditures aliance partners	4,849,922
Total expenditures	**8,330,331**
Financial income and expenditures	0
Deficit	**-54,650**
Result allocation:	
Designation reserve fundraising	-44,650
Designation reserve innovation	-10,000
	-54,650

The budget for 2023 was approved by the supervisory board in the meeting of 1/12/2022.

Financial report 2022

wemos
Make health justice happen

Balance Sheet *All amounts in this financial report are in euro*

Assets	12/31/2022	12/31/2021
Fixed assets	**38,010**	**19,234**
Current assets	**244,849**	**234,267**
Liquidities	**3,230,574**	**2,400,344**
Total assets	**3,513,433**	**2,653,845**

Liabilities	12/31/2022	12/31/2021
Continuity reserve	807,613	777,310
Designated reserve	200,000	34,723
Total reserves	**1,007,613**	**812,033**
Short term liabilities	**2,505,821**	**1,841,811**
Total liabilities	**3,513,433**	**2,653,845**

Statement of income and expenditures

	Actuals 2022	Budget 2022	Actuals 2021
Income			
Institutional donors	5,360,703	6,841,561	4,844,033
Not-for-profit organizations	1,841,678	1,760,284	1,815,289
Lottery organizations	164,856	0	0
Individual donors	9,744	43,990	9,830
Companies	0	0	26,774
Total income raised	**7,376,982**	**8,645,835**	**6,695,925**
Other income	4,244	0	390
Total income	**7,381,226**	**8,645,835**	**6,696,315**
Expenditures			
Expenditures on objectives	6,911,389	8,282,974	6,408,659
Income acquisition costs	147,303	354,154	35,910
Management and administration costs	118,591	160,356	200,318
Total expenditures	**7,177,283**	**8,797,484**	**6,644,887**
Result before profit and loss	**203,944**	**-151,649**	**51,428**
Financial income and expenditures	8,365	4,000	8,065
Surplus / defecit	**195,579**	**-155,649**	**43,363**
Result allocation			
Continuity reserve	30,303	9,074	96.842
Designation reserve relocation	-34,723	-34,723	0
Designation reserve fundraising	150,000	-130,000	0
Designated reserves innovation	50,000	0	-53,479
Balance of income and expenditures	**195,579**	**-155,649**	**43.363**

	Actuals 2022	Budget 2022	Actuals 2021
Key figures			
Cost percentage fundraising	2.0%	4.1%	0.5%

Wemos had planned to invest in a fundraising campaign in 2022, but that campaign was postponed to 2023. Therefore, the 'Cost percentage fundraising' is lower than budgeted. This budget was used for expenditures on objectives.

	Actuals 2022	Budget 2022	Actuals 2021
Expenditures on objectives / Total expenditures	96.2%	94.2%	96.4%
Income acquisition costs / Total expenditures	2.1%	4.0%	0.6%
Management and administration costs / Total expenditures	1.7%	1.8%	3.0%

Valuation standards

The annual accounts have been drawn up in accordance with the Directive 650 for fundraising organizations.

Accounting principles

Tangible fixed assets

The tangible fixed assets are valued at purchasing prize, after deduction of depreciations based on estimated economic lifetime.
The depreciation period of furniture and office equipment is 5 years (20%). Computers, other hardware and software are depreciated within 3 years (33.3%).

Receivables and accruals

Receivables and accruals are valued at nominal value after deduction of impairments.

Grants received in advance/grants to be received

Some grants exceed the term of one fiscal year.
The difference between the advance payment by the grant provider in a financial year and the amount spent in that same financial year on the execution costs of a project is included in the balance sheet as 'Grants received in advance'.

Reserves and funds

The reserves and funds are allocated in the context of the foundation's objectives.

Short-term liabilities

Short-term liabilities are valued at nominal value.

Principles for determining the balance of income and expenditure

Grant income

Grants are allocated on the basis of the realized execution costs of a project, within the frameworks fixed in the grant decision.

Donations and gifts

Donations and gifts are recognized as income in the financial year of receipt. This also applies to periodic donations.

Cost distribution

Costs for management and administration, fundraising and the various objectives are calculated on the basis of a distribution key in accordance with the Directive 650 for fundraising organizations.

Balance of income and expenditures

The balance of income and expenditures is calculated based on the difference between the income attributable to the financial year and the expenditures required to realize it.

Explanatory notes to the balance sheet

	12/31/2022	12/31/2021
Assets		
Tangible fixed assets		
Purchase value opening balance	67,915	54,783
Investments financial year	31,808	13,132
Divestments financial year	-529	0
Subtotal	**99,194**	**67,915**
Depreciation up to the end of previous financial year	48,681	39,692
Depreciation financial year	12,952	8,989
Depreciation on divestment	-450	0
Subtotal	**61,184**	**48,681**
Book value	**38,010**	**19,234**

Wemos moved to a new office in June 2022. To that purpose, Wemos invested in a video conferencing system, kitchen equipment and a flexible wall in the meeting room. Next to that Wemos invested in computers for new employees. The total investments in 2022 amounted to € 31,807.

All tangible fixed assets are designated to the organization. This includes computers (€ 13,319), furniture (€ 13,517) and office equipment (€ 11,174).

	12/31/2022	12/31/2021
Current assets		
Grants to be received		
Private funds	10,000	10,000
Unitaid	161	0
Ministry of Foreign Affairs	0	23,386
Subtotal	**10,161**	**33,386**
Prepayments		
Funding of alliance partners	216,189	155,510
Other prepaid expenses	8,745	16,897
Advance payment employees	58	0
Subtotal	**224,992**	**172,407**
Other receivables		
Amounts to be received	9,448	28,190
Deposits paid	241	146
Donors	6	137
Subtotal	**9,696**	**28,473**
Total receivables and prepayments	**244,849**	**234,267**

The grants to be received consist of a contribution from a fund that transfers 10% of its donation after receiving the annual report.

The prepayments mainly consist of a prepayment to our alliance partners for our Human Resources for Health programme (€ 216,189). Next to that there are some project costs for (software) services relating to 2023 (€ 8,745).

The amounts to be received consist of a maternity allowance (€ 6,483).

	12/31/2022	12/31/2021
Liquid assets		
ING current account	1,495,583	659,166
ASN savings account	992,938	996,673
ING savings account	741,968	744,250
Cash - euro	31	185
Cash - foreign currencies	54	69
Total liquid assets	**3,230,574**	**2,400,344**

Liabilities

Reserves	Continuity reserve	Relocation	Innovation	Fundraising
Book value 1 January 2022	777,310	34,723	0	0
Addition	30,303	0	50,000	150,000
Withdrawal	0	34,723	0	0
Book value 31 December 2022	**807,613**	**0**	**50,000**	**150,000**

Wemos aims to be able to pay at least 4 months salary (of all employees) and 4 months general costs with the continuity reserve. The wage costs for 4 months amount to a little over 650k and the general costs (housing, office and depreciation costs) amount to approximately 55k. That means that this objective has been met.

The relocation reserve was used in 2022 to cover the costs related to the office relocation. Wemos now rents part of the building from Doctors Without Borders. This allows us to use each other´s knowledge and services. We also reinforce each other on the programmatic level.

Finally, in 2022 the managing director, in coordination with the supervisory board, decided to create two new reserves: the fundraising reserve and the innovation reserve. These reserves are formed with a one-off large donation (see also page 33).

	12/31/2022	12/31/2021
Short-term liabilities		
Taxes and contributions		
Income tax and social security contributions	96,670	68,678
Pension fund	45,547	0
Subtotal	**142,217**	**68,678**
Grants received in advance		
Open Society Foundations	722,945	823,843
Ministry of Foreign Affairs	337,404	204,828
Nationale Postcode Loterij	335,144	0
Bill and Melinda Gates Foundation	228,029	0
European Union	143,536	168,421
People's Vaccines Alliance	14,699	0
Unitaid	12,433	46,016
ActionAid	0	813
Subtotal	**1,794,190**	**1,243,921**
Other short-term liabilities		
Payable to co-contractors	218,919	281,978
Creditors	82,011	70,209
Other amounts payable	29,661	4,794
Salaries and holiday allowance	159,819	101,613
Audit costs	37,830	18,755
Leave day reserve	41,173	51,863
Subtotal	**569,414**	**529,212**
Total short-term liabilities	**2,505,821**	**1,841,811**

Ministry of Foreign Affairs

Wemos is the penholder of the Make Way programme that is financed by the Ministry of Foreign Affairs through a subsidy of € 27,379,331 for the period 2021-2025. The amount for Wemos is € 7,692,460. The remaining funds are for Wemos' alliance partners.

On 31-12-2022, € 10,370,866 of this subsidy was transferred. Of this, € 3,115,760 was granted to Wemos.

IDA Charity Foundation

IDA Charity Foundation awarded Wemos with an unconditional grant of € 300,000 for the period 1 January 2023 to 31 December 2025. Since this grant is intended for the years to come, nothing has been requested yet.

Housing

Wemos moved to a new office in June 2022. Therefore, Wemos signed a new rental contract (until June 2027). The rent is indexed annually in January (for the first time in January 2024). As of 31 December 2022 the rent is € 53,625 per year; this is not subject to VAT.

Explanatory notes to the statement of income and expenditures

Income	Actuals 2022	Budget 2022	Actuals 2021
Income Wemos			
Income from individual donors			
Donors	9,031	43,990	8,742
In kind donations	713	0	1,088
Subtotal	**9,744**	**43,990**	**9,830**
Income from companies			
Companies	0	0	26,774
Subtotal	**0**	**0**	**26,774**
Income from institutional donors			
Ministry of Foreign Affairs	1,558,251	1,775,000	1,122,374
European Commission	52,994	45,330	30,453
Subtotal	**1,611,245**	**1,820,330**	**1,152,827**
Income from other not-for-profit organizations			
Open Society Foundations	621,295	386,783	561,548
Unitaid	200,697	211,235	235,600
IDA Charity Foundation	175,000	175,000	150,000
Dioraphte	100,000	100,000	100,000
Bill & Melinda Gates Foundation	24,813	0	0
People's Vaccine Alliance	9,855	0	0
ActionAid	770	0	7,315
Other income	6,499	140,000	0
Subtotal	**1,138,929**	**1,013,018**	**1,054,463**
Income from lottery organizations			
Nationale Postcode Loterij	49,856	0	0
Subtotal	**49,856**	**0**	**0**
Income Wemos	**2,809,774**	**2,877,338**	**2,243,893**

Income

	Actuals 2022	Budget 2022	Actuals 2021
Income alliance partners			
Income from institutional donors			
Ministry of Foreign Affairs	3,661,537	4,882,999	3,691,206
European Commission	87,922	138,232	0
Subtotal	3,749,459	5,021,231	3,691,206
Income from other not-for-profit organizations			
Unitaid	502,438	287,446	698,011
Open Society Foundations	200,312	459,820	62,815
Subtotal	702,750	747,266	760,826
Income From Lottery Organisations			
Nationale Postcode Loterij	115,000	0	0
Subtotal	115,000	0	0
Income alliance partners	4,567,208	5,768,497	4,452,032
Other income	4,244	0	390
Total Income	**7,381,226**	**8,645,835**	**6,696,315**

Expenditures

	Actuals 2022	Budget 2022	Actuals 2021
Expenditures Wemos			
Personnel costs	1,836,880	1,787,442	1,491,819
Interim personnel	134,316	106,330	171,826
Other personnel costs	20,560	65,127	25,364
Project costs	353,232	622,735	349,132
Project costs audit	25,570	27,220	0
Housing	55,411	100,648	58,254
Office and general expenses	108,466	69,641	67,543
Communication	26,329	45,000	12,295
Fundraising	36,279	190,000	7,631
Depreciation	13,032	14,844	8,989
Expenditures Wemos	2,610,074	3,028,987	2,192,855
Expenditures alliance partners			
Programme costs Make Way	3,661,537	4,882,999	3,691,206
Programme costs Medical Desert	87,922	138,232	0
Programme costs Resilient to Pandemics	115,000	0	0
Programme costs Human Resources for Health	200,312	287,446	62,815
Programme costs Covid-19 Innovations For All	502,438	459,820	698,011
Expenditures alliance partners	4,567,208	5,768,497	4,452,032
Total expenditures	7,177,283	8,797,484	6,644,887
Financial income and expenditures	8,365	4,000	8,065
Surplus / defecit	**195,579**	**-155,649**	**43,363**

Wemos' positive result is explained by unearmarked donations (€ 183,778) from one of our donors. After strategic reconsideration, they re-prioritised and health is less of a global priority thus they transitioned out fundung Wemos from their global public health programme and allocate more funds directly through their regional offices. Their unearmarked contribution is intended, among others, for resource mobilization to secure future funding for Wemos. In consultation with the supervisory board, the director decided to create a fundraising reserve and an innovation reserve.

Renumeration of senior officials

'Wet Normering Topinkomens'

Senior executive officer with employment contract

	2022	2021
Name Mariëlle Bemelmans		
Function Managing director		
Employment contract		
Nature (duration)	permanent	permanent
Hours per week	36	36
Scope of employment (in FTEs)	1,0	1,0
Period	1/1-31/12	1/1-31/12
Renumeration		
Annual income		
Gross wages / salary	98,100	95,911
Holiday pay	7,752	7,637
Fixed year-end bonus	0	0
Payment of residual holidays	0	0
Total annual income	**105,852**	**103,548**
Year-end bonus	4,108	2,194
Pension contribution (employer's part)	11,946	11,282
Pension compensation	0	0
Other long-term benefits	0	0
Payment for termination of employment	n.v.t.	n.v.t.
Total renumeration	**121,906**	**117,024**
Individual maximum applicable renumeration (WNT)	199,000	191,000
-/- Amount unduly paid	n/a	n/a

According to Regulations for renumeration of directors of charitable organizations, the renumeration committee set the Basic Score Directors function (BSD) for Wemos at 455. The annual income of the managing director (with an employment contract) is € 105,852 and thus remains within the maximum of € 148,215 (BSD score 455).

NB The director's year-end bonus is the same as that of other employees who are employed full-time by Wemos. In this way, Wemos applies the income leveling that it wants to pursue.

Senior officials with a renumeration of less than € 1,000

The supervisory board consists of the following members:

- Chair: Ed Rutters
- Vice-chair / secretary: Lejo van der Heiden
- General members: Ruud van den Hurk, Thomas van den Akker and Ingrid van de Stadt

After 7 years, in 2022, Wemos said goodbye to Joep Verboeket as general member of the supervisory board. Wemos thanks Joep Verboeket for his services rendered.

The members of the supervisory board carry out their duties unpaid; all members are entitled to a reimbursement for incurred expenses of € 75 for each attended meeting.

Staff members with an employment contract do not receive higher renumeration than the Wemos managing director.

Cost allocation sheet

	Costs on objectives						Income acquisition costs	Management and administrion costs	Actuals 2022	Budget 2022	Actuals 2021
	Make Way	Pandemic preparedness	Finance for Health	Human Resources for Health	Access to Medicines	Total spent on objectives					
Advocacy by Wemos	246,289	35,699	8,912	83,054	4,848	**378,802**	0	0	**378,802**	649,955	349,132
Advocacy by alliance partners	3,661,537	115,000	0	288,234	502,438	**4,567,209**	0	0	**4,567,209**	5,768,497	4,452,032
Personnel costs	1,084,402	194,162	40,935	197,076	155,105	**1,671,678**	87,303	98,459	**1,857,440**	1,852,569	1,517,183
Interim personnel costs	101,867	0	1,647	24	7,250	**110,788**	14,169	9,359	**134,316**	106,330	171,826
Housing	32,350	5,792	1,221	5,879	4,627	**49,870**	2,604	2,937	**55,411**	100,648	58,254
Office and general expenses	63,324	11,338	2,390	11,508	9,057	**97,618**	5,098	5,750	**108,466**	69,641	67,543
Communication	15,371	2,752	580	2,793	2,199	**23,695**	1,237	1,396	**26,329**	45,000	12,295
Fundraising	0	0	0	0	0	**0**	36,279	0	**36,279**	190,000	7,631
Depreciation	7,608	1,362	287	1,383	1,088	**11,728**	613	691	**13,032**	14,844	8,989
Total	**5,212,748**	**366,105**	**55,973**	**589,951**	**686,611**	**6,911,388**	**147,303**	**118,591**	**7,177,283**	**8,797,484**	**6,644,887**

In accordance with the Directive 650 for fundraising organizations, costs are allocated to the objectives, income and acquisition, and management and administration.
Allocation is carried out on the basis of the following principles:

- directly attributable costs are allocated as such;
- not directly attributable costs are allocated on the basis of a distribution key, based on the actual hours spend on the job.

Personnel costs

	Actuals 2022	Budget 2022	Actuals 2021
Salaries	1,471,688	1,429,954	1,188,203
Social security costs	231,231	232,367	194,226
Pension costs	133,961	125,121	109,390
Other personnel costs	20,560	65,127	25,364
Subtotal personnel costs	**1.857.440**	**1.852.569**	**1.517.183**
Interim personnel	134,316	106,330	171,826
Total personnel costs	**1,991,755**	**1,958,899**	**1,689,009**

The number of FTEs with an employment contract for a definite or indefinite period at 31 December 2022 is 24.78 FTEs (26 employees).
In addition, there are 3 programmatic interim employees, 1 interim fundraiser and 1 interim CRM specialist.

dubois + co
REGISTERACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To: the Supervisory Board and the Board of Stichting Wemos.

A. Report on the audit of the financial statements 2022 included in the annual report.

Our opinion
We have audited the financial statements 2022 of Stichting Wemos based in Amsterdam, the Netherlands.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of Stichting Wemos at 31 December 2022 and of its result for 2022 in accordance with the 'RJ-Richtlijn 650 Fondsenwervende organisaties' (Guideline for annual reporting 650 'Fundraising Organisations') of the Dutch Accounting Standards Board) and the Policy rules implementation of the Standards for Remuneration Act (WNT).

The financial statements comprise:
1. the balance sheet as at 31 December 2022;
2. the statement of income and expenditure for 2022; and
3. the notes comprising of a summary of the accounting policies and other explanatory information.

Basis for our opinion
We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing and the Audit Protocol WNT 2022. Our responsibilities under those standards are further described in the 'Our responsibilities for the audit of the financial statements' section of our report.

We are independent of Stichting Wemos in accordance with the Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in the Netherlands. Furthermore we have complied with the Verordening gedrags- en beroepsregels accountants (VGBA, Dutch Code of Ethics).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Compliance with rule against overlapping pursuant to the WNT not audited
In accordance with the Audit Protocol under the Standards for Remuneration Act ("WNT"), we have not audited the rule against overlapping as referred to in Section 1.6a of the WNT and Section 5(1)(n/o) of the WNT Implementing Regulations.

Oranje Nassaulaan 1
1075 ah Amsterdam
Telefoon 020 571 23 45

E-mail info@dubois.nl
www.dubois.nl
KvK nummer 34374865

dubois + co
REGISTERACCOUNTANTS

This means that we have not audited whether an executive senior official exceeds the norm as a result of any positions as executive senior official at other institutions subject to the WNT, and whether the explanation required in this context is correct and complete.

B. Report on the other information included in the annual report.

In addition to the financial statements and our auditor's report thereon, the annual report contains other information that consists of the Board's report.

Based on the following procedures performed, we conclude that the other information is consistent with the financial statements and does not contain material misstatements.

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing these procedures, we comply with the requirements of the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements.

Management is responsible for the preparation of the other information, being the Board's report in accordance with Guideline for annual reporting 'RJ-Richtlijn 650 Fondsenwervende organisaties' (Guideline for annual reporting 650 'Fundraising Organisations').

C. Description of responsibilities regarding the financial statements

Responsibilities of the supervisory board and the Board for the financial statements.
The Board is responsible for the preparation and fair presentation of the financial statements in accordance with the Guideline for annual reporting 'RJ-Richtlijn 650 Fondsenwervende organisaties' (Guideline for annual reporting 650 'Fundraising Organisations') and the Policy rules implementation of the Standards for Remuneration Act (WNT). Furthermore, the Board is responsible for such internal control as the Board determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, the Board is responsible for assessing the organisation's ability to continue as a going concern. Based on the financial reporting framework mentioned, the Board should prepare the financial statements using the going concern basis of accounting, unless the Board either intends to liquidate the organisation or to cease operations, or has no realistic alternative but to do so.

The Board should disclose events and circumstances that may cast significant doubt on the organisation's ability to continue as a going concern in the financial statements.

The Supervisory Board is responsible for overseeing the organisation's financial reporting process.

dubois + co
REGISTERACCOUNTANTS

Our responsibilities for the audit of the financial statements
Our objective is to plan and perform the audit engagement in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion.

Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

We have exercised professional judgement and have maintained professional scepticism throughout the audit, in accordance with Dutch Standards on Auditing and the Audit Protocol WNT 2022, ethical requirements and independence requirements.

Our audit included among others:

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management;
- concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organisation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause a organisation to cease to continue as a going concern.
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

dubois + co
REGISTERACCOUNTANTS

We communicate with the supervisory board and the management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Amsterdam, 7 June 2023

Dubois & Co. Registeraccountants

ValidSigned door Arjan Buteijn
A.P. Buteijn RA

ValidSigned door Aram Koek
A. Koek RA

Colophon

Wemos

Plantage Middenlaan 14
1018 DD Amsterdam
+31 020 435 20 50

info@wemos.org
www.wemos.org

Author: Wemos
Design: Piraña grafisch ontwerp

May 2023

Photo credits

Cover John Rae/The Global Financing Facility **Page 2** Photo Mariëlle Bemelmans by Suzanne Blanchard **Page 3** Freepik **Page 5** UNFPA **Page 7** Direct relief **Page 8** ILO Asia-Pacific **Page 9** Dominic Chavez/The Global Financing Facility **Page 10** Eric Sales/ Asian Development Bank and G2H2 **Page 11** IMF Photo/Kim Haughton **Page 12** Akina Mama wa Afrika **Page 15** Ezra Acayan / World Bank **Page 16** Erick Kaglan / World Bank **Page 20** Photo on the left by universiteit Utrecht / Dick Boetekees **Page 23** Suzanne Blanchard **Page 25** UNMEER/Simon Ruf

wemos
Make health justice happen