wemos
HEALTH UNLIMITED

Year overview 2020

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Introduction

The Covid-19 pandemic absorbed everyone in 2020. It illustrated existing inequities in global health and exacerbated the dire gaps that still exist in health financing, in the number of trained and employed health workers, and in equal access to vaccines and medicines. Besides the direct health impact, the pandemic also disrupted essential health services, like sexual and reproductive, maternal and child health care, undoing part of the progress achieved in the last decades.

The pandemic underlines the importance of strong health systems for everyone in the world - a message that we have been advocating since 1979. Covid-19 impacted all our programmes and forced us to find alternative ways to link to civil society in other countries, holding virtual meetings and working from home. At the same time, the pandemic created momentum and unforeseen opportunities to bring forward and substantiate our standpoints.

We look back on an eventful year with important successes that we share with you here. I hope you enjoy reading about our work in global health. Stay healthy!

Mariëlle Bemelmans,
Director of Wemos

This is the text version of our year overview 2020, including the annual financial report 2020.
For our interactive online year overview, please go to www.wemos.nl/yearoverview2020.

ABOUT US

We advocate the right to health for all; access to health services and protection against threats to health. With over 40 years of experience, we have acquired an international reputation for our rights-based and systemic approach to health. We create spaces for dialogue and discussion around global health, addressing underlying power imbalances and bringing in the perspective of those whose voices are not always heard in the global arena.

Our global lobby work is always done in service of and connected to actual (health) needs and country contexts. Many of the challenges of low- and middle-income countries cannot be solved at national level alone: many receive up to 50% of their health budget from international donors, who strongly influence health policies that affect national health systems.

At Wemos, we zoom out and look at the bigger picture. We connect the national context and health outcomes to global (health) policies and identify gaps. We do this together with national civil society organisations (CSOs) who know their context best and are in place to call for improvements towards their governments, while we open doors to take it up to the appropriate actors on global level together.

COLLABORATIONS

In our programmes, we collaborate with many CSOs in countries around the world. We are partner of the Dutch Ministry of Foreign Affairs; in 2020 through the Health Systems Advocacy Partnership, in which we worked on health systems strengthening for improved sexual and reproductive health and rights outcomes. Through our programmes, we are also in touch with the Dutch Ministry of Health, Welfare and Sport. Both Ministries invite us regularly to speak at expert groups or fora.

OUR TEAM

Our relatively small team of 20 people includes global health advocates, medical professionals, communications professionals, management, and support staff. While we hail from different, complementing backgrounds, nationalities, and expertise, we have this in common: our fervent dedication to our joint mission!

Due to Covid-19, we worked from home for the majority of 2020. Apart from the well-known struggles of home education and initial technological challenges, we adapted to the new situation rather quickly. And we learned to use a range of digital tools to hold online workshops, brainstorming sessions, and regular team meetings to align and push our programmes forward. Please, come and meet us!

OUR SUPERVISORY BOARD

Wemos is a foundation with a managing director and a supervisory board. Since April 2017, Mariëlle Bemelmans is managing director of Wemos. Our supervisory board currently consists of six members.

Our theory of change

OUR VISION

All people can exercise their right to health:

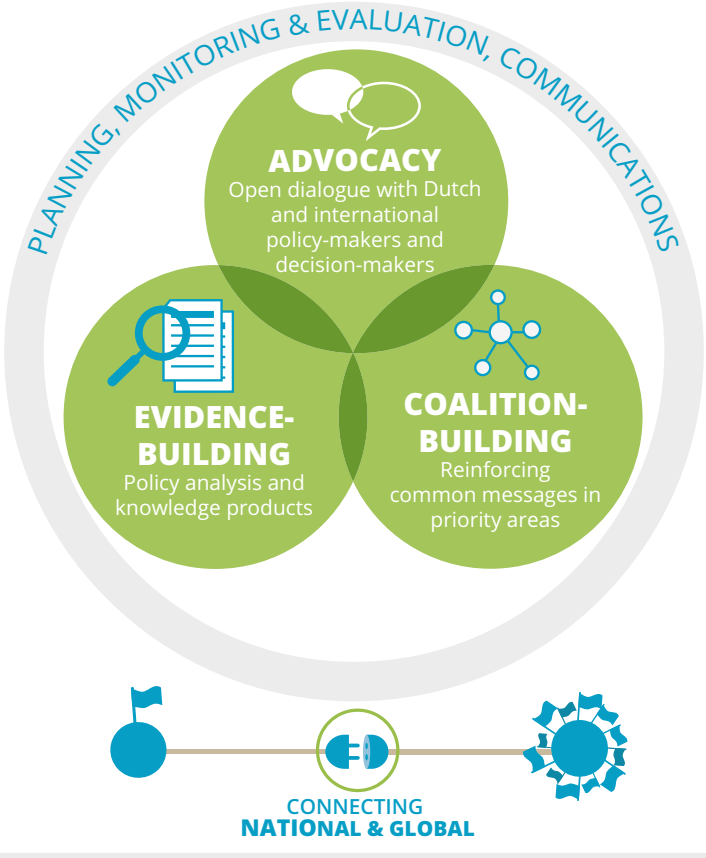
ACCESS TO HEALTH SERVICES
and
PROTECTION FROM HEALTH THREATS

IMPACT

The right systemic (i.e. economic, social and political) conditions must be in place to allow people to exercise their right to health

POLITICAL WILL FOR POLICY CHANGE

WHAT WE DO



OUR VALUES

- Grounded
- Critical and constructive
- Structural change
- Global justice

OUR ADVOCACY ROLES

- Expert
- Initiator
- Facilitator
- Critic
- Watchdog

OUR FOCUS AREAS

FINANCE FOR HEALTH

All governments should allocate sufficient (sustainable and flexible) funding to investments in a high-quality, resilient and gender-sensitive health system that is accessible to all citizens.

HUMAN RESOURCES FOR HEALTH

Everyone, everywhere should have access to skilled, motivated and properly supported health workers.

ACCESS TO MEDICINES

Everyone, everywhere should have access to high-quality, affordable medicines that meet their medical needs.

OUR VISION

Health is a universal human right. Governments must create the conditions for guaranteeing the health of all their citizens: access to health services and protection against threats to health.

OUR MISSION

As an independent civil society organisation, we seek to improve public health worldwide.

- We analyse Dutch, European and global policies that affect health and propose relevant changes.
- We hold the Dutch government, the EU and multilateral organisations accountable for their responsibility to respect, protect and fulfil the right to health.

OUR ORGANISATIONAL VALUES

- Grounded
- Critical and constructive
- Striving for structural change
- A belief in global justice

HOW WE WORK

Evidence-building

We analyse policies that affect health to formulate our policy recommendations and advocacy messages. Through knowledge products we share these insights with civil society. Also, we publish peer-reviewed articles to make our research more rigorous, increase our outreach and build relations with experts and knowledge institutes.

Coalition-building

We work with (inter)national networks of CSOs to reinforce joint messages. Since not all 'invited' decision-making spaces in global health are truly inclusive, we create spaces for those whose voices are not naturally heard, like by facilitating direct dialogue between CSOs and the Global Financing Facility.

Advocacy

We look for open dialogue with Dutch and international policy and decision-makers, being critical yet constructive. With access to important stakeholders in global health, we can effectively get our (joint) messages across. Depending on the context, we choose the most adequate advocacy role, acting as expert, initiator, facilitator, critic or watchdog.

Finance for health

Sufficient finance is essential to reach universal health coverage (UHC). But many low- and middle-income countries do not have the required means and still depend on development assistance for health to co-finance their health systems.

In 2020, Covid-19 exacerbated global health inequalities and health system weaknesses. It painfully showed how under-funded, under-staffed, and under-equipped public health systems did not only affect people's health, but also their livelihoods and social well-being. And it severely increased funding shortages. We want governments to work towards health equity, which requires sufficient public funding to invest in a good quality, resilient and gender-sensitive health system that is accessible for everybody.

Reviewing the Global Financing Facility

Global level

The Global Financing Facility for Women, Children and Adolescents (GFF) is a global health initiative hosted by the World Bank. It supports national governments to accelerate progress on sexual and reproductive health and rights (SRHR), maternal, new-born, child and adolescent health and nutrition, by increasing financial resources and improving health spending on these issues.

In 2020, the GFF redirected some of its country level support to Covid-19 response and at the same time stepped up efforts to maintain essential services, including SRHR.

National level

Kenya, Malawi, Tanzania, Uganda, and Zambia are among the countries where the GFF is implemented. Together with networks of (inter)national civil society organisations (CSOs), we raised concerns about limited space and (financial and technical) support for civil society engagement in governance structures, as well as a lack of transparency. Moreover, we noted limitations in the use of resources, for example to finance health worker salaries.

HIGHLIGHTS

Successfully advocating more engagement and inclusivity in the GFF

With the GFF's five-year anniversary, we gathered CSOs in a webinar to explore ways to influence the GFF Strategy Refresh process. Together with members of the Dutch GFF Community of Practice, we drafted recommendations that we shared broadly and that formed our input to the public consultation for the strategy refresh. The final version of the strategy reflects our inputs around civil society engagement, gender equality and intersectionality, health workers, and private sector engagement in healthcare. Upon our proposal, the GFF Civil Society Coordination Group also organised a public consultation for CSOs on the drafts of the GFF-CSO Engagement Framework.

The GFF in Uganda through a pandemic lens

Together with the Ugandan Center for Health, Human Rights and Development (CEHURD), we published an updated factsheet on the GFF in Uganda and its Covid-19 response in the country. Besides the pandemic's direct impact on the Ugandan health system, it also indirectly affects the socioeconomic environment of the country. The GFF estimates that disruptions in all essential services could increase child mortality by 22% and maternal mortality by 21% in the course of 2020 and 2021. Uganda is currently revising its GFF Investment Case, which describes the countries' priorities for GFF interventions. Unfortunately, effective civil society participation in this process is still a challenge.

Sharing our review of five years of the GFF

Our commentary article The Global Financing Facility at five: time for a change? reviewing the first five years of the GFF, was published in the Sexual and Reproductive Health Matters Journal. It concludes that inclusiveness and transparency are not yet sufficiently integrated in global decision-making processes and that, at country level, civil society should be more engaged. Besides, objectives of domestic resource mobilisation and health systems strengthening have not yet been achieved. We shared these insights during the widely attended webinar we hosted during the Civil Society Policy Forum ahead of the Annual Meetings of the IMF and World Bank on 5 Years with the GFF: Challenges and Lessons Learned.

Expanding fiscal space for health

Global level

There is still a large funding gap for health in low- and middle-income countries, despite internationally agreed targets and benchmarks. While external financial assistance for health increased in response to the pandemic in 2020, international financial institutions and development partners continue to provide policy advice or impose conditionalities that unduly limit a country's options to invest in - for instance - the health workforce.

National level

Kenya, Malawi, Tanzania, Uganda, and Zambia are among the countries where the GFF is implemented. Together with networks of (inter)national civil society organisations (CSOs), we raised concerns about limited space and (financial and technical) support for civil society engagement in governance structures, as well as a lack of transparency. Moreover, we noted limitations in the use of resources, for example to finance health worker salaries.

HIGHLIGHTS

Making and using (fiscal) space for UHC

Wemos' director Mariëlle Bemelmans was invited to speak at the Prince Mahidol Award Conference (PMAC) 2020 'Accelerating Progress Towards Universal Health Coverage'. She was part of a panel with the World Health Organization (WHO) and the World Bank in the session 'Making and Using (Fiscal) Space for UHC'. Mariëlle kickstarted a debate on the importance of increasing fiscal space to bridge the large funding gap for achieving the worldwide health targets. She pointed out the need for alternative avenues to expand fiscal space for health, including for human resources for health, such as by eliminating illicit financial flows and increasing and aligning development assistance. "It is not only up to the health sector; cross-sectoral advocacy, as well as global level advocacy is needed to move from commitment to action on UHC," Mariëlle said.

Enlarging the 'pie' of domestic resources

To achieve the Sustainable Development Goals (SDGs), low- and middle-income countries would require USD 371 billion extra per year by 2030. Even with projected increases in domestic health spending, an annual gap of USD 54 billion remains. At the panel discussion on the risks of austerity for UHC during the Civil Society Policy Forum of the Annual Meetings of the IMF and the World Bank, we explained that mainstream approaches to economic growth do not lead to higher well-being and the achievement of SDGs. Health budgets should not have to compete with resources for education or social spending. What countries really need is to enlarge the 'pie' of domestic resources overall to expand fiscal space for health, by more 'aggressively' exploring alternatives such as tackling illicit financial flows and debt management.

Improving donor coordination in health

Global level

In 2018, Ghana, Germany and Norway requested the WHO to take the lead in improving alignment and coordination of international cooperation in the health sector. As a result, 12 multilateral organisations pledged to better align their work in support of countries working towards the health-related SDGs: the Global Action Plan for Healthy Lives and Well-being for All (GAP). The final plan was presented in September 2019, and its first progress report published in September 2020.

National level

For many years, fragmented international health cooperation has burdened low-income countries. While the preparations for the GAP started in 2018, (national) civil society was not involved in this process until a broad civil society consultation in June 2019. A more harmonised donor approach, based on the needs of countries, is needed to achieve UHC.

HIGHLIGHTS

Advocating a more harmonised donor approach towards UHC

As a founding member of the Watch the GAP! civil society group, we launched a series of interactive online debates and a paper on the GAP's development and content. The lively webinars on civil society engagement and sustainable financing helped the GAP secretariat and GAP signatories become more aware of 1) the importance of addressing human resources for health, 2) ensuring civil society engagement in the process, and 3) the need for international action to support domestic resource mobilisation. Together with the Dutch Ministry of Foreign Affairs, we coordinated a meeting with Dutch CSOs that follow developments of the GFF, Global Fund and Gavi, also known as the '3Gs'. We discussed how Dutch investments in these different global health initiatives can be better aligned. Moreover, together with Cordaid, we analysed the global policies of the '3Gs' and identified areas of improvement in a report published in 2021.

Raising awareness of commercialisation in healthcare

Global level

In line with the World Bank Group's international Maximizing Finance for Development or 'private first' approach to development financing, Dutch development expenditure to strengthen and engage the private for-profit sector - within the Aid & Trade agenda - has increased over the past years. We also see this increase in the health sector in sub-Saharan Africa. And we wonder: how does this affect progress towards health development goals in recipient countries?

National level

Some of the CSOs and health professional organisations we work with in East Africa raised concerns that – although well intended - development initiatives primarily aimed at strengthening the commercial sector in health exacerbate instead of decrease inequalities in health. The Dutch Aid & Trade spending in health was a 'black box' they wished to better understand, as it would enable them to engage with their governments at the same level as (foreign) companies.

HIGHLIGHTS

Raising awareness of the risks of private sector instruments in healthcare

In 2020, we raised critical awareness about the risks involved in the donor push for commercialisation and Public-Private Partnerships in healthcare in low- and middle-income countries. We did this during the session Is blended finance the key to health and development? at the OECD's third Private Finance for Sustainable Development conference, and via health paragraphs in multiple CSO statements towards the OECD Development Assistance Committee. Moreover, we engaged in advocacy and dialogues with European World Bank Executive Directors as a follow-up to the 2020 Annual Meetings. And we submitted our discussion papers on Dutch Aid & Trade in health to staff at the Dutch Ministry of Foreign Affairs.

Discussing our work on Dutch Aid & Trade in healthcare

Our collaborative research on Dutch Aid & Trade in healthcare in Africa resulted in two discussion papers that we disseminated in our networks. This gave rise to new discussions and mutual awareness raising, with the Dutch entrepreneurial development bank FMO, companies such as Royal Philips, CSOs, and academic institutions in Africa and in other continents.

With insights from these papers, we also contributed to a focus group discussion of the Policy and Operations Evaluation Department (IOB) of the Dutch Ministry of Foreign Affairs. It was held with a select group of Dutch NGOs as part of the official evaluation of the combined Aid & Trade agenda and underlying win-win approach.

Discussion papers

- Discussion paper 'In the interest of health for all?
- The Dutch 'Aid and Trade' agenda as pursued in the African healthcare context' (2020).
- Discussion paper 'Best public value for public
- money? The case of match-funded multi-hospital infrastructure development in Tanzania' (2019).
- Or read the summary brief of both discussion papers.

Covid-19 and the importance of fiscal space for health

In response to the Covid-19 pandemic crisis, we published a blog on the importance of strengthening public health services and the public purse for health, for both health security and UHC. Read our blog.

Human resources for health

The Covid-19 pandemic spotlighted the critical shortage of health personnel, stressing the urgent need for sufficient, well-trained, equipped, protected, equitably distributed and motivated health workers in the delivery of healthcare across the world.

In some contexts, this led to an all-time high appreciation of health workers, albeit lacking tangible steps to address the dire gaps. It is time to translate the theoretical appreciation into real and sustainable action.

Enhancing the WHO Code on recruiting health workers

Global level

The WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO Code) was adopted by the World Health Assembly in 2010 as a voluntary instrument to address negative consequences of health worker migration worldwide. It aims to raise awareness on the ethical aspects of active international recruitment efforts and to stimulate countries to invest in their own health workforce.

National level

Many health workers from low- and middle-income countries look for better working conditions and career opportunities abroad, because these are lacking in their home countries.

The resulting 'brain drain' leads to more inequality between countries. While 'destination' countries with better employment prospects welcome those health workers to cover their own shortages, low- and middle-income countries - with already weak health systems and a shortage of health workers - lose their qualified health workers.

HIGHLIGHTS

Continuously pushing for the ethical international recruitment of health personnel

We were happy to see that the Expert Advisory Group adopted our recommendations to improve the WHO Code in its WHO Code review report (May 2020). In an open meeting in October, the WHO Health Workforce Department invited Wemos and the Health Workers for All Coalition to further discuss our recommendations. In this process, Wemos functions as a bridge between the WHO and civil society, sharing knowledge and tips, continuously driving this important initiative forward.

Collaborating for a more effective WHO Code

During the resumed session of the World Health Assembly in November, we made a statement about the WHO Code review report on behalf of Medicus Mundi International. In this statement, we welcomed further collaboration in improving the WHO Code reporting tools and called for enhanced transparency on bilateral agreements and a more multidimensional analysis in identifying countries with critical health workforce shortages.

Calling for adequate funding of health personnel to fight Covid-19

Global level

In 2020, most major funders in global health made additional resources available for Covid-19 response in low- and middle-income countries. It was meant for research, vaccine development, protective personal equipment, test kits, and programme management response support. In some cases this diverted funding from existing programmes. Moreover, these support packages did not specifically prioritise the urgent need to recruit additional health personnel nor improve remuneration and working conditions of those providing services.

National level

Countries where severe shortages of health personnel have been insufficiently addressed in normal circumstances, cannot cope with the high pressure of the Covid-19 crisis. Sustainable investment in health worker recruitment and retention is not only critical for the countries to adequately respond to Covid-19 in the short term, but also to build strong future health system resilience and health workforce preparedness and response capability.

HIGHLIGHTS

Creating momentum for discussion with major funders in global health

A quick assessment of the (financial) emergency response to the pandemic by global health initiatives and international financing institutions indicated a lack of focus on human resources for health. We sent a letter – supported by 143 CSOs – to the Global Fund, World Bank, Gavi, IMF, GFF, WHO, and European Development Commission, calling on these donors to prioritise international funding that supports recruitment of health workers in resource-limited contexts. All donors, except the European Development Commission, responded with invitations for further conversations. We continue tracking Covid-19 funding streams through the ACT Accelerator launched by the WHO and partners.

Covid-19 and the importance of sustainable investments in health workers

In response to the Covid-19 pandemic, we published a blog on the importance of sustainable investments in health workers. Read our blog.

Access to medicines

Everyone, everywhere should have access to high-quality, affordable medicines that meet their needs. Unfortunately, the lack of access to medicines is a worldwide problem that is sustained by the current system of medicines development and pricing.

The issues around global access to Covid-19 vaccines clearly illustrate the urgent need to change this system. We push for this change by analysing Dutch and European policies, the functioning of the European Medicines Agency (EMA), the use of Dutch public money in research & development (R&D) of medicines, alternative business models, and by advocating improvement.

Ensuring equal access to Covid-19 vaccines

Global level

Covid-19 took the whole world in its grip. Suddenly, everyone everywhere needed the same diagnostics, medicines and vaccines. A few pharmaceutical companies managed to develop safe and effective vaccines in a remarkable short period of time, largely with public funding. Next step was to produce enough of them for everyone worldwide. To achieve this, the WHO set up a Covid-19 pooling system in which vaccine developers could share their patent rights and technical know-how with other manufacturers. By the end of 2020, however, it was still empty.

National level

With high-income countries buying up most of the available vaccines, people in low- and middle-income countries may not be vaccinated for years to come. Needless to say, this further weakens countries that are already vulnerable.

However, the pandemic comes with the opportunity to strengthen these countries. When vaccine developers share their patents rights and technological know-how, pharmaceutical companies in low- and middle-income countries can be equipped for vaccine production. This results in better access to vaccines and makes these countries more resilient to future health crises.

HIGHLIGHTS

Getting the Dutch government to support Covid-19 pool

To curb the Covid-19 pandemic, diagnostics, medicines and vaccines must be accessible for everyone, everywhere. So-called vaccine nationalism (high-income countries stocking up vaccines only for themselves) should be strongly discouraged. Wemos successfully advocated the Dutch government to support the creation of a global Covid-19 Technology Access Pool (C-TAP) by the WHO, in which inventors of Covid-19 technologies share their data, know-how and intellectual property rights. This would enable all qualified pharmaceutical companies in the world to produce effective products against Covid-19, making them accessible worldwide. In March, numerous NGOs and public health experts supported the lobby letter we sent to the Dutch Ministries of Health, Foreign Affairs, and Economic Affairs. A week later, the Dutch government announced its support for C-TAP.

International consortium advocating sharing of knowledge to fight Covid-19

Since April 2020, we have been leading an international consortium consisting of Medicines Law & Policy, Health Action International, Knowledge Ecology International, Pharmaceutical Accountability Foundation, and Corporación Innovarte. Together we aim to mobilise support and political will for the sharing of relevant Covid-19 data, know-how and intellectual property rights. In the consortium, we exchange knowledge and align our advocacy strategies. Thanks to our complementary expertise and networks, we contributed to ongoing dialogue and engagement with private and public sector actors in the Netherlands, EU, USA, Latin America, and at the WHO. For example, we held a webinar with Members of the European Parliament about the future of pharmaceuticals. Also, we increased public awareness on ways to improve access to Covid-19 products through intense media work, and contributed to new public health policy measures.

Viewed over 1,000 times: World Health Assembly side event on Covid-19 pool

In response to Covid-19, the WHO set up C-TAP, to bring together the data, know-how and intellectual property rights needed to produce safe and effective diagnostics, medicines and vaccines. Together with Health Action International, Knowledge Ecology International, Medicines Law & Policy, and Pharmaceutical Accountability Foundation, we convened an online briefing to discuss this new pooling mechanism in advance of the 73rd session of the World Health Assembly. The event hosted speakers from 10 different organisations including the WHO and the Ministry of Health of Costa Rica. Over 1,000 people saw the livestream or watched it afterwards.

Urging for a fair medicines development system

Global level

The system of medicines development and pricing is increasingly leading to unequal access to affordable medicines and other commodities. Covid-19 has exposed once more the problems that arise when pharmaceutical companies use their monopoly position, giving them full control over the production, pricing and distribution of medicines and vaccines.

Health is a human right and medicines should be considered a matter of public interest more than of commercial interest, especially considering the high amount of public money invested in developing these products. A fair system entails transparency of pricing, conditions for public funding to ensure equal access, and better cooperation between (EU) countries to achieve this.

National level

Access to medicines largely depends on national governments' ability to negotiate with pharmaceutical companies. This process is not transparent, even though large sums of public money are invested in the development of medicines. Current laws and regulations do not safeguard socially responsible licencing with public funding, and do not lead to fair, affordable prices and availability of medicines for everyone. Countries should act collectively to implement policy measures to counter this trend.

HIGHLIGHTS

Putting public return on public investment on political agenda

We think it is only fair if people reap the fruits of medicines that are financed with tax money. That is why we pushed for a 'public return on public investment' principle in the so-called 'NFU Toolkit'. This is a joint base for knowledge institutions to enhance their position when negotiating with pharmaceutical firms about the use of intellectual property rights. We wanted to include legal clauses that promote availability, affordability and transparency of products developed at Dutch universities. Thanks to our advocacy efforts, every political party in the Dutch parliament supported a motion urging the Minister of Health to include these topics in the toolkit.

Analysis and policy recommendations on the EMA's accountability

Since the start of the pandemic, we have seen governments pressure regulatory agencies to speed up the marketing authorisation process. Accountability is key to ensure this process is done independently and transparently for any kind of medical product. In 2020, Wemos conducted a qualitative analysis on the concept of accountability at the EMA, including stakeholders' perspective on the process of marketing authorisation. Additionally, we looked into the risk of bias in the activities that precede the official submission to the EMA, the so-called Pre-Submission Activities (PSAs). Our analysis led to several policy recommendations to improve EMA's accountability and to have better safeguards regarding risk of bias in PSAs.

Collaboration with SOMO: public funding of medical technologies against Covid-19

Following the successful joint publication 'Overpriced' in 2019, Wemos collaborated with SOMO in publishing new research on Dutch public funding of drugs - this time focusing on Dutch public funding of medical technologies against Covid-19. This publication provides an overview of 917 million euros of Dutch public investments in research for Covid-19 treatments and vaccines. Despite several claims of Dutch government officials that this public funding is leveraged to make vaccines available in low- and middle-income countries, no proof was provided to substantiate their claims. We will use this publication to continuously push for the attachment of more stringent pro-public conditions to public funding.

Complementing our lobby work with Pharmaceutical Accountability Foundation's legal perspective

We work closely with Pharmaceutical Accountability Foundation, a co-member of the Dutch Medicines Network. The foundation investigates how to create jurisprudence on the social responsibility of pharmaceutical companies in ensuring accessible and affordable medicines. In 2020, we hosted the earlier mentioned World Health Assembly side event and prepared a debate on pharmaceutical policy ahead of the Dutch elections in 2021. In 2020, the foundation developed a scorecard for pharmaceutical companies on human rights, that we will use in our lobby towards the Ministry of Health.

Worldwide access to Covid-19 vaccine

In response to the Covid-19 crisis, in March, we published a blog on a global Covid-19 patent pool as a solution to maximise access to and affordability of future Covid-19 vaccines. Read our blog.

Health systems strengthening

EXPLAINING WHY STRONG HEALTH SYSTEMS MATTER

The Covid-19 pandemic has shown what happens when countries' health systems are unable to keep up with their populations' public health needs. Malfunctioning, weak health systems need to be transformed into responsive, well-functioning, properly staffed and sustainably financed systems. Not only for acute public health crises, but also to achieve access to sexual and reproductive health and rights (SRHR) for everyone, everywhere. With our partners in the Health Systems Advocacy Partnership (HSAP), we made an animated video that explains this interconnectedness and why strong health systems should be a political priority.

PUTTING HEALTH SYSTEMS ON THE POLITICAL AGENDA

In June, we published a joint position paper 'Covid-19, SRHR and health systems' with our partners KELIN (Kenya), MHEN (Malawi), N'weti (Mozambique) and CEHURD (Uganda). We outlined our concerns about the lack of information on Covid-19, health workforce shortages and disruption of key essential and emergency services, including for sexual and reproductive health. To feed the discussion of the Dutch parliamentary commission on development cooperation, we prepared a second briefing document together with the Dutch SRHR platform group, outlining the impact of the Covid-19 crisis on SRHR in low- and middle-income countries.

Our substantial inputs focused on the need to invest in health systems to ensure continued access to sexual and reproductive health services as part of safeguarding SRHR. We highlighted specific challenges within the health system - such as lack of personal protective equipment for health workers. Moreover, we included an ask around closer monitoring of loan conditionalities and their impact on health systems. The Dutch Labour Party (PvdA) directly used the statements from this briefing in their ask to the Dutch Ministry of Foreign Affairs.

PUSHING FOR A DUTCH GLOBAL HEALTH STRATEGY WITH THE DUTCH GLOBAL HEALTH ALLIANCE

In our opinion, strengthening of health systems worldwide is only possible through coherent and sustained action by all development partners. That's why we have persistently advocated a Dutch Global Health Strategy. Over the last years, we have participated in panel discussions and Dutch foreign policy evaluations, organised Global Health Cafés with experts and policy makers, written op-eds on the topic and played a key role in the 2018 study on the need for a Dutch Global Health Strategy by the Ministry of Health.

Together with Aidsfonds, Amref Flying Doctors, Cordaid, KIT Royal Tropical Institute and KNCV Tuberculosis Foundation, we founded the Dutch Global Health Alliance. We want to raise awareness about the need for more concerted global health action and work on concrete policy options for the Dutch government that contribute to stronger health systems worldwide. Our joint advocacy efforts resulted in the adoption of a motion for a Dutch Global Health Strategy by the Dutch Parliament in December – a significant outcome after years of perseverance, dedication, passion and patience.

COMING TO A CLOSE: THE HEALTH SYSTEMS ADVOCACY PARTNERSHIP

2020 was the final year of the Health Systems Advocacy Partnership, in which we worked with Amref Health Africa, African Centre of Global Health and Social Transformation (ACHEST), Health Action International and the Dutch Ministry of Foreign Affairs. In Kenya, Malawi, Tanzania, Uganda and Zambia and at global level, we used innovative practices combining advocacy, research and civil society engagement to strengthen health systems from the bottom up.

The partnership documented over 500 outcomes and contributed to access to essential high-quality sexual and reproductive health services for many people across sub-Saharan Africa. An end of project evaluation showed the partnership's strong outcomes.

As of 2021, we will continue our work on SRHR from a health systems angle, in our new partnership on intersectional SRHR advocacy. Read about our lessons learnt at the intersection between SRHR, health systems and civil society engagement.

Wemos in the lead of new programmes

NEW FIVE-YEAR PROGRAMME: MAKE WAY, EMBRACING INTERSECTIONALITY FOR HEALTH EQUITY & JUSTICE

The Dutch Ministry of Foreign Affairs has selected Wemos and partners to work together in a new strategic partnership. We will be a trailblazer in operationalising the concept of intersectionality in SRHR. In the next five years, we aim to mobilise a critical mass of civil society as successful advocates of intersectional sexual and reproductive health and rights (SRHR) in Ethiopia, Kenya, Rwanda, Uganda and Zambia, the (East and Southern) African region and at the global level. Marginalised young people with compounded vulnerabilities are particularly at risk of being discriminated, disempowered, and excluded from mainstream SRH services, policy, and planning. Hence, they are unable to fully realise their SRHR, resulting in consistently poorer SRH outcomes and a vicious cycle of poverty and exclusion.

By applying an intersectional lens, we can identify more effectively how their intersecting vulnerabilities exacerbate existing barriers and which societal and systemic changes are needed to overcome these. We will actively promote this new way of looking at SRHR issues amongst national and global civil society networks, other strategic partners, donors, and allies.

Within Make Way we work with a very diverse group of organisations, each with its own strength and expertise: Akina Mama wa Afrika, The Circle of Concerned African Women Theologians, Kenya, Forum for African Women Educationalists, Liliane Foundation, and VSO Netherlands. We work in partnership with the Dutch Ministry of Foreign Affairs, with Wemos as lead organisation.

OPTIMISING ACCESS TO HEALTH WORKERS IN EUROPE

After leading the successful EU-funded 'Health Workers for All' programme (2013-2016), we secured two new grants to continue addressing critical issues around health worker availability and mobility in Europe.

Pillars of Health, towards solidarity for health worker balance in Europe

As of June 2020, and thanks to a grant from Open Society Foundations, Wemos is leading a three-year programme, Pillars of Health, focusing on health worker migration in Europe. In the EU free-market zone, health worker migration flows tend to favour the more prosperous countries, and weaken already vulnerable health systems in Southern, Eastern and Central European countries. Through evidence-building and data review, knowledge sharing and high-level political dialogues, we aim to influence relevant policies both at EU-level and in and between countries for an equitable health worker distribution.

In 2020, we built the programme partnership, refining and contextualising the Theory of Change. Jointly, we also developed a proposal for co-funding from the European Commission (AHEAD project, see below).

Our partners are the Centre for Health Policy and Services (Romania), Media Education Centre (Serbia) and VU Athena (Netherlands). Moreover, we forged our cooperation with Dr Vytenis Andriukaitis (former European Commissioner for Health and Food Safety) and his group at the European Institute for Health and Sustainable Development, opening important doors and networks for us. We are likely to expand the partnership to include more destination countries, as these are essential for forging sustainable solutions to health worker migration challenges affecting the region.

Throughout the year, we have shared our knowledge on the topic and invested in agenda setting at various high-level conferences, such as:

- The EUPHA's Health Workforce Research Section conference
- The Annual Conference of the European Health Management Association
- The European Health Forum Gastein, in a panel discussion

Addressing medical deserts

The AHEAD project (Action for Health Equity Addressing medical Deserts) is mainly funded by the European Commission (EC-CHAFEA) and aims to find solutions for so-called medical deserts in Europe. Medical deserts are isolated or depopulated areas with a low concentration of health services that result in unmet medical needs, (further) depopulation and marginalisation and increasing health inequalities.

The AHEAD consortium, with Wemos as lead partner, developed a winning project proposal that includes building evidence, increasing stakeholder knowledge and developing feasible policy solutions. The project has a duration of 26 months and will kick off in April 2021, in five countries, with partners: Centre for Health Policy and Services (Romania), Cittadinanza Attiva (Italy), Media Education Centre (Serbia), National School for Public Health Management (Moldova) and VU Athena (Netherlands).

Both projects contribute to Wemos' overall strategy and ambition to ensure access to a skilled, motivated and properly supported health worker for everyone, everywhere.

Wemos in the media

Increasingly more journalists recognise our expertise on global health matters and turn to us for interpretation of developments. Naturally, there was abundant special interest in Covid-19 and the development of effective vaccines in 2020.

OUR WORK ON MEDICINES: MAKING HEADLINES!

Through various debates and radio shows, we informed the public and enhanced a public discussion about the national medicine policy. We participated in debates on the power of big pharma during crises at Pakhuis de Zwijger, on the incentives behind the financial models of pharmaceutical firms and on global access to a Covid-19 vaccine (with Oxfam Novib) at De Balie, and were interviewed about ethical testing by Radio 1. When the news broke that Pfizer would hold on to its patent protection, Wemos' global health advocate Tom Buis explained how this threatens access and distribution in low- and middle-income countries in the current affairs tv programme EenVandaag. We also hosted various webinars and were quoted numerous times in national newspapers, like in this op-ed in de Volkskrant about socially responsible licensing. The media attention led to widespread exposure of our viewpoints on global policy solutions for access to medicines.

In the pandemic, our partners in Eastern-African countries reported severe disruption of health services, deteriorating the SRHR of many people. This especially affected those with multiple vulnerabilities, like people with disabilities or commercial sex workers. The Broker published an article illustrating the situation. And the Switzerland-based Afrika Komitee published an article emphasising the importance of context in fighting Covid-19 in African countries.

SNAPSHOT OF SOCIAL MEDIA

Through social media we connect with partners and global health actors, academics, cross-sectoral professionals, and the broader public. We are always happy to engage in open discussions and to share insights and knowledge.

Photo: KIT Royal Tropical Institute

Working with universities

We value mutual learning and knowledge sharing, and work closely with universities and academic institutions, for example on joint projects and internships. In 2020, an intern joined our Access to Medicines programme, conducting research for her earlier mentioned thesis 'Accountability of the EMA in marketing authorisation of new medicines'.

In February, KIT Royal Tropical Institute invited us to give a lecture and an interactive workshop on Health Workforce Financing to students of the module Human Resources for Health. And in October, we gave a lecture on the Global Health Workforce to master students of the Global Health programme at Maastricht University. Due to Covid-19 it was a virtual session, but the students still engaged in vivid discussions and shared experiences from their backgrounds.

Knowledge products

INVESTING IN HEALTH SYSTEMS TO FIGHT COVID-19 AND ENSURE SRHR

We published a position paper on health system strengthening and financing, in light of Covid-19 sexual and reproductive health and rights (SRHR). We did this together with organisations in Kenya, Malawi, Mozambique, Tanzania and Uganda. We shared it with the Dutch Ministry of Foreign Affairs to inform their discussions on official development assistance.

STRONG HEALTH SYSTEM PREREQUISITE FOR SRHR

SRHR can only be supported and enabled in a country with a strong, responsive and well-functioning health system that is sustainably financed and properly staffed with sufficient and skilled health workers. Our paper explains why a strong health system is a prerequisite for SRHR.

FACTSHEETS ON THE GFF

We published various factsheets on the Global Financing Facility (GFF), an influential global health initiative that aims to ensure health for all mothers, children and adolescents in low- and middle-income countries. In these factsheets, we focus on
1) GFF's background, purpose and governance,
2) its governance and financing structure and
3) its response to Covid-19 in Uganda.

GLOBAL SKILLS PARTNERSHIPS ON MIGRATION

Together with Maastricht University, we wrote an analysis of the existing status quo of bilateral agreements on health worker migration and mobility - also known as Skills Partnerships - and formulated recommendations to improve their design and governance. This work was commissioned by the Friedrich Ebert Stiftung.

Funding of our programmes

We have managed to further increase and diversify our funding in 2020, building on much valued relations with supporting donors. At the same time, we secured new funding, with related thorough due diligence and organisational assessment procedures. In three new programmes, Wemos takes up the role as lead organisation of those partnerships.

THE DUTCH MINISTRY OF FOREIGN AFFAIRS

In 2020, part of our Finance for Health and Human Resources for Health programmes was realised within the Health Systems Advocacy Partnership, funded by the Dutch Ministry of Foreign Affairs. The aim of this partnership, that ended in 2020, was to build capacity and create policy space so civil society can engage and hold governments, private companies, and other stakeholders to account in delivering equitable, accessible and quality services to fulfill sexual and reproductive health and rights (SRHR).

We are proud that the Ministry of Foreign Affairs selected Wemos and our partners to form a strategic partnership within the SRHR Partnership Fund (2021–2026). Wemos is the lead organisation in this partnership on intersectional SRHR advocacy.

For a long time, the Ministry of Foreign Affairs funded by far the largest part of our work. Even though the Ministry is still an important donor, over the past three years, the percentage of this funding relative to other sources of income has declined: from 84% in 2017 to 49% in 2020. This has contributed to a more solid financial base for the organisation.

GRATEFUL FOR OUR SUPPORTING DONORS

Over the years, we have built a fruitful and close relation with our supporting donors: Dioraphte Foundation, IDA Charity Foundation, and Open Society Foundations. They provide multi-year financial support and have made their funding more flexible over time. This offers us continuity and at the same time it enables us to be more agile and to quickly respond to relevant developments. We are grateful for their continuous trust.

Unitaid became a new donor in 2020, funding our work and programme on sharing of knowledge around Covid-19 technologies, with Wemos as lead organisation. We also lead a three-year partnership of organisations in Serbia, Moldova, and VU Athena in Amsterdam - Pillars of Health - on health worker mobility in the European region, funded by Open Society Foundations.

SPECIAL THANKS TO OUR INDIVIDUAL DONORS

We are very proud to count on a loyal group of individual donors who have been financially supporting us throughout the years. They follow our work with great interest and sometimes even contribute with ideas. We would like to thank them in particular for their ongoing support.

wemos
HEALTH UNLIMITED

Annual financial report 2020

THE FOLLOWING PAGES CONTAIN OUR ANNUAL FINANCIAL REPORT OF 2020, INCLUDING AN INDEPENDENT AUDITOR'S REPORT.

ANNUAL FINANCIAL REPORT 2020

Adopted in the Supervisory Board
meeting on 23-04-2021

MANAGEMENT REPORT

Wemos advocates access to health for everyone, worldwide

VISION, MISSION AND STRATEGY

Vision

Health is a universal human right. Governments are required to safeguard the conditions for the health of all citizens: access to health care and protection against health threats.

Mission

Wemos is an independent civil society organisation that aims to improve public health worldwide.

- We analyse Dutch, European and global policy that impacts health, and propose relevant changes.
- We call the Dutch government, the EU and multilateral organisations to account on their responsibility to respect, protect and implement the right to health.

Strategic principles

Our work is based on the following principles, which are applied in all our programmes:

- a human rights approach to health;
- gender equality;
- systemic change;
- mutual learning from knowledge exchange;
- creating and expanding civil space.

STRATEGY DEVELOPMENT

In 2019, we recalibrated our strategy and recorded it in the 'Wemos' Strategy for 2019-2023', which can be found on our website under Current/Publications. Depending on the objective of each programme, we focus on various actors and stakeholders: from (inter) national policymakers and politicians to multilateral organizations, and sometimes also the general public. We therefore value our independent position.
In 2020, we attracted funding for various new programmes in which Wemos has the role of secretary. This role as a leading organisation in partnerships consolidates our position as an internationally recognized social organisation.

RISKS AND UNCERTAINTIES

Our risk analysis is outlined in the internal strategy plan for 2019-2023. The most important focal points are the continuity in financial and human resources and reputation management. Risk mitigation measures are indicated for each defined risk. These are regularly updated, at least at each meeting between the managing director and Supervisory Board.

Continuity in financial resources

In 2020, Wemos successfully acquired new funds from various donors. For example, for the period 2021-2025 we have again been awarded a large amount of funding from the Ministry of Foreign Affairs for 'Make Way', in which we fulfil the role of secretary. Our funding by the Ministry of Foreign Affairs has dropped from 84% of our total funding in 2017, 75% in 2018 and 72% in 2019 to 49% in 2020. Even with the subsidy for 2021-2025, this ratio will not increase significantly in 2021, because we now receive funding from various other donors (see also budget 2021).

Open Society Foundations (OSF) and IDA Charity Foundation (ICF) have pledged funding for our work for several years. We have been receiving flexible organisational financing from Dioraphte since 2019. In addition, we - as the lead organization - are in consultation with Unitaid concerning follow-up financing of the 'Covid Innovations for All' programme, which began in April 2020 and will run until March 2021. In 2021, the European Commission also awarded multi-year funding for the programme 'Action for Health and Equity - Addressing Medical Deserts' (AHEAD), of which we are secretary.

Fundraising is an important point of attention within the organisation. The Global Health Advocates have a great responsibility for fundraising for their own programmes. Coordination is divided between the Communication Manager and the Planning, Monitoring & Evaluation Officer (PME). A Resource Mobilisation meeting is held every three to four weeks.

Continuity in human resources

Like many others, the pandemic caused us to switch unexpectedly to work together online from home. Team members picked up on this very quickly and were also motivated to take full advantage of the momentum provided by this global health crisis to raise extra awareness for our lobbying messages. This illustrates the great passion and commitment of our employees. Wemos' mission is closely aligned with their individual motivation.

In the autumn of 2020, there were several online strategic sessions in which the team further refined their lobbying strategies for their programmes. During the two six-monthly staff meetings, attention was paid to aspects such as integrity, our code of conduct, whistleblower's policy and complaints procedure. We also discussed the necessary adjustments in the office and changes in the way we work in response to the pandemic. We organised our staff outing online this year because of Covid-19.

In 2020, a number of new employees joined the company, both in existing and new (vacancy) positions. Our team is now a good mix of employees with longer experience at Wemos and relative newcomers who bring relevant experience from elsewhere in the organisation. In addition, the team is becoming increasingly international and diverse in nature; we now represent six different nationalities and backgrounds.

Reputation

Wemos is internationally recognised for its 'evidence-based advocacy'. We meticulously check all reports, articles, press releases and other communications before publication for accuracy and completeness. Incorrect or unverifiable statements can damage reputation. Staff members are aware of this. They also know that the 'Wemos message' is not always welcomed by everyone and always consider both sides of the argument.

In 2020 there were no situations that compromised Wemos' reputation.

INTEGRITY

There is a growing awareness among public, private and social organisations that the success of their mission and strategy, and their results, depends on the relationship with their stakeholders and on the integrity of the organisation itself. As an organisation, we attach great importance to integrity. That means that we always act fairly and treat the people and organisations with whom we work 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.

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 that was updated in 2019 to include, among other things, 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 is also the foundation of our integrity system; this was implemented in 2019 and 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. Integrity is also regularly discussed in our staff meetings.

In 2020 there were no reports of (possible) integrity violations.

ACHIEVEMENT OF OBJECTIVES

In 2020, Wemos worked on the themes 'Access to Medicines', 'Human Resources for Health' and 'Financing for Health'.

We achieved a large part of the last two themes within the Health Systems Advocacy (HSA) Partnership. With this partnership, we advocate for strengthening health systems to improve sexual and reproductive health and rights (SRHR). Our cooperation with national civil society organisations on this issue promotes mutual learning and knowledge exchange; they helped us to gain a deep understanding of the national context, and we strengthened their capacity to develop and implement evidence-based policy development strategies with our knowledge of international policies, technical skills and tools.

In the objectives category, Wemos recognises the funds that were spent on the objective in that particular year.

Each quarter, we monitor our progress in achieving our objectives using the 'outcome harvesting' method for Planning, Monitoring and Evaluation (PME). Additionally, each quarter, we file reports in accordance with the International Aid Transparency Initiative (IATI) standard for the Health Systems Advocacy Partnership, which is funded by the Ministry of Foreign Affairs.

2020 was an especially intensive year for Wemos. The Covid-19 pandemic illustrated existing inequalities in health worldwide, and exacerbated the serious gaps in both healthcare funding, the number of healthcare workers and access to medicines, vaccines in particular. Therefore, Covid-19 played a major role within all our programmes.

- Within our Access to Medicines programme, we established a collaboration with Dutch and international partners in 2020, aimed at making Covid-19 innovations available worldwide. We promoted the WHO Covid-19 Technology Access Pool (C-TAP) in which pharmaceuticals can share their data, technologies and know-how on Covid-19 vaccines, medicines and diagnostics. In the spring, a lobby letter - signed by 38 organizations and 20 health experts - prompted the Dutch government to openly support C-TAP. Wemos regularly appeared in the media to discuss this subject, including EenVandaag, Radio 1 and Trouw. We also joined debates in De Balie and Pakhuis De Zwijger.
  We also provided input for a toolkit for socially responsible licensing, developed by the Dutch Federation of Universities. Because the toolkit does not sufficiently focus on affordability, availability and transparency, we lobbied for a motion to add legal provisions regarding affordability, accessibility and transparency to the toolkit. The motion was passed and was supported by all political parties in the House of Representatives.

- Within our Finance for Health programme, together with social organizations such as CEHURD, MHEN, N'weti, HDT, WACI Health, we influenced the new strategy of the Global Financing Facility (GFF). The final strategy reflects our wishes for greater involvement of civil society organisations, gender equality and intersectionality. In 2020, we also drew attention to the risks of promoting the private sector in health. We spoke about this with African organizations, the Dutch government, FMO and Philips. This formed the basis for two discussion papers on the subject, from which we can draw for our focus group discussion with the Directorate of International Research and Policy Evaluation (IOB) on an evaluation of the aid and trade policy of the Netherlands. In addition, we called for better coordination of global health initiatives; we organised webinars on the Global Action Plan for Healthy Lives and Well-being (GAP) and started with an analysis of the 3Gs; Global Fund, Gavi, and the GFF.

- Within our Human Resources for Health programme, we launched two new programmes to address issues related to mobility and distribution of health workers in Europe. In addition, we called on major international health funders to prioritise the recruitment and support of health workers in low and middle income countries as part of financing in the fight against Covid-19. 143 organisations signed our letter and almost all funders responded, some with an invitation for further dialogue. We also remained active in ethical international recruitment of health workers; the WHO adopted our recommendations in this file and will discuss this further with Wemos.

On a financial and management level, we successfully completed several due diligence procedures, resulting in the recognition and trust of donors in Wemos as secretary. In the context of the new subsidy round (2021-2025) of the Ministry of Foreign Affairs, we submitted an extensive 'organisational risk and integrity assessment' (ORIA) as a condition for the secretarial role. It was well-received.

Also, after a thorough due diligence procedure, our new donor, Unitaid, put their trust in us to act as secretary in the new programme, 'Covid-19 Innovations for All'.

For a more detailed overview of our main results and highlights of 2020, please refer to our Year Overview. This can be found on our website: www.wemos.nl en www.wemos.nl/yearoverview2020

FINANCIAL POLICY AND FINANCIAL RESULTS

The balance of income and expenditures shows a positive result of € 97,154. This amount should be allocated partly to the designated fund objectives (€ 53,479) and partly to the continuity reserve (€ 43,676). The endowment to the continuity reserve is partly due to the release of a commitment still on the balance sheet to a partner that Wemos no longer has to honour (€ 22,456).

Wemos has three designated reserves from previous years. It has been decided to release the balance of the innovation reserve (€ 32,004) and the fundraising reserve (€ 21,993) in favour of the continuity reserve as of 31 December 2020. The financing portfolio of Wemos is now sufficiently diversified to finance any innovation projects from the freely disposable resources that have been made available. Fundraising is now also fully integrated in all parts of the organisation (as well as the financing of the fundraising).
Due to the strong growth of Wemos, the managing director, in consultation with the supervisory board, has decided to bring the continuity reserve up to standard as much as possible.

The reserve that was made available for a possible relocation (€ 34,723) will be spent on the possible renovation and extension of the current building in 2021. The quality of ventilation is particularly important here, as is creating the opportunity to work and consult with a larger number of people in the building, based on the currently applicable 1.5 meter distance regulation. These matters are being explored.

Until 2019, the goal was to set the level of the continuity reserve at 50-75% of the implementation costs. Due to the spread in the income portfolio and the strong growth of Wemos (see also budget 2021), the managing director has decided, in agreement with the supervisory board, to adjust the aforementioned goal: the amount of this reserve must be sufficient to cover the general costs and be able to pay 4 months' salary for all employees. Based on the situation as of 1 January 2021, this would mean a reserve of at least € 715,270. Taking into account the budgeted allocation for 2021 and the current continuity reserve of € 680,468, it is expected that this target will be met in the next two to three years.

incomes

The incomes from private individuals are higher than budgeted. Wemos has a loyal group of donors, but we also increasingly receive one-off, great donations from private individuals.

More monies were raised from the funds than budgeted. In particular, winning grants where Wemos is the secretary resulted in the budget being exceeded.

The Health Systems Advocacy Partnership programme, financed by the Ministry of Foreign Affairs, was fully completed in 2020 and the available budget for the period 2016-2020 was not fully exhausted by Covid-19 and the consequent cancellation of the trips (€ 26,941).

Expenditures

At the beginning of 2020, the Supervisory Board approved a budget with a positive income and expenditure balance of € 6,304, with an amount still to be raised of € 196,000. The annual accounts show that a positive balance of income and expenditure of € 97,154 was ultimately achieved by the end of 2020. Most of this balance is created by an unconditional grant. The unspent funds from this grant were added to the designated reserve objectives in 2020 (€ 53,479).

The remaining amount (€ 43,676) is the positive balance added to the continuity reserve. Of this result, an amount of € 22,456 is an additional income that arises because this item was on the balance sheet as still payable to a partner. However, because this payment no longer has to take place, this item has been reversed to the project costs in accordance with Directive 650. In addition, the belt was tightened a few notches last year, which led to savings in indirect costs and the postponement of personnel investments, because a number of grants were only awarded at the very end of 2020.

Key figures	Objective	fundraising	management & administration
Ratio in relation to total expenditure	86,70%	8,20%	5,20%
Wemos target (minimum/maximum)	80,00%	12,00%	8,00%

As presented in the table above, we spent almost 87% of the total expenses on the objectives, which means we achieved our target of >80%.
The section 'Statement of Income and Expenditure' contains the comparative figures with the budget and actual for 2020.

Income stream

In 2020 49% (2019: 72%) of income received came from the Ministry of Foreign Affairs, 50% (2019: 27%) from other not-for-profit organisations and 1% (2019: 1%) from individual donations.

The Health System Advocacy Partnership (HSAP), funded by the Ministry, was completed in 2020.

In 2020, IDA Charity Foundation made a commitment of € 500,000 to Wemos for the period 2020-2023. € 121,541 of this amount was spent in 2020. The difference between the receipt of € 175,020 and actual expenditure has been added to the designated reserve objectives and will be exhausted in 2021.

In 2020, Open Society Foundations awarded various covering several years:

- General Support, for the period 1 May 2020 to 1 May 2022, $ 295,000 for the Finance for health and Access to medicines programmes. Within the medicine programme, the organisations SOMO and Pharmaceutical Accountability Foundation are funded as subgrantees.

- The Health Workforce Mobility in the European Region programme for the period 1 June 2020 to 30 September 2023, $ 1,650,000, of which $ 916,147 is budgeted for the lead (Wemos) and $ 733,853 is budgeted for 6 other country partners.

- Additional general support for the period 1 December 2020 to 1 May 2022, $ 90,000, to be spent at our own discretion on finance for health programmes, innovative concepts and indirect costs.

Furthermore, Unitaid awarded a grant of $ 697,067 in 2020. The grant is for the period 1 April 2020 to 31 March 2021 for the 'Covid-19 Innovations for All' programme. Wemos is the lead. The partners in this programme are Pharmaceutical Accountability Foundation, HAI, KEI, MLP and Innovarte.

In addition to the loyal group of donors, Wemos also received a large number of incidental donations.

STAFF

Wemos attaches great importance to maintaining and developing the core of our organisation, our employees. The annual social report provides an overview of the social policy pursued. As a relatively small organisation, we have already integrated most elements of a social report into the Management Report of the Annual Financial Report and into the ‘Wemos' Strategy for 2019-2023.

In 2020 6 new employees were appointed and 2 employees left.
The number of employees as of 31 December 2020 is 20 (2019: 16). The number of FTEs is 18.8 (2019: 14.2 FTE).

Absenteeism due to illness, and especially long-term absenteeism due to illness, is a major risk for the organisation due to our small workforce. Prevention and absenteeism management are therefore a priority for the director and the management team.

The average absenteeism rate for 2020 is 1.91%. In 2019 this was 3.2%.
This is well below the national average. (Central Statistics Office Netherlands reported 4.9% up to an including the fourth quarter of 2020.)

As of 1 January 2019, the switch was made to a different Health and Safety Service, which better suits the wishes and needs of the team members. Wemos' employees were involved in the choice. With this new Health and Safety Service, employees have the opportunity to consult a doctor without informing the employer.

Wemos involves all employees in keeping the employment conditions up-to-date. Personnel meetings are held annually. In 2020, in addition to the terms of employment, specifically the integrity policy and the measures relating to Covid-19 were discussed. The meetings took place in May and November.

CORPORATE SOCIAL RESPONSIBILITY

Sustainability is an important aspect of our everyday operations; we prefer to use environmentally friendly, sustainable products.

For us, sustainability means that we:

- insure our employees with the Pensioenfonds voor Zorg en Welzijn (PFZW), which each year has a high ranking and score in the benchmarking of the Dutch Association of Investors for Sustainable Development (VBDO);
- support conference calls, for example via Teams or Zoom, to limit travel as much as possible;
- preferably travel abroad by train. We offset the CO2 emissions from air travel at Trees for All;
- commute and visit business contacts by means of public transport or bicycle;
- conserve energy: we turn off lights and computers when we leave our office;
- conduct paperless meetings;
- have a cleaning company that works with ecological products;
- use as many organic and fair trade products (coffee/tea/milk) as possible;
- print little as possible, but in any case use two-sided copying and printing;
- have accounts with Triodos and ASN Bank.

QUALITY LABELS

The certifications and labels below guarantee that we meet good principles and standards in the field of governance. Compliance is regularly assessed externally.

CBF recognition

Since 2010, Wemos holds a quality certificate from and is recognised by the Central Bureau for Fundraising (CBF). In 2020, we underwent a three-year reassessment that was positively assessed. We again received an accredited certificate.

ED-certification

Since 2019, Wemos also holds the US 501 (c) (3) equivalence certification (ED certification), which means that Wemos is equivalent to a US public charity. This certification was assessed again in 2020 and extended until the end of 2021.

ANBI-status

Wemos is classified by the tax authorities as a Public Benefit Organisation (ANBI).

GOVERNANCE

Wemos is a foundation with a Managing Director and a Supervisory Board. The division of roles of both is set out in the organisation's statutes. The Managing Director's role is to govern the foundation. This includes drafting, adopting and executing a current policy plan, which provides insight into:

- the activities to be carried out by the foundation to achieve its objective;
- the method of income generation;
- the method of income generation;

The task of the Supervisory Board is to supervise the policy of the Managing Director and the general affairs of the foundation. The board members also provide the Managing Director with advice.

Specific tasks of the Supervisory Board are:

- appointment, suspension, dismissal of the Managing Director;
- annual assessment of the Managing Director;
- appointment and dismissal of the auditor.

The following are some of the matters that require approval by the Supervisory Board:

- the multi-year policy plan and the multi-year estimate;
- the annual plan and the annual budget;
- the Annual Financial Report and the annual report;
- sustainable strategic partnerships.

The interim and annual audit are carried out by the accountancy firm Dubois & Co.

Remuneration Managing Director

On the advice of the Remuneration Committee, the Supervisory Board has established the remuneration policy, the amount of the Managing Director's remuneration and the amount of other remuneration components. The policy is updated at least once a year. The next evaluation moment is in April 2021.

When establishing the remuneration policy and determining the remuneration, Wemos follows the Regulation on the remuneration of directors of charity organisations (see www.goededoelennederland.nl).

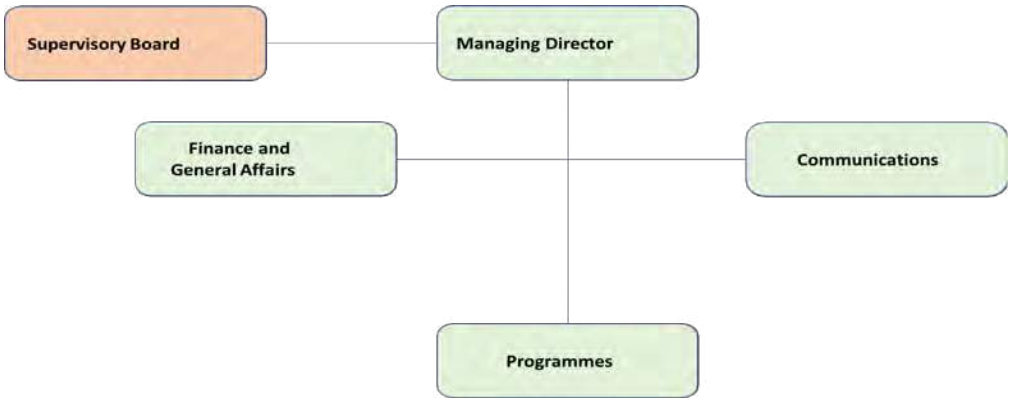
The regulation sets a maximum standard for annual income on the basis of weighting criteria. The situation at Wemos was weighted by the remuneration committee on 20 September 2018. This led to a so-called BSD score (Basic Score for Executive Positions) of 430 points with a maximum annual income of € 121,011 (1 FTE / 12 months).

The actual annual income of the one-man board of directors relevant to the assessment, against the applicable maximums, was € 101,564 (1 FTE / 12 months). This remuneration remained within the applicable maximum.

For the managing director, the annual income, the taxed allowances / additions, the employer's pension contribution and the other long-term remuneration, at an amount of € 115,274, remained within the maximum amount of € 189,000 per year included in the scheme. The taxed allowances / additions, the employer's pension contribution and other long-term remuneration were also in a reasonable proportion to the annual income.

The amount and composition of the remuneration are explained in the annual accounts in the section notes to the statement of income and expenditure.

Organogram



Mariëlle Bemelmans has been employed as Managing Director since 1 April 2017.

Wemos has a Supervisory Board consisting of 5 members. The members are:

- A.T.C. (Bart) Bosveld, owner and Director of Bart Bosveld BV science & management; Executive Director SETAC Europe;
- L.J. (Lejo) van der Heiden, Management team member, Management Nature and Biodiversity; Nature Directorate General for Nature, Fisheries and Rural Areas for the Ministry of Agriculture, Nature and Food Quality;
- J.A. (Jannie) Riteco (Secretary/Vice-chairperson), Chairperson of the Board of Directors De Waerden; Chairperson Supervisory Board Liliane Fonds; Supervisory Board member QuaRijn; Supervisory Board member SWZ;
- E.J. (Ed) Rütters (chairperson), board member Instituut Verbeeten; chairperson Supervisory Board Lumens Welzijn;
- J.H.P.M. (Joep) Verboeket, Director Kinderfonds MAMAS, board member Theater Draad.

The Supervisory Board met twice live in 2020 and also met three times via zoom. The total number of meetings of the audit committee in 2020 is four (one live and three via zoom).

In 2020, Supervisory Board agenda items included the status of fundraising, the Annual Report and the Annual Financial Report 2019, the financial report up to and including September with annual forecast 2020, work plan 2020, strategic (multi-year) policy plan, risk analysis, budget 2020 and the composition of the board. The annual evaluation with the Managing Director took place in January and a self-evaluation by the Supervisory Board took place in June. As the first term of all Supervisory Board members expired on 1 January 2020, a retirement schedule was agreed in which 'overlapping' replacement is sought. This prevents all members from resigning at the same time and safeguards continuity. Vacancies for two new members were since posted and the procedure was delayed somewhat as a result of Covid-19.

COMMUNICATION WITH STAKEHOLDERS

We work with various organisations and networks in the Netherlands, Europe and worldwide. We fulfil the role of advocate for global health, also known as 'global health advocate'. The advocates, or global health advocates, take care of communication with relationships and organisations via email, online or telephone meetings, and – outside the corona period – visits in real life. Wemos has a complaints procedure that describes, among other things, how and the period within which complaints from stakeholders should be handled. The complaints procedure is published on our website and was updated in 2020. No complaints were received in 2020.

THE FUTURE

Since its foundation, now 41 years ago, Wemos has worked on promoting global access to healthcare. We see health as a universal human right. Based on this conviction, as an independent, social organisation we focus on improving health worldwide.

In line with Sustainable Development Goals (SDGs) and the ambition for Universal Health Coverage (UHC), including access to Sexual Rights and Reproductive Health (SRHR), we research questions such as: How do we achieve a fair and sustainable use of sufficient healthcare personnel worldwide? How do we ensure adequate financial resources to provide everyone with access to good health, including sexual and reproductive health and rights? And what is needed to ensure that medicines are accessible and affordable for everyone?
We see that global policy to improve health is often insufficiently in line with local reality. That is why we analyse and influence policy. And we connect national partners with global players to promote solutions.

In the coming years we will focus on three goals in our programmes:

1. Access to Medicines:
   Everyone has access to good and affordable medicines;
2. Finance for Health:
   Governments have sufficient financial resources to invest in a resilient, gender-sensitive, high-quality and accessible healthcare system;
3. Human Resources for Health:
   People all over the world have equal access to well-trained, motivated and well-supported healthcare workers.

BUDGET 2021

The budget below was approved by the Supervisory Board in the meeting of 28-01-2021

All amounts are in Euros

	Budget 2021
INCOMES	
Ministry of Foreign Affairs - Make Way	1.327.200
Ministry of Foreign Affairs - MW alliance partners	3.691.206
European Commission - CHAFEA	37.787
European Commission - CHAFEA: alliance partners	115.193
OSF - General support (Finance and Medicines)	103.000
OSF - Medicines subgrantees	26.250
OSF - Health Workers Mobility	465.719
OSF - General support	36.000
IDA Charity Foundation	200.000
Unitaid	52.485
Action Aid	8.000
Requested with 80% chance of award	100.000
Funds still to be raised	60.000
Donors	7.000
TOTAL INCOME	**6.229.840**
EXPENDITURES	
Project costs	545.441
Project costs subgrants	26.250
Project costs alliance partners	3.806.399
Personnel costs	1.683.061
Housing	88.000
Office & general expenses	61.250
Communication & fundraising expenses	25.000
Depreciation	24.000
TOTAL EXPENDITURES	**6.259.401**
Balance profit and loss	0
BALANCE OF INCOME AND EXPENDITURES	**-29.561**

chargeable to:	
Continuity reserve	5.162
Designated reserve innovation (formerly relocation)	-34.723
	-29.561

BALANCE

All amounts are in Euros

ASSETS	31.12.2020	31.12.2019	LIABILITIES	31.12.2020	31.12.2019
Fixed Assets			**Reserves**		
Tangible fixed assets	15.092	16.925	Continuity reserve	680.468	582.796
			Designated reserve	34.723	88.720
Current assets			**Total reserves**	**715.192**	**671.516**
Receivables and accruals	55.668	33.485	**Designated funds**	**53.479**	**0**
Liquidities	1.464.117	1.129.976			
			Short term liabilities		
			Short term liabilities	766.206	508.870
TOTAL ASSETS	**1.534.876**	**1.180.386**	**TOTAL LIABILITIES**	**1.534.876**	**1.180.386**

STATEMENT OF INCOME AND EXPENDITURE *All amounts are in Euros*	actual 2020	budget 2020	actual 2019
INCOME			
Income individual donors	8.145	6.500	7.501
Income from grants and governments	958.564	984.225	1.032.743
Income from other not-for-profit organisations	973.775	522.348	385.129
Total income raised	1.940.484	1.513.073	1.425.374
Other income	0	0	1.000
Total income	**1.940.484**	**1.513.073**	**1.426.374**
EXPENDITURES			
Expenditure on objectives *To strengthen national health systems that contribute to the structural improvement of health through advocacy*	1.597.090	1.254.492	1.202.113
Total expenditure on objectives	1.597.090	1.254.492	1.202.113
Income acquisition costs	150.592	132.907	113.837
Management and administration costs	95.188	119.370	110.235
Total expenditures	**1.842.870**	**1.506.769**	**1.426.185**
Result before profit and loss	**97.614**	**6.304**	**189**
Balance profit and loss	-460	0	164
BALANCE OF INCOME AND EXPENDITURE	**97.154**	**6.304**	**352**
Result allocation			
Addition/withdrawal for:			
Continuity reserve	43.676	6.304	38.635
Designated reserves	0	0	-38.284
Designated reserves objectives	53.479		
Total	**97.154**	**6.304**	**351**

Key figures	2020	budget	2019
Expenditure on objective / Total income	82,3%	82,9%	84,3%
Expenditure on objective / Total expenditures	86,7%	83,3%	84,3%
Income acquisition costs / Total income	7,8%	8,8%	8,0%
Management and administration / Total expenditures	5,2%	7,9%	7,7%

VALUATION STANDARDS

The annual accounts have been drawn up in accordance with the Directive 650 Fundraising Organisations.

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 office equipment is 5 years (20%). Computers and 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 'grant 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 realised execution costs of a project, within the frameworks fixed in the grant decision.

Donations and gifts

Donations and gifts are recognised as income in the financial year of receipt.

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 Reporting Fundraising Institutions.

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 realise it.

EXPLANATORY NOTES TO THE BALANCE SHEET

All amounts are in Euro

ASSETS

Tangible fixed assets	31.12.2020	31.12.2019
Purchase value opening balance	93.229	85.093
Investments financial year	4.984	8.136
Divestments financial year	-43.430	0
	54.784	**93.229**
Depreciation up to end previous financial year	76.304	69.420
Depreciation on divestment	-43.430	0
Depreciation financial year	6.818	6.885
	39.692	**76.304**
Tangible Fixed Assets Book value 31.12.2020	**15.092**	**16.925**

All material fixed assets are designated to the organization. This includes office equipment € 1,792 furniture € 5,751 and computers € 7,549.
The divestments and depreciations concern the old telephone exchange, furniture no longer present and no longer usable computers (purchased between 2004 and 2015).

Current Assets	31.12.2020	31.12.2019
Grants to be received		
Ministry of Foreign Affairs	23.225	
Private funds	10.000	7.500
	33.225	**7.500**
Prepayments		
Pension fund	13.585	11.201
Other prepaid expenses	7.072	12.862
	20.657	**24.063**
Other receivables		
Amounts to be received	1.636	1.613
Interest	4	164
Deposits paid	146	146
	1.786	**1.922**
Total receivables and prepayments	**55.668**	**33.485**

Liquid assets	31.12.2020	31.12.2019
ASN savings account	635.238	635.075
Triodos savings account	117.464	117.474
ING savings account	249.028	301.028
Current account (ING and Triodos)	461.517	75.912
USD account ING	616	
Cash Euro	185	418
Cash foreign currencies	69	69
Total liquid assets	**1.464.117**	**1.129.976**

LIABILITIES

Reserves	Continuity reserve	Designated funds		
		Relocation/ renovation	Innovation	Fundraising
Book value 1 January	582.796	34.723	32.004	21.993
Mutation	43.676			
Addition / withdrawal	53.997		-32.004	-21.993
Book value 31 December	**680.468**	**34.723**	**0**	**0**

In 2020, it was decided to release an amount of € 22,456 that was still reserved for co-contracts, because this is an expired obligation. The reservation has been reversed to the project costs item in accordance with Guideline 650. The costs have therefore been reduced once by € 22,456, which has a positive effect on the balance of income and expenditure.

Until 2019, the goal was to set the size of the continuity reserve at 50-75% of the implementation costs. Due to the spread in the income portfolio and the strong growth of Wemos (see also budget 2021), the Managing Director decided, in agreement with the Supervisory Board, to adjust the aforementioned goal: the amount of this reserve must be sufficient to cover the general costs and 4 months salary of all employees. Based on the situation as of 1 January 2021, this would mean a reserve of at least € 715,270. Taking into account the budgeted allocation for 2021 and the current continuity reserve of € 680,468, it is expected that this target will be met in the next two to three years.

In 2016, the decision was taken to relocate. A relocation reservation of € 50,000 was included in order to be able to (partially) finance the relocation. For various reasons, Wemos has not moved to date. Now that (partially) working from home is expected to become the norm due to Covid-19, we are setting up flexible workplaces at the office where employees and possibly colleagues from partner organizations can work with a laptop. Given the recent growth and our role as secretary, we are also exploring options for making the current building suitable for collaboration with more spacious meeting rooms. Ventilation quality will also be improved. Incidentally, on the approval of the Supervisory Board, part of the costs of Wemos' 40th anniversary in 2019 was paid from this reserve.

The designated reserve for innovation was created in 2013 with the aim of giving the organisation the financial opportunity to develop innovative concepts. In 2020, the decision was made to add this reserve to the continuity reserve, as Wemos has also received freely disposable funds since 2020 that can be used for this. It was also decided to release the fundraising reserve in favour of the continuity reserve. There will be a continuous focus on diversification and this task has now been integrated into the responsibility of the staff. This reserve was included in 2018 in order to achieve the distribution over the various grant streams. It appears from the 2021 budget that Wemos has a diversified income budget, of government income and income from non-profit organisations and private donors, which, after eliminating the income to be passed on to the alliance partners, provides the following distribution:

	budget 2021	
individual donors	0,3%	
income from government grants	55,4%	(including EU)
income from not-for-profit organisations	44,3%	

Funds

In 2020, Wemos received an unmarked contribution that has not yet been fully spent in the financial year.

This contribution is and will be further spent on the objectives in 2021, including Access to Medicines and Human Resources for Health. The remainder of the contribution that has not been spent has been added to the designated fund through the distribution of results.

	31.12.2020	31.12.2019
Designated reserve objectives	**53.479**	**0**

Short-term liabilities	**31.12.2020**	**31.12.2019**
Taxes and contributions		
Income tax and social security contributions	67.526	24.636
	67.526	**24.636**
Grants to be spent and other benefits		
Ministry of Foreign Affairs Alliance HSAP		116.706
Funds	575.779	238.856
	575.779	**355.562**
Other short-term liabilities		
Payable to co-contractors	11.142	22.456
Creditors	21.447	27.132
Other amounts payable	4.591	8.456
Salaries and holiday allowance	38.065	34.838
Audit costs	20.730	16.638
Leave day reserve	26.925	19.152
	122.901	**128.672**
Total short-term liabilities	**766.206**	**508.870**

OBLIGATIONS NOT INCLUDED IN THE BALANCE

Projects / Programmes

Wemos is an alliance partner in the 'Health Systems Advocacy Partnership' project. Amref is the secretary for this grant, awarded by the Ministry of Foreign Affairs for the period 2016-2020. The Wemos budget for this entire period is € 5,346,557. However, in 2017, on the initiative of the secretary, a redistribution of funds between the alliance partners took place, resulting in a budget cut of € 330,000 for Wemos, bringing the total grant amount to € 5,016,557. This total amount was not fully spent on 31-12-2020 (€ 26,941), because travel was not possible in 2020. The final payment from the Ministry will be received in 2021 and is included in the balance sheet as grants to be received.

Wemos has become the lead in the Ministry of Foreign Affairs funded 'Make Way', a programme that runs from 2021-2025 (see budget 2021).

For the period from 15 March 2019 to 15 September 2020, the Open Society Foundations continued the funding for the Aid for Trade and Medicines that Matter programmes, completed in 2019. This concerns the Fair Medicines that Matter ($ 129,829) and Finance for Health ($ 125,000) programmes. Both were fully completed and reported in 2020.

In addition, the Open Society Foundations granted funding of $ 32,644 for the joint governance project with the Ugandan CEHURD research project on governance and the GFF in Uganda for the period from 1 September 2019 to 1 May 2020. Due to Covid-19 in particular, CEHURD could not perform all activities as planned and the period was extended with a no-cost extension to 30 April 2021.

IDA Charity Foundation awarded an unconditional grant of up to € 500,000 for the period 1 January 2020 to 31 December 2022, mainly for the continuation of the international programmes 'Human Resources for Health' and 'Finance for Health', but the possibility of support for the 'Access to Medicines' programme is also offered. € 121,541 was spent in 2020. A depletion of the subsidy of € 200,000 has been budgeted for 2021. The balance of income and expenditure in 2020 is included in the designated fund objectives.

The Open Society Foundations made an amount of $ 295,000 available for general support for the period 1 May 2020 to 1 May 2022; Wemos is using this amount for the Finance for Health and Access to Medicines programmes.

For the period 1 June 2020 to 30 September 2023, the Open Society Foundations has made an amount available for 'Health Workforce Mobility in the European Region'. The budget for the total period is $ 1,650,000. Wemos is the lead for this programme with a budget of approximately $ 1 million.

In 2020, the Open Society Foundations also made $ 90,000 available for general support for the period from 1 December 2020 to 1 May 2022, as part of additional Covid-19 funding.

Unitaid has awarded an amount of $ 697,067 for the period 1 April 2020 to 31 March 2021, for the 'Covid-19 Innovations for All' programme.
Wemos is the lead. The partners in this programme are Pharmaceutical Accountability Foundation, HAI, KEI, MLP and Innovarte. Wemos has awarded conditional grants to these partners. Part of this has already been included in the annual accounts and these amounts have been transferred to these partners.
The remaining contingent liability is approximately € 80,000. This obligation is covered by the Unitaid grant and is expected to be awarded and spent in 2021.

Housing

Wemos has a rental contract with a tacit extension every two months. The notice period is also two months. The rent is indexed annually in June. As of 31 December 2020, the rent is € 40,533 per year; this is not subject to VAT. A bank guarantee of € 15,160 has been issued by ING bank for the rental contract. This amount is included under the liquid assets.

Copying machine/printer

Wemos has a service agreement for consumables and maintenance costs of its copying machine/printer. The agreement is tacitly renewed for one year each year. The annual costs are € 1,593 incl. VAT.

EXPLANATORY NOTES TO THE STATEMENT OF INCOME AND EXPENDITURES

All amounts are in Euro

INCOME	actual 2020	budget 2020	actual 2019
Individual donors			
Donations and gifts	**8.145**	**6.500**	**7.501**
Government grants			
Ministry of Foreign Affairs, alliance HSAP	**958.564**	**984.225**	**1.032.743**
Not-for-profit organisations			
Adessium	0		6.184
OSF - GS Access to Medicines	33.137		13.128
OSF - GS Access to Medicines subgrantees	54.027		
OSF - GS Finance for Health	29.620		
OSF - Aid for Trade			40.907
OSF - Fair Medicines that Matter	65.003	65.003	68.451
OSF - Finance for Health	70.381	70.380	40.958
OSF - Uganda Study met Cehurd	10.719	15.945	13.606
OSF - Health Workforce Mobility	22.701		
IDA Charity Foundation	175.020	175.020	103.620
Dioraphte	100.000		88.275
ShareNet			10.000
Unitaid	86.232		
Unitaid - subgrantees	326.935		
Funds pending / yet to be raised		196.000	
Sub total not-for-profit organisations	**973.775**	**522.348**	**385.129**
Other income			
Income from services rendered			**1.000**
General total	**1.940.484**	**1.513.073**	**1.426.374**

EXPENDITURES	actual 2020	budget 2020	actual 2019
Expenditures on the objectives:			
Health Systems Advocacy International	97.596	192.319	170.613
Health Systems Advocacy the Netherlands	10.782	35.421	25.130
Finance for Health	10.065	24.757	31.254
Human Resources to Health	4.127		
Access to Medicines	386.906	5.472	3.591
Correction 2015	-22.456		
	487.019	257.969	230.588
Allocated costs own organisation	1.110.070	996.523	971.525
Total objectives	**1.597.090**	**1.254.492**	**1.202.113**
Spent on fundraising	42.393	10.000	9.544
Allocated costs own organisation	108.199	122.907	104.293
Total income acquisition	**150.592**	**132.907**	**113.837**
Spent on management and administration			
Allocated costs management and administration	95.188	119.370	110.235
Total management and administration	**95.188**	**119.370**	**110.235**
General total	**1.842.870**	**1.506.769**	**1.426.185**

FINANCIAL PROFIT AND LOSS	actual 2020	budget 2020	actual 2019
Balance profit and loss	**-460**	**0**	**164**
BALANCE INCOME AND EXPENDITURES	**97.154**	**6.304**	**352**
Addition / withdrawal:			
Continuity reserve	43.676	6.304	38.635
Designated reserve fundraising	0		-28.007
Designated reserve relocation/40 years Wemos	0		-10.277
Designated reserve objectives	53.479		0
BALANCE INCOME AND EXPENDITURES	**97.154**	**6.304**	**352**

Remuneration of senior officials WNT

All amounts are in Euro

Senior executive officer with employment contract

Name	Mariëlle Bemelmans
Position	Managing Director

Employment contract	**2020**	**2019**
Nature (duration)	permanent	permanent
Hours per week	36	36
Scope of employment (in FTEs)	1,0	1,0
Period	1-1 to 31-12	1-1 to 31-12
Former senior official	no	no
(Implied) contract	yes	yes

Remuneration	**EUR**	**EUR**
Annual income		
Gross wages / salary	94.206	91.241
Holiday pay	7.358	7.171
Fixed year-end bonus	0	0
Payment of residual holidays	0	0
Total annual income	**101.564**	**98.412**
Taxed allowances / additions	3.447	0
Pension contribution (employer's part)	10.263	10.587
Pension compensation	0	0
Other long-term benefits	0	0
Payment for termination of employment	n/a	n/a
Total remuneration	**115.274**	**108.999**
Individual maximum applicable remuneration (WNT)	189.000	181.000
-/- Amount unduly paid	n/a	n/a

The annual income of the Managing Director (with an employment contract) € 101,564 remains within the maximum of € 125,011 (BSD score 430; BSD points H 411-450) according to the Regulations for the remuneration of directors of charitable organisations. The annual income, the taxed allowances/additions, the pension costs and the other long-term benefits together also remain within the maximum amount of € 189,000 per year set in the regulations. On 20 September 2018, the Supervisory Board determined the BSD score of 430 on the basis of the Regulations for remuneration of directors of charitable organisations.

Senior officials with a remuneration of € 1,700 or less

The Supervisory Board consists of the following members:

- Chairperson: E.J. (Ed) Rütters
- Secretary/vice-chairperson: J.A. (Jannie) Riteco
- Chairperson audit committee: A.T.C. (Bart) Bosveld
- General members: L.J. (Lejo) van der Heiden / J.H.M. (Joep) Verboeket

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.

As of 2020, their term was extended so that members can be replaced one at a time. It is expected that three new members will take up office in 2021, to replace the current members.

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

EXPLANATORY NOTES EXPENDITURES

All amounts are in Euro

Allocation	Objectives							Fund-raising	Management & Admini-stration	**Total 2020**	Budget 2020	Total 2019
	Health Systems Advocacy International	Health Systems Advocacy the Netherlands	Finance for Health	Human Resources to Health	Access to Medicines	Correction 2015	**Total spent on objectives**					
International advocacy	97.596	10.782	10.065	4.127	386.906	-22.456	**487.019**			**487.019**	257.969	230.588
Other activity costs							**0**	42.393		**42.393**	10.000	9.544
Personnel costs	419.441	157.834	183.933	119.308	126.764		**1.007.281**	98.180	86.374	**1.191.835**	1.095.700	1.039.243
Premises costs	21.202	7.978	9.297	6.031	6.408		**50.915**	4.963	4.366	**60.244**	66.000	63.141
Office costs	19.202	7.226	8.420	5.462	5.803		**46.113**	4.495	3.954	**54.561**	68.100	76.785
Depreciations	2.399	903	1.052	682	725		**5.762**	562	494	**6.818**	9.000	6.885
Total	**559.840**	**184.723**	**212.768**	**135.609**	**526.606**	**-22.456**	**1.597.090**	**150.592**	**95.188**	**1.842.870**	**1.506.769**	**1.426.185**

In accordance with Directive 650 for Fundraising Institutions, costs are allocated to the objectives, fundraising, and management & 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 number of FTEs per category:

Objectives	16,21	FTEs
Fundraising	1,58	FTEs
Management & Administration	1,39	FTEs
	19,18	including the Global Health Advocate, who lives in Africa.

Personnel costs can be split into:

	actual 2020	budget 2020	actual 2019
Salaries	914.367	819.269	773.818
Social security costs	154.895	142.558	125.212
Pension costs	77.074	74.163	73.180
Other personnel costs	45.499	59.710	67.032
	1.191.835	**1.095.700**	**1.039.243**

The number of FTEs with fixed-term or permanent contracts as of 31 December 2020 is: 18,18 FTEs (20 persons)

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REGISTERACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To: the Supervisory Board and the Board of Stichting Wemos based in Amsterdam, The Netherlands.

A. Report on the audit of the financial statements 2020 included in the annual report

Our opinion
We have audited the financial statements 2020 of Stichting Wemos based in Amsterdam.

In our opinion the accompanying financial statements give a true and fair view of the financial position of Stichting Wemos as at 31 December 2020 and of its result for 2020 in accordance with the Guidelines 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 2020;
2. statement of income and expenditures for 2020; and
3. the notes comprising 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 as well as the Policy rules implementation WNT, including the Audit Protocol WNT. 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.

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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)(j) of the WNT Implementing Regulations. 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, including the Board's report, in accordance with the Guidelines for annual reporting 650 "Fundraising Organisations" of the Dutch Accounting Standards Board.

C. Description of responsibilities regarding the financial statements

Responsibilities of the Board and the Supervisory Board for the financial statements
The Board is responsible for the preparation and fair presentation of the financial statements, in accordance with the Guidelines for annual reporting 650 "Fundraising Organisations" of the Dutch Accounting Standards Board, 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 management 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 monitoring the financial reporting process of the organisation.

Our responsibilities for the audit of the financial statements
Our objective is to plan and perform the audit assignment 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, as well as the Policy rules implementation WNT, including the Audit Protocol WNT, ethical requirements and independence requirements.Our audit included e.g.:

- 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 organisation's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board;
- 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 an 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.

We communicate with those charged with governance 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, 4 May 2021

Dubois & Co. Registeraccountants

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Colophon

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GRAPHICS AND ANIMATION
Infographic - Our Theory of Change: Jacqueline Hofstra ontwerp

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