



Year overview 2023

Making health justice happen

Health is essential for all of us. It is the foundation for living a pleasant life and having opportunities, for example, in education and work. That's why everybody should have access to good healthcare and be protected from disease. No matter where you live or how much money you have.

Unfortunately, this is not a given. Due to shortages of healthcare workers, lack of access to medicines and insufficient funding of health systems, many people are unable to live their optimal healthy lives. We believe that it is possible to change this!

In 2023, we proudly presented our Wemos strategy 2023-2027 'Seizing the momentum for global health justice'. With our passionate team of experts and partners around the world, we will continue to influence policy and bring about structural change. We address the root causes of problems, present solutions and call for action. Our work improves health systems and thus the well-being of people worldwide.

This year overview shows how we have worked on our ambitions in 2023. I hope you enjoy the read.



Mariëlle Bemelmans,
Director of Wemos

What we achieved in our programmes



Coordination and alignment of donor strategies



A fair system for medicine development



External financial support to strengthen public health systems



Equitable availability of health workers in Europe



Reform of the international financial system



Effective Dutch global health policy



An intersectional lens to ensure no one is left behind



Pandemic prevention, preparedness and response

Also in this year overview

About Wemos | A healthy planet for a healthy future | Wemos in the media | External communication | Working with universities | Assessments of our work | Together we can make health justice happen! | Our governance | Accreditation | Integrity and complaints | Our team | Financial policy and financial results | Risks and uncertainties | Financial annual report

About Wemos

Our vision

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

Our mission

We advocate structural change to achieve global health justice

Our guiding principles

Health is a human right

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

No one must be left behind

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

Health justice requires structural change

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

Health justice is a shared responsibility

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



How we work

1. Equitable partnerships

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

2. Evidence-building

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

3. Lobby and advocacy

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

Strategic communication

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

Collaborations

We collaborate with many civil society organizations and networks in countries around the world, as well as with academia, multilateral institutions and governments. Both the Dutch Ministry of Foreign Affairs and the Dutch Ministry of Health, Welfare and Sport regularly invite us to discuss relevant topics or speak at expert groups or fora.

Through different programmes, we work with different partners. In the [Make Way programme](#), that focuses on improving sexual and reproductive health and rights outcomes for the most vulnerable people, we partner with [Akina Mama wa Afrika](#) (Uganda), [The Circle of Concerned African Women Theologians – Kenya](#) (Kenya), [Forum for African Women Educationalists](#) (Kenya), [Liliane Foundation](#) (Netherlands), and [VSO Netherlands](#) (Netherlands) and the [Dutch Ministry of Foreign Affairs](#). On the topic of health systems, we also collaborate with [Access To Medicines Platform](#) (Kenya), [CORHA](#)



(Ethiopia) and [Society for Family Health](#) (Rwanda). Wemos is the lead grantee of this partnership.

On the topic of access to medicines, we collaborate with Dutch organizations, like the [Pharmaceutical Accountability Foundation](#), [Medicines Law & Policy](#) and [Health Action International](#). We also chair the [Medicines Network Netherlands](#), consisting of like-minded organizations. At international level, we work with, among others, [Afya na Haki](#) (Uganda), [Corporación Innovarte](#) (Chile), [Great Lakes Initiative for Human Rights and Development](#) (Rwanda), [Health Development Initiative](#) (Rwanda) and [Knowledge Ecology International](#) (United States). Being a partner of [Unitaid](#) also helped opening new networks and opportunities around access to medicines and vaccines.

In our work on health workforce strengthening in Europe, we collaborate with [Centre for Health Policy and Services](#) (Romania), [Cittadinanzattiva](#) (Italy), [Media Education Centre](#) (Serbia), [National School of Public Health Management](#) (Moldova), [Verein demokratischer Ärzt*innen](#) (Germany) and [VU Athena Institute](#) (Netherlands). Moreover, our project funding from the European Commission (DG SANTE) allows us to take part in European Commission conferences and discussions.

Our strategy to achieve global health justice

How we work



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



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



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



We connect global with national developments and vice versa.

The 5 cumulative changes we push for



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



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



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



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



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

Our focus areas and goals



Finance for health

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



Access to medicines

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



Human resources for health

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



Dutch global health policy

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



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

Ultimate goal



Global health justice

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

What we achieved in our programmes

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

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



Finance for health

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



Access to medicines

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



Human resources for health

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



Dutch global health policy

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



Inclusive health systems

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



Coordination and alignment of donor strategies

Global level

Several global health funds aim to support specific health outcomes at country, regional and/or global level, such as the Global Financing Facility (GFF), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and Gavi the Vaccine Alliance (Gavi). Collectively, they provide a source of finance for health that is currently indispensable for low- and middle-income countries. If they do not align with national health policies, plans and needs, and if they do not coordinate sufficiently among each other and with other external funders, their efforts may result in ineffective policies and practices that fail to improve health in an equitable way.

National level

Many low-income countries depend on global health funds. However, these funds continue to focus largely on short-term attributable objectives, providing insufficient support to fundamental elements of health systems strengthening, such as workforce financing. Moreover, often they don't adequately address the specific needs of vulnerable groups. Donors and countries should address the countries' most urgent needs, improve coordination and seek alignment with national governments to avoid both fragmentation of funding as well as gaps or duplication of implementation efforts.



Aligning global health initiatives and country needs

We analysed the work of three major global health initiatives: the Global Fund, the GFF and Gavi, together known as the 3Gs. Together with Cordaid and N'weti, we published a [policy brief](#) comparing 3Gs' strategies in the Democratic Republic of Congo, Mozambique and Rwanda, and another [policy brief](#) with CORHA examining the impact of the GFF in Ethiopia. These briefs provide recommendations to the 3Gs, governments and other development institutions on

improving their mutual coordination and their alignment with urgent national health policies, plans and needs. Moreover, we advocated the Dutch government to increase its contribution to global health, highlighting the GFF as a prime example of alignment, coordination and focus on strengthening public health systems. We are pleased that the Netherlands announced to [triple its support](#) to the GFF to 90 million euro for three years.



External financial support to strengthen public health systems

Global level

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

National level

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



Challenging the World Bank's privatization model for health systems

During the World Bank-International Monetary Fund (IMF) Annual Meetings in Marrakech in October 2023, we hosted a [session](#) to discuss the threats of healthcare commercialization to health equity and universal health coverage. The session was part of the Civil Society Policy Forum.

With partner organizations, we debated cases of human rights violations in private hospitals financed by development finance institutions. The speakers emphasized the risks of favouring private for-profit healthcare over public provision, which resonated with civil society representatives from low- and middle-income countries attending the session. A senior health specialist at the International Financial Corporation (IFC), the private arm of the World Bank, acknowledged the need for more safeguards in private sector investments, particularly in the health portfolio, to ensure accountability and adherence to ethical standards. He invited civil society to collaborate with World Bank institutions to address these issues.


The session concluded with a resounding call to the World Bank and global actors to prioritize strengthening public health systems instead of privatization. Afterwards, the IFC director invited us for follow-up in discussions in 2024.

Guiding civil society organizations to advocate for health workforce financing

Together with Last Mile Health and Public Services International, we wrote the action brief '[Enhancing domestic and international financing for investments in the health and care workforce](#)'. The World Health Organization (WHO) had invited us to develop it for the [Fifth Global Forum on Human Resources for Health](#), as an advocacy tool for civil society organizations (CSOs) working towards more investments in the health and care workforce.

In the brief, we stress that strong health systems require increased investments in qualified, well-paid and adequately staffed health workers. CSOs have a crucial role in advocating for investments, both from international and national sources. To further support this role, the brief outlined key actions to champion, guide and monitor these investments, connecting the needs of healthcare workers with public funding policies.

The action brief, along with other policy briefs from CSOs for the forum, served as an important advocacy tool and informed the UN political declarations on universal health coverage and pandemic prevention, preparedness and response. These contributions led to the inclusion of unprecedented provisions to improve working conditions for health workers in the aforementioned declarations, which were adopted by the UN member states in September 2023.

Read our joint action brief '[Enhancing domestic and international financing for investments in the health and care workforce](#)' 



Reform of the international financial system

Global level

High-income countries support low-income countries through official development assistance. At the same time, international tax abuse, international illicit financial flows and high debt servicing create a large outflow of finances from low- and middle-income countries. More support is needed, from high-income countries and global health actors, for the necessary reforms of the international financial architecture, to increase public resources and thus public spending in low-income countries.

National level

Illicit financial flows and high levels of debt servicing significantly drain national public purses, limiting financing for public health systems. Addressing these issues is crucial for countries to expand domestic fiscal space and ensure adequate funding for public services, including healthcare. It is important to bridge the efforts of economic justice movements with health movements at the national level and join forces to call for policy changes that increase the fiscal space for health financing.



Barbara Fiebig at the Multistakeholder Hearing on universal health coverage at the UN, in May 2023.

Influencing commitments on universal health coverage

We advocated for the United Nations' high-level meeting on universal health coverage (UHC) to result in a political declaration that serves the public interest as much as possible. With this declaration, countries commit to the goal of access to good healthcare for everyone and guidelines to achieve this.

Throughout the year, we engaged in the process leading up to this declaration. Together with our partner [Akina Mama wa Afrika](#), we provided [input](#) to the zero draft of the political declaration in May, hosted a [side event](#) in New York and presented a [statement](#) during the high-level meeting on UHC in September. We called on UN member states to commit to fair solutions for unsustainable debts and illicit financial flows that drain public (health) budgets, and to public health systems that are designed to progress towards health equity.

We are happy that the final declaration text reflects some of our [recommendations](#). For example, it recognizes UHC as a public issue that should be publicly funded and omits a misleading paragraph on stimulating private financing in healthcare, which would have been at the expense of health equity.

In November 2023, together with [Society for International Development](#) and [PSI – Public Services International](#), we held a session on financial justice for health equity at the European Congress on Global Health (ECTMIH) in Utrecht.





An intersectional lens to ensure no one is left behind

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

The promise to 'leave no one behind' is at the heart of the Sustainable Development Goals (SDGs), including SDG 3 for good health and well-being. However, current policies and programmes are often unable to realize this promise, because they fail to recognize the barriers minoritized people in our societies face. For example, a girl with a disability who lives in poverty, encounters far greater obstacles in accessing necessary health services compared to an average middle-class man.

Applying an intersectional lens for health equity and justice

Intersectionality is the idea that different aspects of a person's identity - like gender, religion, ability, ethnicity and social status - intersect and overlap, creating unique experiences of discrimination and privilege. Applying an intersectional lens, for example in our policy analysis and research, enables us to see the (lack of) effect of health policies and programmes on the most vulnerable people in our societies. In the [Make Way programme](#), of which Wemos is the lead grantee, we seek to operationalize this intersectional lens and use it to advocate for health systems strengthening and the realization of sexual and reproductive health and rights (SRHR) for all people.




Raising awareness about financing inclusive health systems

We published an animation to raise awareness among policy- and decision-makers about the need to increase investments to create strong and inclusive health systems around the world.

The animation shows the key health challenges in the five countries where we implement the Make Way programme - Ethiopia, Kenya, Rwanda, Uganda and Zambia - such as, high neonatal mortality rates, a lack of health workers and low budget for health. It explains what governments, global actors and civil society can do to achieve sufficient and sustainable financing of health systems.



The video received a special mention at the Humanitarian Communication Awards 2023 

Shaping conversations on intersectionality and SRHR

At international events, we shaped conversations on intersectionality and SRHR. Make Way youth panel members attended the Women Deliver 2023 conference in Rwanda, contributing to sessions on advancing SRHR of people with disabilities and girls and young women. At the Shaping Feminist Foreign Policy Conference in the Netherlands, we organized a session on decolonizing the narrative on queerness(es) in Africa.

Youth panel member Bertha Chulu attended the [African Youth SDGs Summit](#) in Zambia and the [UN High-Level Political Forum on Sustainable Development](#) in New York. Bertha was able to draw from the civil society shadow report on the implementation of the SDGs in Zambia, which Make Way had a lead role in developing, to advocate for young people's needs and rights to be included in decision-making on SRHR policies.



Bertha Chulu, youth representative of Make Way Zambia, at the High-Level Political Forum on Sustainable Development in New York, in July 2023.



Read how Black Coffee Network is using the Make Way toolkit to address sexual and reproductive health issues [▶](#)

Advocacy toolkit to realize SRHR for everybody

We [launched](#) the Make Way website with news, resources and a toolkit. This toolkit contains eleven tools to enhance the capacity, skills and knowledge of civil society organizations for game-changing, intersectional lobby and advocacy for SRHR. We presented and used the tools in training sessions and at events, like the Annual Members Meeting of Share-Net International and the European Congress on Global Health (ECTMIH).

One of the tools is the [Intersectional Community Scorecard](#). Partner organizations used it to educate young people on their rights and facilitate them to work together with relevant

decision-makers and jointly identify challenges in accessing youth-friendly services at primary health clinics. Based on this, they developed an action plan for stakeholders, resulting in increased availability of contraceptives, the construction of a safe space for young people, nurses learning sign language, improved opening hours and more accessible infrastructure across different implementation countries.

Inspired by the success of the tool, we initiated a research project to identify how we can make it even more robust and effective.



A fair system for medicine development

Global level

After the dust from the Covid-19 pandemic and the unequal global access to vaccines settled, it was time to take a closer look again at the structural causes of unfair and insufficient access to medical products, during and outside times of crisis. Pharmaceutical companies – often located in the Global North – have disproportionate power compared to governments when it comes to access to medicines. To ensure access to affordable medicines for all, based on health needs, governments should take more control on the development, production and pricing of medicines.

National level

When it comes to access to medicines, low- and middle-income countries are still highly dependent on high-income countries. To improve their access, it is crucial that these countries can develop and produce medical products themselves, based on the regional health needs. At the same time, access to medicines is also under pressure in high-income countries, because new medicines are becoming increasingly expensive. The high costs place a heavy burden on countries' national healthcare budget.



They are 200 euros per tablet right now.
- Oh, yes. Outrageous, outrageous.

Campaign video with comedian Roel Maalderink in the role of Mark from 'Katjing Farma'.

Campaigning for fairly priced new medicines

We launched a public campaign for fair pricing of new medicines. In a [video](#), Dutch comedian Roel Maalderink shocks people on the street with the high prices of his fictional company's new medicines. In an [online manifesto](#) we urge the Dutch government to ensure fair medicine prices.

Access to healthcare and medicines is under pressure, also in the Netherlands. Pharmaceutical companies charge extremely high and opaque rates for new medicines. Some medicines cannot be reimbursed because of their price and the high costs lead to displacement of other care.

With this campaign, Wemos aims to inform citizens and policymakers about this issue and increase the pressure on the government to take action. We call for transparency about the costs and pricing of new medicines, and agreements on prices when medicines are developed with taxpayer's money.

The video got over a million views on LinkedIn and Instagram and sparked much online discussion and support. Dozens of people involved in healthcare and human rights joined a special [LinkedIn group](#) for interaction about the problems and solutions. We are continuing our campaign in 2024.



Our #HealthEquity booth at the World Local Production Forum, in November 2023.



Our side event at the World Local Production Forum, in November 2023.

Calling for #HealthEquity in regional production of medicines

We have been influencing international discussions and initiatives to strengthen regional production of medical products in the Global South. Through publications and participation at relevant events, we urged governments and pharmaceutical companies to put health equity and countries' sovereignty and self-reliance at the centre of regional production.

The highly unequal global access to vaccines during the Covid-19 pandemic, has increased the international attention for regional production. When low- and middle-income countries can develop and manufacture medical products for and by themselves, they

get better access and become less dependent on high-income countries. To achieve this, support for regional production from governments and companies from the Global North should serve the interests and needs of the Global South.

To help ensure that regional production has the right focus, we published a [position paper](#), organized a [webinar](#) and were active at the World Local Production Forum in The Hague with a [side event](#) and our #HealthEquity booth. We also worked on a case study on a facility for regional production in Rwanda, researching the do's and don'ts. We will publish the report in 2024.

Watch our webinar on regional production of medicines ahead of the 76th World Health Assembly in which representatives of leading stakeholders give their views (17 May, 2023) [▶](#)



Equitable availability of health workers in Europe

Global level

Insufficient investments in the health workforce push health workers in some European countries to look for better working conditions, more job opportunities or higher salaries. This fuels migration and mobility in the European Union (EU) where the single market enables free movement of people. As a result, some countries are left with insufficient health workers, jeopardizing optimal access to healthcare for their citizens.

Given the interconnected nature of Europe's health workforce crisis, the European Commission should treat it as a shared responsibility that requires joint solutions and support its member states in tackling the health worker shortages.

National level

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



Corinne Hinlopen at the AHEAD policy dialogue in the European Parliament, in April 2023.

Calling for joint action to tackle medical deserts

We elevated the topic of medical deserts on the political agenda of decision-makers in the EU with the European Commission-funded project Action for Health and Equity: Addressing medical Deserts (AHEAD), of which we were lead organization.

Medical deserts are areas with limited access to health services, which is a growing problem in Europe. We see tackling this problem as a joint responsibility of many actors, such as the EU member states, European institutions and health professionals' associations. Therefore, we call on them to take joint action. With our partners from Italy, Moldova, the Netherlands, Romania and Serbia, we developed policy recommendations and a tool to identify medical deserts in the EU.

We shared our knowledge and promoted solutions to medical deserts to policymakers at events, such as the WHO-Europe conference on primary healthcare and various webinars. In April, we organized a policy dialogue with members of the European Parliament, bringing together people who experience medical desertification first-hand and policymakers. We expressed calls for action for European institutions, member states, education institutes, health professionals and citizen associations.

Watch our call to action for tackling medical deserts in the European Parliament, April 2023

You can also watch the final webinar about our call and reflection on the Parliament event



Corinne Hinlopen at the WHO Regional Committee for Europe, in October 2023.



Corinne Hinlopen signing the Bucharest Declaration, in March 2023.

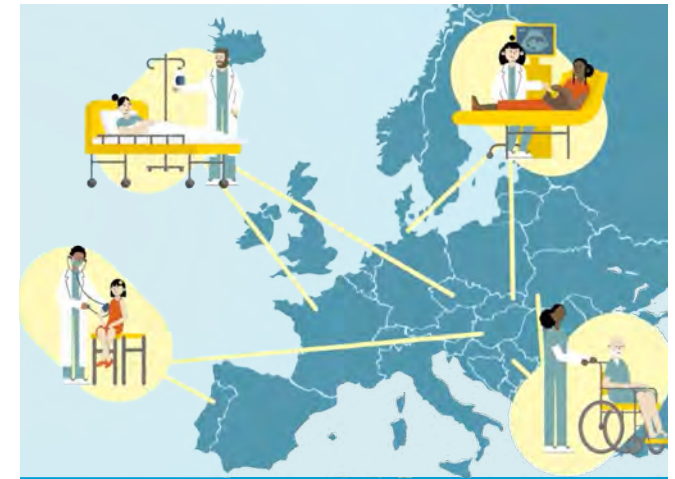
Committing European countries to invest in their own health workers

With our partners in the project [Pillars of Health](#) - of which we were the lead organization - we urged the affluent European countries to invest in their own health workers instead of recruiting them from less affluent neighbouring countries in the European region. Foreign recruitment exacerbates health worker shortages in many low- and middle-income countries. To address their own shortages, European countries should improve the working conditions for health workers, to attract and retain more health workers in their own country.

We co-shaped the [Bucharest Declaration on the Health and Care Workforce](#) and were very pleased that WHO member states

adopted it in March. It marks the commitment of governments, professional associations, research institutions, trade unions and civil society organizations to increase the supply of health and care workers, improve their retention and recruitment, and optimize their performance.

Throughout the year, we called on national and EU policymakers for adequate investments in the health workforce. For example, at the [European Health Forum Gastein](#), in a [position paper](#) with recommendations for the Dutch government, and in our live statement at the [73rd session of the WHO Regional Committee for Europe](#).



Increasing awareness that the European health workforce crisis is a shared responsibility

To convey our message in an accessible way, we also produced an [animation video](#) in which we visually explain the health workforce crisis in Europe and explain how policymakers can contribute to a solution by:

- treating the crisis as a shared responsibility,
- earmarking funds for structural investments in the health workforce, and
- acquiring better data on health worker supply, demand and need.

Lauded for its strong and clear messaging, our video was also used by the Management for Development Foundation (MDF), an organization specialized in training and consultancy for development, in their Advocacy & Policy Influencing training.



Effective Dutch global health policy

Global level

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

National level

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



Strengthening collaboration for global health in the Netherlands

We became a partner in the [Global Health Hub Netherlands](#). This is a network of organizations working together on global health, set up by the Dutch Ministry of Foreign Affairs and Ministry of Health. The hub should stimulate and guide the implementation of the [Dutch global health strategy](#), which the government published in 2022 after years of lobbying by Wemos, among others.

The aim of the strategy is to contribute to improving public health around the world. Joining the hub will give us another avenue of influencing the implementation of the Dutch global health strategy and to bring our positions on fair financing and access to medicines to the forefront. With our expertise on health systems, we will stimulate concrete and coherent action of the Dutch government on

cross-border health challenges. We are involved in all three topics within the hub:

- strengthening global health architecture and national health systems
- pandemic preparedness, and
- climate & health.



DUTCH GLOBAL
HEALTH ALLIANCE

Wemos is one of the founders of the Dutch Global Health Alliance.

This alliance of civil society organizations raises awareness on the need for concerted global health action, advocating sound policies that contribute to stronger health systems worldwide.

Enhancing policy coherence for global health

Policy coherence between the different Dutch government's ministries and departments is essential for effective and efficient global health policy. Without coherence, there is a risk that one policy nullifies another policy with opposite goals. As Wemos and as member of the Dutch Global Health Alliance, we provided input for the [reaction](#) by civil society on the year report and action plan for policy coherence of the Ministry of Foreign Trade and Development Cooperation.

For the first time, this action plan contains an objective on improving vaccine and global health inequality. A good development. Unfortunately, it only looks at unequal access to vaccines without addressing broader global health issues. We emphasized that more is needed to achieve global health equity and reiterated the importance of working towards tax justice and tackling illicit financial flows so that lower- and middle-income countries can invest more in health.



European Congress on Global Health (ECTMIH)

Investeren in mondiale gezondheid...

...is belangrijk

Nederland heeft zich gecommitteerd aan mondiale (gezondheids)doelen, waaronder Sustainable Development Goal 3: goede gezondheid en welzijn voor iedereen.

Investeren in mondiale gezondheid voorkomt verspreiding van ziekten. In Nederland stierven bijna 23.000 mensen aan Covid-19 en wereldwijd bijna 7 miljoen mensen.

Investeren in mondiale gezondheid kan miljoenen euro's besparen. De Covid-19 pandemie kostte Nederland 65 miljard.

...loont

De Global Financing Facility heeft sinds 2015 bijgedragen aan 103 miljoen veilige bevallingen en gezorgd dat 500 miljoen mensen toegang hebben tot anticonceptiemiddelen.

In 2010 had slechts 23% van de mensen die leven met hiv toegang tot antiretrovirale therapie. Mede dankzij het Global Fund to Fight AIDS, Tuberculosis and Malaria steeg dit tot 75% in 2021.

Dankzij het vaccinatieprogramma van de World Health Organization zijn infectieziekten zoals pokken en polio uitgeroeid.

...maar we zijn er nog lang niet

Sinds 2019 stagneert de voortgang op de Sustainable Development Goals.

Elke twee minuten sterft een vrouw aan de gevolgen van complicaties tijdens de zwangerschap of tijdens de geboorte.

Het financieringsstekort voor gezondheid in de 54 armste landen loopt op tot 176 miljard USD in 2030.

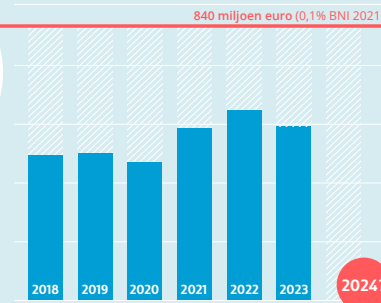
Verdere bezuinigingen dreigen in Nederland en wereldwijd.



Nederlandse uitgaven aan mondiale gezondheid en seksuele en reproductieve gezondheid & rechten

Richtlijn

Volgens internationale richtlijnen zouden rijke landen **0,1% van hun bruto nationaal inkomen (BNI)** moeten bijdragen aan mondiale gezondheid. Nederland haalt dat echter niet.



Onze oproep aan Nederland: investeer meer én beter in mondiale gezondheid

Respecteer de internationale richtlijn van 0,1% van het BNI als bijdrage aan mondiale gezondheid.

Erken officiële ontwikkelingshulp (ODA) als belangrijke investering voor het behalen van de Sustainable Development Goals in lage- en middeninkomenslanden.

Investeer zoveel mogelijk ongeoormd, gecoördineerd en via multilaterale kanalen, voor effectieve en efficiënte besteding.

June 2023

Calling for and protecting investments in global health

2023 was a year of political turmoil and uncertainty. Faced with this uncertainty we stepped up our calls for the Dutch government to invest in global health and to protect the development cooperation budget as a whole. We developed an [infographic](#) highlighting the effectiveness and importance of investing in global health, which we shared with relevant members of parliament ahead of the spring budget discussions.

Furthermore, we wrote [suggestions](#) on global health policy for the political party programme commissions ahead of the Dutch general elections and were pleased to see many parties commit to investing 0.7% of the gross national income (GNI) in development cooperation.



Pandemic prevention, preparedness and response

Global level

The Covid-19 pandemic has shown that the containment of infectious disease requires unified pro-public action. After all, 'no one is safe until everyone is safe'. Member states of the World Health Organization (WHO) are developing a 'Pandemic Accord' to improve the global prevention, preparedness for and response to pandemics. It is important that it includes provisions on equitable access to medical products and the essential role of health workers. Moreover, for the accord to be effective, negotiators need to agree on a system for funding its implementation, that is equitable, sufficient and additional.

National level

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

Lobbying to reach an equitable Pandemic Accord

We critically followed the development of the Pandemic Accord by WHO member states to ensure it will be effective and equitable. We assessed the drafts of the accord and made [recommendations](#) and [textual suggestions](#) to the member states, in particular the Dutch Ministry of Health. In the [latest draft](#) of the accord, we are happy to see key provisions for equitable access to medical products and the acknowledgment of the importance of a sustainable health workforce.

However, we still observe that the draft text for the accord fails to tackle the root causes of financial constraints for countries. To raise awareness on this failure and get support for a stronger accord, we shared the messages from the G2H2 report [Financial Justice for Pandemic Prevention, Preparedness and Response](#) – co-authored by Wemos – at the [Because Health Conference](#) in March, at the [European Congress on Global Health \(ECTMIH\)](#) in November and at



meetings of the [Intergovernmental Negotiating Body](#) of the Pandemic Accord. Furthermore, the WHO consulted us to improve sharing of intellectual property, knowledge and data for the production of medical products during pandemics. They used our [research](#) from 2022 for an evaluation of the [Covid-19 Technology Access Pool](#) and in discussions on a sharing mechanism for the Pandemic Accord.

A healthy planet for a healthy future

Wemos wants a healthy future for everyone, in the Netherlands and worldwide. Climate change poses a growing threat to our health, which is why the climate crisis is also a health crisis. Health risks are greatest in poorer parts of the world, as people living in poverty or vulnerable conditions are hit hardest. Health must therefore be at the heart of all policy decisions regarding the climate.

In 2023, we started scoping the (inter)national landscape of climate change and health, including a literature search and interviews with internal and external stakeholders. We will use this to further discuss our potential added value on this topic and how to embed this in our thematic focus areas.

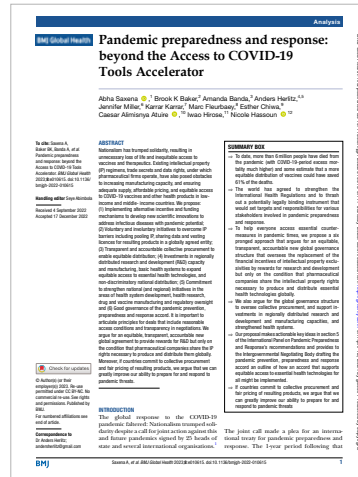


In November, we joined the 'health block' - organized by the [International Federation of Medical Students Associations the Netherlands \(IFMSA-NL\)](#) and [Groene Zorg Alliantie](#) - with more than 500 healthcare professionals in the climate march in Amsterdam. A total of 85,000 people took part in the march.

Wemos in the media

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

In January, **BMJ Global Health** published the article *'Pandemic preparedness and response: beyond the Access to COVID-19 Tools Accelerator'*, to which we contributed. The authors identify intellectual property regimens, trade secrets and data rights as obstacles to increasing manufacturing capacity, and ensuring adequate supply, affordable pricing, and equitable access to Covid-19 vaccines and other health products in low- and middle-income countries. The authors also propose ways to deal with these obstacles and improve countries' ability to prepare for and respond to pandemic threats. ▶



An article in the **EUobserver** mentions Wemos and researcher Heino Gueldemann, who wrote a report about health worker migration and mobility in Germany for our project Pillars of Health. In the article, Gueldemann shares the report's main findings, stating that recruiting foreign health workers is not the solution to Europe's health workforce shortages. European countries should instead make the health workforce profession more attractive for their own residents. ▶



In March 2023, we commissioned a European Special Report on **Euractiv**, consisting of six articles about how health worker migration affects the health systems and health workforce shortages in Germany, Bulgaria, Romania and Poland. Interviewed for the final article, Corinne Hinlopen of Wemos urges EU member states to take the lead in addressing their health workforce shortages, while the EU should support them by, for example, strengthening monitoring and earmarking funds. ▶

In the spring of 2023, the Minister of Health of Welfare and Sport decided – for the first time in the Netherlands - to ban three expensive medicines from the basic health insurance package. Dutch national newspaper **Het Financieele Dagblad (FD)** asked for our opinion. Deze minister houdt poot wél stijf in onderhandelingen over dure geneesmiddelen. ▶



Wemos in the media

In an opinion piece in Dutch national newspaper **NRC**, Tom Buis of Wemos states that the government has an obligation to ensure access to affordable medicines and care for its citizens, as promised in the coalition agreement. Law and policies are needed to stop excessive pricing of new medicines. ▶



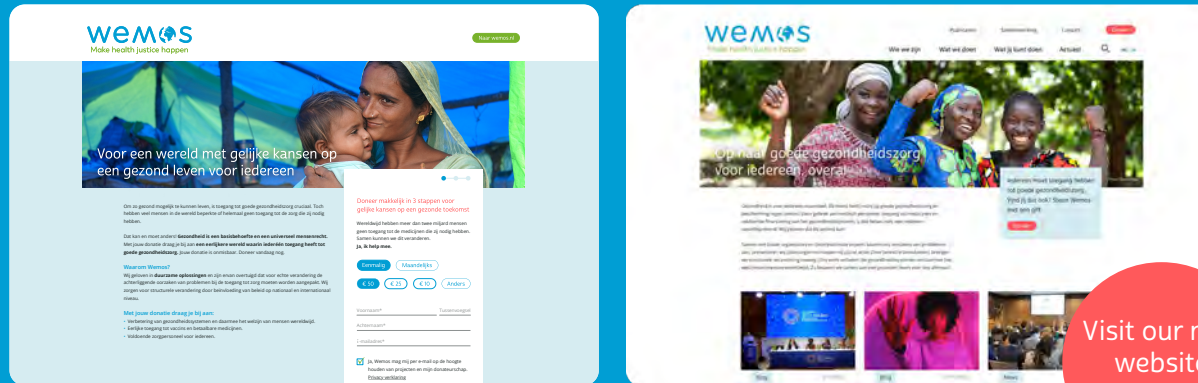
Dutch national newspaper **Algemeen Dagblad** published an opinion article on the pioneering role the Dutch government can and should play to enforce transparency of pharmaceutical companies on the costs and pricing of new medicines. This is necessary to ensure fair medicine prices and thus reduce the financial pressure on our healthcare system. It was written by Arthur Schellekens (the Netherlands Patients Federation), Audrey Gaughran (SOMO), Wilbert Bannenberg (Pharmaceutical Accountability Foundation) and Wemos director Mariëlle Bemelmans. ▶



Politico Europe published an opinion piece we wrote together with the Pharmaceutical Accountability Foundation. It emphasizes that pharmaceutical companies must adhere to human rights, while governments must monitor them and take action to prevent violations, such as excessive pricing of medicines. Despite the WHO resolution on transparency on medicine pricing, no high-income country has yet implemented legislation enforcing transparency of the pharmaceutical industry. The negotiations for the Pandemic Accord are an opportunity to finally take the needed action. ▶

External communication

New website



Visit our new website

We were happy to launch our new Wemos website in 2023. It offers easy navigation to find information about our work, our strategy, our focus areas, our publications and of course our latest news. Since we are an international organization, we took the opportunity to change our URL from .nl to .org. So, you can now find us here: www.wemos.org. The website also contains an improved donation page, making it easier for people who support our work to make a donation.

Sustainable finance for health systems

Our communication approach to ignite change

In most of our communication, we take shared values and needs as a starting point, address current issues that lead to injustices, and then show solutions to overcome these injustices and actually fulfil people's needs, no matter who they are or where they live. We are convinced using positive, solution-oriented messages is the most effective way to ignite change. In our [commentary](#) in the International Journal of Health Policy and Management we also emphasize the importance of using the right words in advocacy.

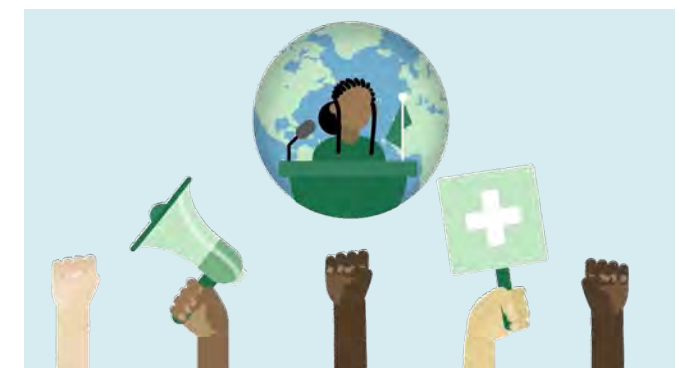
Special mention at Humanitarian Communication Awards

Our explainer video 'Sustainable finance for health systems' received a special mention at the Humanitarian Communication Awards 2023, organized by the Expertise Centre Humanitarian Communication. The jury wrote: "Wemos' video is an animated explainer video, demonstrating their continued successful use of this genre after their Highflyer nomination last year." Last year our video 'Make pooling work for Covid-19 vaccines' was nominated for the Highflyer Award. It is encouraging to receive this kind of recognition of our hope-based communication.

Social media engagement

We renewed our social media strategy to further increase the online visibility and positioning of Wemos. Through our social media, we connect with partners, global health actors, academics, cross sectoral professionals, journalists, our donors and the broader public. We share insights and knowledge, aiming to engage with others on the topics of our work. Throughout 2023, we ran several targeted online campaigns to introduce our organization to a wider audience. This resulted in a couple of extra individual donors and increased our visibility.

Over the year, the number of followers across our social media channels increased to almost 10,000, with 16,329 engagements and 1,675,904 impressions. Our focus is mainly on [LinkedIn](#) and [Twitter/X](#), which is where we best target our key stakeholders. In 2023, we increased the number of followers on LinkedIn by 36% and on Twitter/X by 8%.





Faculty of Health, Medicine and Life Sciences of Maastricht University.

Working with universities

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

- In September, we gave a guest lecture on global health to Public Health master's students at the Netherlands School for Public and Occupational Health.
- In October, we gave a lecture on the global health workforce to master students of the Global Health programme at Maastricht University.
- We gave two lectures on global health governance: one at the University College in Utrecht in April and one for students of the master Medical Humanities at the University Medical Center in Utrecht in December.

Assessments to increase the impact of our work

Action for Health and Equity: Addressing medical Deserts (AHEAD)



The AHEAD project focused on reducing health inequalities by addressing medical deserts in Europe and ran from 2021 to 2023. In May 2023, an external evaluator conducted an end-evaluation. The evaluation concluded that our project successfully achieved its goals and delivered all outputs on time and at a high standard. As consortium, we successfully gathered evidence on medical deserts and increased stakeholder understanding of medical deserts and related policies in the project countries, while facilitating the development of policy options to address them.

Notably, Wemos' positive and transparent leadership was found to be the key to effective collaboration among the partners. The report mentions the consensus building methodology for co-developing policy options to be very useful, as well as the user-friendly visual tool for identifying medical deserts – making data more accessible to policymakers. Moreover, the report is positive about the early consideration of the project's sustainability plans to sustain traction of its outputs.

The evaluation recognized that it is difficult to say to which extent the project will lead to implementation of the developed policies and truly contribute to improved public health, since achieving such impact takes time.

The Make Way programme



Make Way is an international partnership focused on improving sexual and reproductive health and rights (SRHR) of the most minoritized people in society. In 2023, the programme conducted an external mid-term review to assess progress, effectiveness and sustainability, and inform future



implementation. It affirmed the validity of our theories of change, noted the significant capacity strengthening achieved with civil society organizations and concluded that the overall programme is on track.

Make Way demonstrates strong adaptability and progress towards intended outcomes. There is also strong complementarity in our consortium partnership, and partners highly value the intersectional approach and the Make Way tools. In addition, collaborating partners and young people have embraced intersectional advocacy for sexual and reproductive health and rights, fostering a more inclusive approach.

The review encouraged us to continue building capacity on intersectionality and seek ways to make minoritized and vulnerable groups more visible, while adopting a 'safety first' approach. Also, we should accelerate engagement with allies and build their capacity for intersectional advocacy. We incorporated recommendations, such as adapting our strategies to address socio-political challenges and tackle harmful social norms, into our work plan for 2024.



Together we can make health justice happen!

Grateful for the support of our donors

Our donors have been indispensable in making the past year's successes possible. We warmly thank the Bill & Melinda Gates Foundation, Dioraphte Foundation, the Dutch Ministry of Foreign Affairs, IDA Charity Foundation, the National Postcode Lottery, Stichting Nieuwe Waarde and Unitaïd for their trust in our work. Furthermore, we express our gratitude to our loyal group of individual donors who follow our work with great interest. We thank them for their ongoing support throughout the years.

Thanks to the participants of the National Postcode Lottery

We grant a special thanks to the participants of the National Postcode Lottery. Together with the Pharmaceutical Accountability Foundation we received a donation of 500,000 euro for our work to improve access to affordable vaccines and medicines for everyone. We strive for a world in which everyone's health takes precedence over commercial interests, with fair medicine prices and without monopolies that stand in the way of the availability of vaccines and medicines.

Do you share our vision?

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

Yes, I want to support Wemos



Our governance

Wemos is a foundation with a managing director and a supervisory board. Mariëlle Bemelmans has been managing director since 1 April 2017.

Wemos' supervisory board consists of five members. On 31 December 2023, these were:

- Ed Rutters (chairman), director at Instituut Verbeeten; chairperson supervisory board at Lumens Welzijn
- Lejo van der Heiden (vice chairman/secretary), management team member of Nature and Biodiversity; Directorate General for Nature, Fisheries and Rural Areas for the Ministry of Agriculture, Nature and Food Quality
- Ingrid van de Stadt, regional marketing director merging markets at Elsevier
- Ruud van den Hurk, held executive roles in a number of civil society organizations in the past, among others, ActionAid Netherlands, Simavi, International Care and Relief UK and InterAid Kenya
- Thomas van den Akker, professor of global maternal health at Vrije Universiteit Amsterdam; obstetrician gynaecologist at Leiden University Medical Center

After eight years in the Wemos' supervisory board, Ed Rutters and Lejo van der Heiden stepped down on 1 January 2024. We thank them for their dedication and commitment to our organization over the past years. We are happy to announce that we have found two wonderful new members for our board, to start on 1 January 2024: Leigh Kamore Haynes, associate professor at Simmons University in Boston (USA) and Katri Bertram, senior global health professional with 20 years of work experience.

Accreditation

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

Integrity and complaints

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

The Wemos Code of Conduct forms the foundation of our integrity system. It consists of an internal integrity body and three reporting channels, one of which is an external whistleblower point. Two of our employees have the role as confidential advisers. Additionally, as a member of the



trade association Partos, Wemos subscribes to the Partos Code of Conduct. Both codes of conduct, together with the employment conditions regulations, form part of the employment contract of Wemos employees. Our code of conduct, complaints procedure and whistleblower policy are published on [our website](#).

When a complaint is received, our confidential adviser first examines whether the complaint is admissible. This is the case if the complaint concerns the conduct of a Wemos employee, the employee of one of our consortium partners, or of one of the organizations itself. If the complaint is declared admissible, our confidential adviser will start an investigation as soon as possible. The exact process depends on the nature of the complaint. Normally, the adviser contacts the person who filed the complaint to get additional information. After that, a decision will be made about the follow-up process, in which Wemos will take appropriate measures if necessary. Eventually, the complaint (and the mitigating measure) will be registered in our incident register.

In 2023 there were no reports of (possible) integrity violations, nor any complaints.

Our team

Our staff members form the true core of our organization. We want to make sure they stay motivated and engaged and stimulate them to develop their capacities. That is why we have regular staff meetings in which employees can bring in topics for discussion. We pay continuous attention to integrity, our code of conduct, whistleblowing policy and complaints procedure. At 3.5%, our absenteeism rate was below the national average (4.6%).

At the end of 2023, our team consisted of 26 employees (same as in 2022), equivalent to 24.8 FTE (same as in 2022). In addition, there are five programmatic interim employees and one interim CRM specialist. Our team is diverse, both in nationality, background and expertise. Next to many global health advocates – who are experts on health topics and lobby & advocacy -, we have communication specialists, staff for planning, monitoring, evaluation and learning, and financial and administrative colleagues. All with a strong sense of justice and great perseverance.

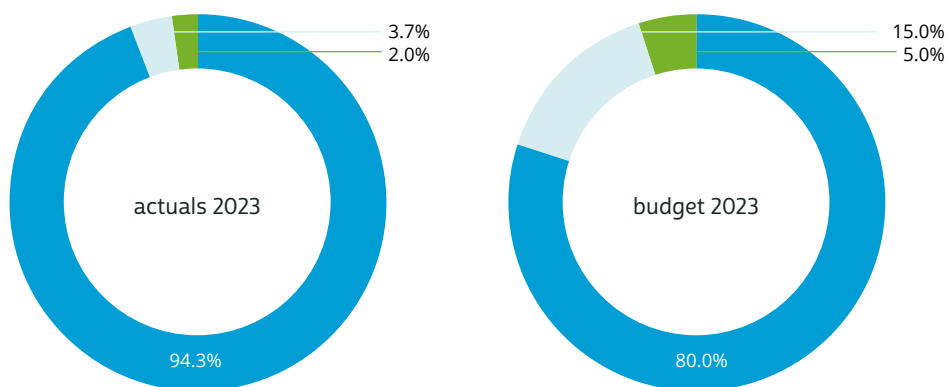
[Meet the team ▶](#)



Financial policy and financial results

Working on our mission to achieve global health justice, requires funds. It is our aim to spend as much of every euro we raise on our programmatic goals (objective). In 2022, this went particularly well, because we mainly focused on setting up new programmes, and less on fundraising. As a result, 96.2 percent was used to achieve our objectives. In 2023 we maintained a high percentage spent on objectives (94.3%). This was higher than budgeted (80,0%). In 2023, we we ran a pilot to attract individual donors with online campaigns. We set up a new donation page on our website, improved our communication flow with new donors and ran online advertising across various channels. During the pilot, we learned that it is more effective for our organization to attract funds from capital and institutional foundations and therefore decided not to continue with the pilot. Since attracting foundations is less capital intensive, the 'Cost percentage fundraising' is lower than budgeted.

On 31 December 2023, Wemos' assets amounted to 8,112,904 euro (3,513,318 euro in 2022). The assets are held in various savings accounts and a current account (Wemos does not maintain an investment portfolio). Part of the assets are intended as a continuity reserve (903,922 euro). Together with the supervisory board, the director has determined that this reserve must be sufficient to bear Wemos' operating costs for at least four months. These costs amount to 762,000, so this objective has been met. Furthermore, Wemos has a fundraising reserve of 150,000 euro and an innovation reserve of 50,000 euro.



Key figures

- Expenditures on objectives / Total expenditures
- Income acquisition costs / Total expenditures
- Management and administration costs / Total expenditures

Risks and uncertainties

To maintain an overview of and anticipate potential risks, we developed a risk matrix with risks, likelihood and mitigation measures. The management team regularly reviews and updates the matrix according to developments, and it is on the agenda of the supervisory board twice a year. Raising sufficient funds is probably the most important topic on the matrix and therefore a continued focus. This year, the macro economic conditions, such as uncertainty regarding inflation, interest rates and exchange rates, contribute to the level of uncertainty we identify. In 2023, our salaries were adjusted by 7%, in line with inflation, and they will increase with an additional 8% in 2024. As a consequence, Wemos' continuity reserve had to increase as well (also see [page 33](#)).

Through the years, we took steps to diversify our donor portfolio. Thanks to our success in establishing partnerships with new donors, the overall percentage of dependency on one institutional donor decreased.

Funding from one institutional donor as percentage of income Wemos

	2017	2018	2019	2020	2021	2022	2023
Percentage	84%	75%	72%	52%	50%	55%	60%

Income Wemos

Income individual donors

Donors 15,000

Subtotal 15,000

Income from government grants

Ministry of Foreign Affairs 1,754,618

Subtotal 1,754,618

Income from other not-for-profit organizations

Dioraphte 125,000

IDA Charity Foundation 100,000

Unitaid 575,553

Sint Antonius Stichting Projecten 51,667

Bill & Melinda Gates Foundation 49,575

Stichting Nieuwe Waarde 49,335

Other 350,000

Subtotal 1,301,129

Income from lottery organizations

Nationale Postcode loterij 100,000

Subtotal 100,000

Income Wemos 3,170,747

Expenditures alliance partners

Income from government grants

Dutch Ministry of Foreign Affairs 4,475,912

Subtotal 4,475,912

Income from other not-for-profit organizations

Unitaid 582,064

Sint Antonius Stichting Projecten 119,167

Subtotal 701,231

Income alliance partners 5,177,143

Total income 8,347,890

Expenditures Wemos

Personnel costs 2,087,595

Interim personnel 173,707

Other personnel costs 73,620

Programme costs 702,020

Programme costs audit 23,310

Office and general expenses 92,200

Housing 77,000

Fundraising 40,000

Communication 20,000

Depreciation 16,500

Expenditures Wemos 3,305,952

Expenditures alliance partners

Ministry of Foreign Affairs 4,475,912

Unitaid 582,064

Sint Antonius Stichting Projecten 119,167

Expenditures alliance partners 5,177,143

Total expenditures 8,483,095

Financial income and expenditures 0

Deficit -135,205

Result allocation:

Continuity reserve -135,205

-135,205

The budget for 2024 was approved by the supervisory board in the meeting of 13-11-2023.



Financial report 2023

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

ASSETS	31-12-2023	31-12-2022
Fixed assets	29,273	38,010
Current assets	133,753	244,849
Liquidities	7,949,878	3,230,459
TOTAL ASSETS	8,112,904	3,513,318

LIABILITIES	31-12-2023	31-12-2022
Continuity reserve	903,922	807,498
Designated reserves	200,000	200,000
Total reserves	1,103,922	1,007,498
Short term liabilities	7,008,982	2,505,821
TOTAL LIABILITIES	8,112,904	3,513,318

Statement of income and expenditures

	Actuals 2023	Budget 2023	Actuals 2022
Income			
Income from individual donors	8,207	135,405	9,744
Income from companies	121	0	0
Income from government and intergovernmental grants	6,112,216	6,721,294	5,360,704
Income from other not-for-profit organizations	1,177,095	1,094,963	1,841,679
Income from lottery organizations	284,226	324,019	164,856
Total income raised	7,581,866	8,275,681	7,376,983
Other income	1,154	0	4,244
Total income	7,583,020	8,275,681	7,381,227
Expenditures			
Expenditures on objectives	7,065,533	7,632,045	6,911,389
Income acquisition costs	275,495	516,090	147,303
Management and administration costs	150,200	182,196	118,591
Total expenditures	7,491,229	8,330,331	7,177,283
Result before profit and loss	91,791	-54,650	203,944
Financial income and expenditures	4,633	0	-8,480
Surplus / deficit	96,424	-54,650	195,464
Result allocation			
Continuity reserve	96,424	0	30,188
Designation reserve relocation	0	0	-34,723
Designation reserve fundraising	0	-44,650	150,000
Designated reserves innovation	0	-10,000	50,000
BALANCE OF INCOME AND EXPENDITURES	96,424	-54,650	195,464

	Actuals 2023	Budget 2023	Actuals 2022
Key figures			
Cost percentage fundraising	3.6%	15.0%	2.0%
Expenditures on objectives / Total expenditures	94.3%	80.0%	96.2%
Income acquisition costs / Total expenditures	3.7%	15.0%	2.1%
Management and administration costs / Total expenditures	2.0%	5.0%	1.7%

Valuation standards

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

Accounting principles

Tangible fixed assets

The tangible fixed assets are valued at purchasing price, after deduction of depreciations based on estimated economic lifetime.

The depreciation period of furniture and office equipment is 5 years (20%). Computers, other hardware and software are depreciated within 3 years (33.3%).

Receivables and accruals

Receivables and accruals are valued at amortized cost after deduction of impairments.

Grants to be received

The difference between the amount spent in a financial year on the execution of a project and the payment by the grant provider in that same financial year is included in the balance sheet as 'Grants to be received'. In this case the project costs are higher than the advance payment.

Grants received in advance/grants to be received

Some grants exceed the term of one financial 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 of a project is included in the balance sheet as 'Grants received in advance'. In this case the advance payment is higher than the project costs.

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 amortized cost.

Principles for determining the balance of income and expenditure

Grant income

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

Donations and gifts

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

Cost distribution

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

Balance of income and expenditures

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

Explanatory notes to the balance sheet

	31-12-2023	31-12-2022
Assets		
Tangible fixed assets		
Purchase value opening balance	99,194	67,915
Investments financial year	7,740	31,808
Divestments financial year	-449	-529
Subtotal	106,484	99,194
Depreciation up to the end of previous financial year	61,184	48,681
Depreciation financial year	16,162	12,952
Depreciation on divestment	-135	-450
Subtotal	77,211	61,184
Book value	29,273	38,010

All tangible fixed assets are designated to the organization. This includes computers (€ 10,665), furniture (€ 10,251) and office equipment (€ 8,357).

	31-12-2023	31-12-2022
Current assets		
Grants to be received		
Unitaid	11,196	0
Private funds	10,000	10,000
Subtotal	21,196	10,000
Partners receivables		
Innovarte	15,880	161
Vrije Universiteit	4,240	0
Knowledge Ecology International	3,493	0
Subtotal	23,614	161
Prepayments		
Funding of alliance partners	66,796	216,189
Other prepaid expenses	7,668	8,745
Advance payment employees	8	58
Subtotal	74,472	224,992
Other receivables		
Amounts to be received	14,224	9,448
Donors	6	6
Deposits paid	241	241
Subtotal	14,471	9,696
Total receivables and prepayments	133,753	244,849

The grants to be received consist of 2 contributions that were granted in 2023, but will be disbursed in 2024.

The partners receivables consist of 3 CIFA partners (Unitaid funded project) who received a larger amount than they should have. These amounts will be repaid in 2024.

The prepayments mainly consist of prepayments to Make Way partners (€ 66,796). Other prepayments are ongoing software contracts (€ 5,897) and the service we purchase from ArboNed (€ 1,234).

The other receivables mainly consist of a maternity allowance (€ 13,080).

	31-12-2023	31-12-2022
Liquid assets		
ASN savings account	993,602	992,938
ING savings account	745,528	741,968
ING current account	6,208,606	1,495,468
Soldo current account	1,997	0
Cash - euro	8	31
Cash - foreign currencies	137	54
Total liquid assets	7,949,878	3,230,459

Wemos does not maintain an investment portfolio. All funds are kept at the bank.

Liabilities

	Continuity reserve	Innovation	Fundraising
Reserves			
Book value 1 January 2023	807,498	50,000	150,000
Addition	96,424	0	0
Withdrawal	0	0	0
Book value 31 December 2023	903,922	50,000	150,000

Wemos aims to be able to pay at least 4 months salary (of all employees) and 4 months general costs with the continuity reserve. The wage costs for 4 months amount to a little less than 696k and the general costs (housing, office and depreciation costs) amount to 62k. This means that Wemos should have a continuity reserve of at least 758k.

Based upon Wemos' risk assessment that is regularly reviewed and updated, together with the supervisory board, the managing director examines the level of risks and need for possible adjustment of the continuity reserve than the 4 months. We are currently getting close to the finishing of the five year funding cycle of the Ministry of Foreign Affairs and preparing for a next round from 2026 onwards. Considering the uncertainties around the impact of the outcome of the Dutch elections on the future ODA budget we decided to assign an additional weight of 20% to the continuity reserve. Other macro-economic related factors also play a role (uncertainty regarding inflation, interest rates and exchange rates) that affect Wemos as an organization. This means that Wemos wants to have a continuity reserve of 910k (758k multiplied by 1.2). With 904k we are almost there.

In 2022 the managing director, in coordination with the supervisory board, decided to create two new reserves: the fundraising reserve and the innovation reserve. The innovation reserve will be used for exploring our ambitions on climate and health, including a scoping exercise. This reserve, together with the fundraising reserve, is formed to keep the organization healthy for the future.

	31-12-2023	31-12-2022
Short-term liabilities		
Taxes and contributions		
Income tax and social security contributions	48,043	96,670
Pension fund	20,269	45,547
Subtotal	68,312	142,217
Grants received in advance		
Open Society Foundations	0	722,945
Ministry of Foreign Affairs	6,232,327	337,404
Nationale Postcode Loterij	50,917	335,144
Stichting Nieuwe Waarde	11,071	0
Dioraphte	67,500	0
Bill & Melinda Gates Foundation	71,337	228,029
European Commission	0	143,536
People's Vaccines Alliance	1,199	14,699
Unitaid	0	12,433
Subtotal	6,434,351	1,794,190
Other short-term liabilities		
Payable to partners	219,657	218,919
Creditors	61,294	82,011
Other amounts payable	21,781	29,661
Salaries and holiday allowance	111,799	159,819
Audit costs	35,931	37,830
Leave day reserve	55,857	41,173
Subtotal	506,320	569,414
Total short-term liabilities	7,008,982	2,505,821

Obligations not included in the balance

Ministry of Foreign Affairs

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

On 31-12-2023, € 22,190,153 of this subsidy was transferred. Of this, € 6,348,905 was granted to Wemos.

Housing

Our rental contract runs until June 2027. The rent is indexed annually in January (for the first time in January 2024). As of 31 December 2023, the rent is € 53,743 per year; this is not subject to VAT.

Explanatory notes to the statement of income and expenditures

Income	Actuals 2023	Budget 2023	Actuals 2022
Income Wemos			
Income from individual donors			
Donors	7,795	135,405	9,031
In kind donations	413	0	713
Subtotal	8,207	135,405	9,744
Income from companies			
Companies	121	0	0
Subtotal	121	0	0
Income from government and intergovernmental grants			
Ministry of Foreign Affairs	1,948,956	1,883,388	1,558,251
European Commission	6,874	37,984	52,994
Subtotal	1,955,830	1,921,372	1,611,245
Income from other not-for-profit organizations			
Open Society Foundations	568,563	519,219	621,295
Unitaid	65,977	6,910	200,697
IDA Charity Foundation	50,000	100,000	175,000
Dioraphte	100,000	100,000	100,000
Stichting Nieuwe Waarde	38,929	0	0
Bill & Melinda Gates Foundation	156,692	169,135	24,813
Other	13,500	164,699	17,124
Subtotal	993,662	1,059,963	1,138,929
Income from lottery organizations			
Nationale Postcode Loterij	284,226	324,019	49,856
Subtotal	284,226	324,019	49,856
Income Wemos	3,242,046	3,440,759	2,809,774

Income	Actuals 2023	Budget 2023	Actuals 2022
Income alliance partners			
Income from government and intergovernmental grants			
Ministry of Foreign Affairs	3,975,505	4,799,922	3,661,537
European Commission	180,881	0	87,922
Subtotal	4,156,386	4,799,922	3,749,459
Income from other not-for-profit organizations			
Open Society Foundations	200,459	35,000	200,312
Unitaid	-17,025	0	502,438
Subtotal	183,434	35,000	702,750
Income from lottery organizations			
Nationale Postcode Loterij	0	0	115,000
Subtotal	0	0	115,000
Income alliance partners	4,339,820	4,834,922	4,567,209
Other income	1,154	0	4,244
Total Income	7,583,020	8,275,681	7,381,227

Expenditures	Actuals 2023	Budget 2023	Actuals 2022
Expenditures Wemos			
Personnel costs	1,885,777	1,967,550	1,836,880
Interim personnel	185,616	94,100	120,147
Other personnel costs	61,920	85,599	20,560
Programme costs	652,795	806,718	353,232
Programme costs audit	21,339	13,310	25,570
Housing	66,724	67,997	55,411
Office and general expenses	120,460	81,196	108,466
Communication	47,038	44,511	26,329
Fundraising	93,747	319,008	50,448
Depreciation	16,476	15,420	13,032
Expenditures Wemos	3,151,894	3,495,409	2,610,075
Expenditures alliance partners			
Programme costs Make Way	3,975,505	4,799,922	3,661,537
Programme costs Human Resources for Health	381,340	35,000	288,234
Programme costs Access to Medicines	-17,510	0	617,438
Expenditures alliance partners	4,339,335	4,834,922	4,567,209
Total expenditures	7,491,229	8,330,331	7,177,283
Financial income and expenditures	4,633	0	-8,480
Surplus / deficit	96,424	-54,650	195,464

Expenditures	Actuals 2023	Budget 2023	Actuals 2022
Key figures			
Cost percentage fundraising	3.6%	15.0%	2.0%
Expenditures on objectives / Total expenditures	94.3%	80.0%	96.2%
Income acquisition costs / Total expenditures	3.7%	15.0%	2.1%
Management and administration costs / Total expenditures	2.0%	5.0%	1.7%

Wemos ran a pilot to attract individual donors with online campaigns in 2023. We set up a new donation page on our website, improved our communication flow with new donors and ran online advertising across various channels. During the pilot, we learned that it is more effective for our organization to attract funds from capital and institutional foundations and therefore decided not to continue with the pilot. Since attracting foundations is less capital intensive, the 'Cost percentage fundraising' is lower than budgeted. We used this budget for expenditures on objectives.

Wemos' positive result is largely explained by the fact that we have spent less on attracting new individual donors than expected (budget: € 319,008 versus actuals: € 93,747).

There are two other important differences compared to 2022. Firstly, Wemos started a partnership with a new foundation: Stichting Nieuwe Waarde. Secondly, the revenues and costs of three of our programmes (Make Way, the programmes supported by the Bill & Melinda Gates Foundation and the Nationale Postcode Loterij) have increased because these programmes were in full gear in 2023.

Remuneration of senior officials

'Wet Normering Topinkomens' (Top Income Standardization Act)

Senior executive officer with employment contract

	2023	2022
Name Mariëlle Bemelmans		
Function Managing director		

Employment contract

Nature (duration)	permanent	permanent
Hours per week	36	36
Scope of employment (in FTEs)	1,0	1,0
Period	1/1-31/12	1/1-31/12

Remuneration

Annual income

Gross wages / salary	103,572	98,100
Holiday pay	7,914	7,752
Fixed year-end bonus	0	0
Payment of residual holidays	0	0

Total annual income	111,486	105,852
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Year-end bonus	0	4,108
Pension contribution (employer's part)	12,043	11,946
Pension compensation	0	0
Other long-term benefits	0	0
Payment for termination of employment	n/a	n/a

Total remuneration	123,529	121,906
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Individual maximum applicable remuneration (WNT)	205,000	199,000
-/- Amount unduly paid	n/a	n/a

According to Regulations for Remuneration of Directors of Charitable Organizations, the chair of the supervisory board set the Basic Score Directors function (BSD) for Wemos at 455 (last updated in May 2024). The annual income of the managing director (with an employment contract) is € 111,486 and thus remains within the maximum of € 152,661 (BSD score 455).

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

The supervisory board consists of the following members. On 31 December 2023 these were:

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

After 8 years in the Wemos' supervisory board, on 1 January 2024, Ed Rutters and Lejo van der Heiden stepped down. We thank them for their dedication and commitment to our organization over the past years.

We are happy to announce that we have found two new board members. On 1 January 2024 both Leigh Kamore Haynes and Katri Bertram have started. Ingrid van de Stadt will be the new chairperson of the board.

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

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

Cost allocation sheet

	Objectives					Income acquisition costs	Management and administration costs	Actuals 2023	Budget 2023	Actuals 2022
	Make Way coordination	Finance for Health	Human Resources for Health	Access to Medicines	Total spent on objectives					
Programme costs	181,531	259,105	91,373	120,786	652,795	0	21,339	674,134	820,028	378,802
Advocacy by alliance partners	3,975,505	0	381,340	-17,510	4,339,335	0	0	4,339,335	4,834,922	4,567,209
Personnel costs	373,674	941,128	145,984	205,155	1,665,941	164,928	116,828	1,947,697	2,053,149	1,857,440
Interim personnel costs	35,481	93,232	0	56,903	185,616	0	0	185,616	94,100	120,147
Housing	12,673	32,817	4,385	9,170	59,045	4,477	3,203	66,724	67,997	55,411
Office and general expenses	22,879	59,246	7,916	16,555	106,596	8,082	5,782	120,460	81,196	108,466
Communication	8,934	23,135	3,091	6,464	41,624	3,156	2,258	47,038	44,511	26,329
Fundraising	0	0	0	0	0	93,747	0	93,747	319,008	50,448
Depreciation	3,129	8,103	1,083	2,264	14,580	1,105	791	16,476	15,420	13,032
Total	4,613,808	1,416,766	635,171	399,788	7,065,533	275,495	150,200	7,491,229	8,330,331	7,177,283

In accordance with the Directive 650 for fundraising organizations, costs are allocated to (1) the objectives, (2) income and acquisition and (3) management and administration. Allocation is carried out on the basis of the following principles:

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

Personnel costs

	Actuals 2023	Budget 2023	Actuals 2022
Salaries	1,349,076	1,479,312	1,471,688
Social security costs	264,970	309,141	231,231
Pension costs	271,731	179,097	133,961
Other personnel costs	61,920	85,599	20,560
Subtotal personnel costs	1,947,697	2,053,149	1,857,440
Interim personnel	185,616	94,100	120,147
Total personnel costs	2,133,313	2,147,249	1,977,587

On 31 December 2023, the number of FTEs with an employment contract for a definite or indefinite period is 24.8 FTEs (26 employees). In addition, there are 5 programmatic interim employees and 1 interim CRM specialist.

INDEPENDENT AUDITOR'S REPORT

To: the supervisory board and the management of Stichting Wemos.

A. Report on the audit of the financial statements 2023 included in the annual report.

Our opinion

We have audited the financial statements 2023 of Stichting Wemos based in Amsterdam, the Netherlands.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of Stichting Wemos at 31 December 2023 and of its result for 2023 in accordance with the 'RJ-Richtlijn 650 Fondsenwervende organisaties' (Guideline for annual reporting 650 'Fundraising Organisations') of the Dutch Accounting Standards Board) and the 2023 Policy rules implementation of the Standards for Remuneration Act (WNT).

The financial statements comprise:

1. the balance sheet as at 31 December 2023;
2. the statement of income and expenditure for 2023; and
3. the notes comprising of a summary of the accounting policies and other explanatory information.

Basis for our opinion

We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing and the Audit Protocol WNT 2023. Our responsibilities under those standards are further described in the 'Our responsibilities for the audit of the financial statements' section of our report.

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

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

Compliance with rule against overlapping pursuant to the WNT not audited

In accordance with the 2023 Audit Protocol under the Standards for Remuneration Act ("WNT"), we have not audited the rule against overlapping as referred to in Section 1.6a of the WNT and Section 5(1)(n/o) of the WNT Implementing Regulations. 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.

Dubois & Co. Registeraccountants is een maatschap van praktijkvennootschappen. Op alle opdrachten die aan ons kantoor worden verstrekt zijn onze algemene voorwaarden van toepassing. Deze voorwaarden, waarvan de tekst is opgenomen op de website www.dubois.nl, bevatten een aansprakelijkheidsbeperking.

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

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

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

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

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

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

C. Description of responsibilities regarding the financial statements

Responsibilities of the supervisory board and the management for the financial statements.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the Guideline for annual reporting 'RJ-Richtlijn 650 Fondsenwervende organisaties' (Guideline for annual reporting 650 'Fundraising Organisations') and the 2023 Policy rules implementation of the Standards for Remuneration Act (WNT). Furthermore, management is responsible for such internal control as management 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, management is responsible for assessing the foundation's ability to continue as a going concern. Based on the financial reporting framework mentioned, management should prepare the financial statements using the going concern basis of accounting, unless management either intends to liquidate the foundation or to cease operations, or has no realistic alternative but to do so.

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

The supervisory board is responsible for overseeing the organization's financial reporting process.

Our responsibilities for the audit of the financial statements

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

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

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

We have exercised professional judgment and have maintained professional skepticism throughout the audit, in accordance with Dutch Standards on Auditing, the Audit Protocol WNT 2023, ethical requirements and independence requirement.

Our audit included among others:

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

Amsterdam, 5 June 2024

Dubois & Co. Registeraccountants


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