



Medicus Mundi Schweiz

Netzwerk Gesundheit für alle
Réseau Santé pour tous
Network Health for All

MMS Strategy 2017–2019

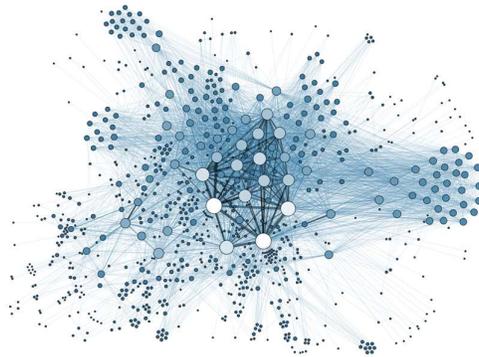
**HEALTH FOR ALL AROUND THE WORLD WITH
A SWITZERLAND COMMITTED TO THE RIGHT TO HEALTH**

Evaluation report – short version

2018 External Evaluation

Medicus Mundi Switzerland

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Source: wikipedia

30th of November 2018

Introduction

Medicus Mundi Switzerland (MMS), the network for health for all, was founded in 1973 and is a voluntary union of currently 48 Swiss organizations active in international health cooperation. It facilitates networking and collaboration among Swiss stakeholders for a continual improvement in health around the globe and a high commitment of Switzerland at the international level. Networking happens at three levels: (1) among its members, (2) nationally and (3) internationally with relevant partner institutions and other networks. In addition, the network also aims to sensitize and inform the public and political decision-makers in Switzerland about the concerns of international cooperation in the field of health.

In line with the strategy 2017-2019¹, MMS is placing a particular focus on strengthening the joint learning among member organisations (MO) to develop into a Community of Practice (CoP)², with sub-CoPs around defined priority issues.

Mid-term in the ongoing phase, the board and the Secretariat of Medicus Mundi Switzerland commissioned an external evaluation. The evaluation aims at analysing the strengths and weaknesses of the MMS network. Results shall be used for steering the second half of the current programme phase and will also inform the future strategic orientation of MMS, including future cooperation agreements with its main external donor, the Swiss Agency for Development and Cooperation, SDC.

The evaluation, which covered the period between the beginning of 2017 and mid-year 2018, was to answer six key questions:

1. How do the network members perceive and make use of their opportunities to participate and contribute?
2. Do the new services created correspond to the needs of the MOs and does the knowledge created by these services flow back into the organisations?
3. Is MMS recognised as a civil society actor in the field of global health by key actors in Switzerland?
4. Does MMS succeed in feeding global health policy issues into ongoing political processes in Switzerland and within the network?
5. How does the physical presence in Geneva affect perception and awareness in French-speaking Switzerland?
6. Are there issues or areas for action at the level of the MMS Secretariat or the organisational development.

¹ <https://www.medicusmundi.ch/de/mms/ueber-uns/strategie>

² A **Community of Practice (CoP)** is a group of committed people, active in a common domain, with a genuine interest in each other's expertise based on their own practice. Members combine their own interests with an open mandate from their organisation and work together in a rather informal structure. Source: [SDC, 2015](#)

Main methodologies applied

The evaluation addressed the DAC-evaluation criteria³ and was based on the following methods:

- Analysis of key documents and other written sources
- 10 in-depth interviews with a total of 15 selected key-stakeholders (*some of the interviews were group interviews*), complemented with various exchanges between the evaluator, the MMS Secretariat and a delegation of board members
- An electronic survey: the invitation was sent to close to eighty stakeholders; 36 representatives of various types of organisations took part in the survey (response rate 47%; respondents can be considered representative for the overall group of MMS members)
- Relevant context know-how of the evaluator who works as a senior public health expert both in the Swiss health system and in mandates for SDC

MMS and the evaluator hereby would like to express their gratitude to all the stakeholders who contributed to the evaluation by sharing information and highlighting possible fields of action for the future.

Products

This short version of the evaluation report focuses on the overall assessment by the evaluator, followed by main conclusions and recommendations for each of the six key areas under question.

The full version of the report gives a more detailed overview with background information and collected views and suggestions for each key area of questions. It also includes testimonials of respondents which illustrate shared views or statements of high relevance to the overall findings. The analysis of the quantitative questions raised in the electronic survey is presented in an annex to the full report.

Overall assessment by the evaluator

Looking back

Considering all six key areas analysed in the context of this evaluation, the Medicus Mundi Switzerland network can be commended on what was achieved with available resources over the past years. Not one critical issue was flagged where urgent need for action was signalled. There is, as always, room for further improvement and for continuously adapting the network to the changing environment it operates in. The board, the Secretariat and SDC are encouraged to discuss the recommendations issued in this report and prioritise the most relevant ones for future implementation. MMS is, however, in the comfortable position that most of the recommendations can be classified as “nice to have” or “to be considered” rather than as “a must” for the network’s future. MMS has built on past achievements and managed to turn some previous weaknesses into further strengths. This should be considered as the result of a team effort of a well working network, achieved jointly in collaboration between the Secretariat and the member

³ DAC-evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability

organisations, strongly supported and well guided by the board members and benefitting from the long-term support of its main external donor, the Swiss Agency for Development and Cooperation, SDC.

The evaluator asked respondents a counterfactual question⁴ to assess the added value of the network. In summary, these are considered major aspects that add value to the member's own work:

- **The network** offers a large field of contacts, supports MOs in getting to know each other, facilitates access to technical support and promotes cooperation and knowledge sharing. In addition, some MOs also maintain bilateral contacts and engage in collaborations – at times independently, at times as a result of the networking in MMS. Without the network, it would be much more resource intensive for MOs to exchange (information), share (experiences and learning) and collaborate with so many stakeholders.
- **Inspiration and awareness raising of new issues, topics and developments in the field** of global health is another added value offered by MMS. The network provides a more global perspective and a sense for thematic interlinkages at that level to NGOs who are traditionally more locally oriented. When compared to other sources of information MMS's added value is “the Swissness”. The Secretariat's service of screening, digesting and packaging information to the needs of its MOs in Switzerland is highly relevant to the members.
- **The visibility** which the network fosters is a plus – visibility for issues related to global health and the other strategic priority themes, but also visibility for member organisations, who get a platform to demonstrate their expertise and disseminate information about their programmatic work more widely.
- **Easy access to public administration** (especially SDC) **and political decision makers** would be difficult for most member organisations without MMS. The MMS-network facilitates contacts between the MOs and SDC, for whom it would be impossible to keep in touch with some 50 individual NGOs. In addition, SDC would miss an important channel for engaging with parliamentarians.
- **A strong civil society advocating with shared voices** for a solidarity-oriented contribution of Switzerland in the field of global health strengthens and complements the advocacy work of individual actors and gives positions and claims more weight and influence. These days this is extremely relevant, considering a number of challenging context developments. Networks, such as MMS, can counterbalance increasingly populist discourses on Switzerland's role in the International Cooperation with evidence-based and broadly shared positions, messages and good practice examples of what can be achieved with Swiss contributions. Many of the members and stakeholders particularly value this role of MMS, as some organisations are not in a position to engage in political lobbying and advocacy.

⁴ “Imagine, if there were no MMS-network today in Switzerland: what would you and your organisation miss most?”

Looking forward

For the development of the future orientation and strategic priorities, a strong focus should certainly (continue to) lie in the field of working with parliamentarians and political decision makers. Targeted advocacy for of a solidarity oriented International Cooperation of Switzerland should remain another priority, besides the continuation of what works well. Also, there is potential for MMS to position the network's activities more strongly at the interface between the national and international sphere of the Swiss health sector. By doing so, MMS could contribute to efforts of the Swiss Agency for Development and Cooperation, the Federal Office of Public Health and some of its member organisations to better link the Swiss expertise in (public) health nationally and internationally. Bringing the "two worlds" more closely together can help fostering the understanding for a solidarity driven global health agenda and leverage additional resources and support for the International Cooperation of Switzerland.

Main conclusions and recommendations by key area of questions

1. Participation and contributions of member organisations

Main evaluation question: How do the network members make use of their opportunities to participate and contribute to the MMS network?

Conclusions: The majority of the network's members is composed of "small organisations"⁵. Very small organisations draw many benefits from being a member. For them, however, it is difficult to fully participate and contribute significantly to the network, as their resources are limited. This said, two thirds of the network members are active in some form, 25/48 by actively participating and contributing. 8 MOs are very active in a strategical way. The sense of ownership for the network is strong and participation has increased and became more balanced as compared to the findings of the last evaluation in 2013. The remaining imbalance does not pose a problem for the respondents to the evaluation. Larger MOs, who's resources allow them to contribute more significantly, draw benefits in terms of networking, visibility and the possibility to demonstrate their competence through the platform of the network. MOs are overall very satisfied about the say they have in shaping the agenda and prioritising the services the network offers to its members. More than 70% of MOs are today based in German speaking Switzerland. As a result of opening up an office in Geneva, the number of MOs from francophone Switzerland is however on the rise (currently 11 MOs based in the Suisse Romande).

The current organisational structure as well as the opportunities for participation and contributions by MOs are well accepted, including the new scheme for membership fees. There is no need for change.

⁵ With an annual turn-over of less than a million CHF

Recommendation: consider developing a strategy for supporting small MOs in participating and better using the resources of the network and raising their value in the context of the diversity of the network.

2. MMS as a network for collaborative learning and a Community of Practice

Main evaluation question: Do the new services created in this area correspond to the needs of the member organisation and does the knowledge created by these services flow back into the member organisations?

Conclusions: New services developed since the beginning of the ongoing phase generally meet the needs of the respondents well. The quality of services that MMS provides gets top ratings. The network members are diverse and have differing needs. New partners and members in francophone Switzerland are not always fully aware of the range of services that MMS provides.

Knowledge created or shared in the network flows back into the organisations through a variety of channels and mechanisms and can – more notably in the smaller MOs – also have an influence on a MO’s strategic priorities. MMS currently counts 37 active Focal Persons. More than half of respondents to the survey pass on information and products to colleagues. How many additional colleagues are reached depends on the size of the MO, but it is rather remarkable that 8 respondents mentioned that between 10 and 20 colleagues are reached within their organisation. Direct dissemination to the field level is limited, however, as usually several sources of information are combined for the communication of MOs with their partners at country level. A majority of MOs feel that the Swiss based actors should remain primary network beneficiaries. In this logic, the limited influence of MMS at the country level is said to be “good as it is”, also because direct contacts of MMS to the field level can be sensitive and are not seen to bring much added value.

The effect of more recent network activities on capacity building (knowledge and skills) in the field of the priority topics is deemed as good by the respondents. For some, this has led to a shared understanding, most notably in the “older themes” of Human Resources for Health/migration of health personnel and Sexual and Reproductive Health& Rights. Experience shows, that a longer timeframe is needed to achieve such an outcome, particularly when awareness raising for the importance of a topic needs to precede further action (such as e.g. for the topic of non-communicable diseases, NCDs) or when a topic is technically complex and new for the MOs (such as Implementation Research).

It is mainly the bigger MOs who can move beyond the level of dialogue to joint collaborative actions and strengthen institutional synergies.

Main recommendations:

- Keep a balanced mix of priority themes - more popular themes (both for smaller and bigger MOs), themes which are good for public relations and advocacy and a mix of current and emerging newer topics; strengthen the niche of MMS by breaking down priority themes to a more specific focus of relevance to the members. Thematic suggestions to consider for future priority setting include, for example, the nexus of

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health with other development priorities currently pushed at the political level (e.g. migration, economic development, humanitarian aid/working in conflict areas or fragile states, environmental health/climate change and other determinants of health). In addition, existing topics could be reframed more “trendily” by speaking, for example, of “investing in the health of the losers of globalisation” or “developing compensation mechanisms for sustainable development in health”. MMS could also more strongly take up topics dealt with by some of its members, such as ageing and health in low-income countries or issues related to the interprofessional collaboration with the professional group of pharmacists. Topics for capacity building at a more methodological level could include skills building of MOs in impact monitoring, in working with the media or in the setting of schools.

- Make the embedding of punctual learning activities in the overall learning process more transparent to MOs. This includes strengthening follow-up efforts after network activities and communicating the long-term goals of learning processes.
- Consider promoting and supporting informal intervision groups, where in between physical meetings a member can raise a problem or a question and feed it into the network for peer support.
- Support MOs in creating alliances and consortia to help them accessing new funding mechanisms/mandates and foster partnerships to help increase the number of joint projects.
- Consider opening up learning and network events to additional target groups (e.g. with the help of social media to actors at the field level or to actors from the Swiss health system – both experts and students). Needs of students and other target groups in the Swiss health system differ from those of organisations specialised in international cooperation. When considering organising specific events for targeting these groups the resource implications need to be taken into consideration as well.

3. MMS as a major civil society actor for global health in Switzerland

Main evaluation question: Is MMS recognised as a civil society actor in these issues by key global health actors?

Conclusions: This evaluation shows that in the field of international and global health, MMS is today undisputedly THE network joining the forces of civil society actors and covering a wide array of thematic competencies and expertise. This has also led to MMS being invited as part of Swiss delegations to the board of Global Health actors and high-level meetings, both nationally and at the multilateral level. SDC, as the main external donor of MMS, observed a very positive development of the MMS-network over the past years. It is much appreciated that the network today uses an evidence-based approach to advocacy and lobbying activities. The constructive exchange and trustful collaboration established proves fruitful for both sides. Particularly for smaller MOs this has opened up possibilities to be in contact with SDC. MMS has established mechanisms to ensure that good relations between MMS and the main partner federal offices can continue when counterparts in charge rotate and political directions change.

The topic of “global health and Switzerland” is widely accepted as a topic of extreme importance for MMS. However, many respondents do not have a good understanding of

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what MMS does in this field, with which effects and of how this relates to their own activities. This also holds true for MMS's role as a member of the Swiss-Australian-Canadian constituency in the board of the Global Fund (GFATM), a function which is of high relevance to SDC.

Considering the very limited resources available, when working with the media MMS's main aim is to inform discussion processes related to the network's priority themes. Visibility of MMS in the media is not an objective, also to avoid competing with its member organisations over public attention.

During the ongoing phase MMS was able to further strengthen the collaboration and partnership with scientific institutions (current members: Swiss Tropical and Public Health Institute in Basel, the Institute of Social and Preventive Medicine in Berne and the Graduate Institute of International and Development Studies in Geneva). A good example where these partnerships produced benefits for the NGO-members are the activities in the thematic focus on Implementation Research.

Main recommendations:

- Strengthen the understanding of MOs regarding the benefits and limitations of MMS's activities in this field.
- Continue the work with the two stakeholder groups "media" and "general public" with the current approach and with a similar level of resources. MMS could play a stronger role in (1) capacity building for public relations and media work amongst its MOs and (2) in facilitating and showcasing good practice examples of concrete programmatic work of MOs in the partner countries. Showcasing success stories of Swiss international cooperation in health with tangible and easy to understand outcomes could make an extremely valuable contribution in today's difficult context.
- While the collaboration with existing scientific MOs should go on, it should not be considered an important aim for MMS to attract additional scientific institutions, including universities or universities of applied sciences as proper members. Rather than aiming at membership relations, MMS should continue and expand awareness raising and capacity building for global health in cooperation with relevant scientific institutions.

4. MMS in dialogue with parliamentarians and political decision makers in Switzerland

Main evaluation question: Does MMS succeed in feeding global health policy issues into ongoing political processes in Switzerland and within the network?

Conclusions: In targeting the important stakeholder group of Swiss parliamentarians, MMS mainly operates at the national level and through the "parliamentarian group global health" which has 20 members. MMS runs the group's Secretariat and maintains close contacts with the two co-presidents. Quarterly, in the first week of a new session, MMS circulates a newsletter issued in German and French. This information brief mainly intends to inform parliamentarians on issues relevant to global health. The newsletter is opened by many and no unsubscriptions are received. The current mechanisms in

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working with parliamentarians have proven efficient and is much appreciated by the leader of the parliamentary group interviewed.

This area of work is conducted by the Secretariat without much participation of MOs and benefits from the MMS director bringing in his own experience as a politician. This may explain why many respondents lack a clear understanding of the activities and processes involved. However, all stakeholders involved in this evaluation hugely appreciate MMS's work with the target group of policy makers. In the present volatile political context this is of particular importance. A majority of respondents to this evaluation feels that within its sphere of influence, MMS fully exploits its potentials in a very resource efficient way and is well on track.

Overall, the current approach of MMS in working with parliamentarians is solid and there is not much need for action at this level.

Many respondents expressed worries about the course the new Minister for Foreign Affairs engaged in. The Swiss tradition of a solidarity and value-based international cooperation is increasingly jeopardised by an approach focusing narrowly on national economic and security interests, further compounded by budget cuts to the Swiss ODA. MMS is not an advocacy organisation per se but engages in advocacy activities when an issue is directly linked to its strategic goals or affects a larger group of MOs. For this, MMS often works in alliance with others (e.g. Alliance Sud for whom MMS is THE main and very much appreciated partner in questions related to health). As mentioned, the advocacy work is of high relevance to many stakeholders of MMS whose hands are tied by their mandate to engage in own advocacy or lobbying work.

MMS has also engaged as an actor of Switzerland's health system through participating in a consultation process (new Swiss tobacco law in March 2018) and contributed a chapter to the 2018 shadow report of the platform Agenda 2030. Much to its regret, MMS – as other actors – was not allowed to contribute much to the ongoing revision of the Swiss foreign health policy.

Main recommendations:

- Continue to accord high priority to the work with the target group of political decision makers. By further exploring possibilities and opportunities to enter into strategic collaborations with MOs and partner organisations who maintain own parliamentary groups, MMS might strengthen synergy potentials and benefit from mutual support in targeting and accessing parliamentarians. Pooling resources and learning from each other at that level could make MMS's work even more effective and efficient, also in view of the intersectoral approaches asked for in the Agenda 2030.
- MMS could contribute to SDC's efforts by sensitising parliamentarians about the Swiss comparative advantage in health and by highlighting good practice cases and outcomes of Swiss efforts in International Cooperation in health.
- MMS should further strengthen its position as an actor/a representative of actors in the Swiss health system in order to contribute to a stronger linking of national and international public health efforts of Switzerland. It is recommended to explore possibilities to further strength the collaboration with Public Health Switzerland for this purpose (e.g. more systematic engagement in relevant consultation processes).

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When participating in consultations, the Secretariat should have good backing by the board and processes should be transparent for the MOs, allowing for selected participation, when relevant.

- Continue building on the ongoing advocacy work. Raise the MMS voice strongly and in a constructive critical way on issues touching the core mandate of MMS. In doing so use popular communication strategies and easy to understand messages, without becoming populist or using an aggressive tone. Explore offering learning opportunities on advocacy work and creating spaces for interested MOs to collaborate on joint advocacy projects.
- Strengthen the understanding amongst MOs of the Secretariat's activities in this field and of the effects; efforts need to come from both sides – the MOs and the Secretariat.

5. MMS in francophone Switzerland

Main evaluation question: How does the physical presence in Geneva affect perception and awareness in French-speaking Switzerland?

Conclusions: In February 2017 the long-awaited opening of a Geneva office of MMS was greeted by many of the stakeholders in all parts of the country. The setting up of this office and tying contacts consumed much of the resources in 2017. In 2018 MMS was able to strengthen its representation at the Geneva Health Forum and the collaborative relations with the town and canton of Geneva and the canton of Vaud. SDC supported the networking efforts of the Geneva office among the global players in Geneva. In the work with the international community in Geneva, MMS also benefits greatly from the long established and well working collaborative ties with Medicus Mundi International⁶, with gains in efficiency and credibility.

MMS engaged in a partnership with the FEDEVACO⁷ and the Fédération Genevoise de Coopération (FCG)⁸. As mentioned, the number of MOs in the region started to increase and some of them benefitted much for the support received by the MMS Geneva office.

At this stage the work through the Geneva office for more effectively reaching out to actors in the Suisse Romande and in “Global Geneva” advanced as far as could be expected in the short time since opening the office. Much work still lies ahead. There is a widely shared satisfaction amongst the respondents about the fact that and how MMS set up office in Geneva. It is too early at this stage to answer the evaluation question regarding outcome – this needs more time.

Main recommendations:

- MMS should intensify efforts and widely disseminate information on the Geneva office and its activities among its MOs and beyond. The aim should be to raise the understanding of MOs based in other parts of the country about the benefits the Geneva presence can bring to their own organisation.

⁶ since 2008 MMS hosts the Secretariat of Medicus Mundi International

⁷ <https://www.fedevaco.ch/la-federation/nos-services/expertise.html>

⁸ <https://fgc.federeso.ch/>

- While consolidating the efforts of the first phase of setting up the office, MMS could explore how MOs from all parts of Switzerland could be involved in the activities of the Geneva office to foster the understanding of what MMS is doing in Geneva and support the national integration.

6. Issues related to the Secretariat and organisational development

Main evaluation question: How effectively do the Secretariat and the board manage and steer the network? How could the organisation be further strengthened?

Information regarding the current functioning of the organisation is presented in the full version of the report.

Conclusions: Overall, respondents are very satisfied with the quality of the Secretariat's work. They are impressed by how much the Secretariat can achieve with the limited resources available. Communication, organisation of events, accessibility of Secretariat staff and board members and the political skills of the director were highlighted as particular strengths. Several respondents raised the continuity at the level of the director and the team over many years as one of the great strengths of the Secretariat. MMS has successfully managed to use the transition phase around the change of its president to strengthen and further diversify the boards' composition. Relations with SDC are strong and managed well with the only proposed need for action being a better alignment of the MMS strategic phases with the SDC contract phases. SDC would support efforts of MMS to develop *one* annual report for all its stakeholders, accessible openly to interested member organisations and others via the MMS website, as suggested by some of the respondents.

Main recommendations:

- In the interest of the network's sustainability, MMS should follow a conservative financial policy. A "Plan B" could be developed as part of the risk management to anticipate a situation where SDC would be forced to drastically cut the funding. Public funding, member fees and income generated through mandates which fit the purpose of the network remain the recommended sources for income. Chances seem very limited that MMS could attract additional public funding from the Swiss Federal Office of Public Health.
- MMS should keep the portfolio focused on its core business and not diffuse it by taking on too many, or mandates that would merely be of economic interest. When considering accepting/proposing for new mandates, MMS should thus always primarily be driven by interests related to its mandate. Competition with services provided by MOs should be avoided. Using a conservative approach to increasing the share of mandates in its service portfolio, MMS could still explore possibilities of seeking mandates in the field of the ongoing efforts of SDC and FOPH to strengthen the Swiss comparative advantage in health and better link the national and international expertise.