



Annual Report 2018

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medico international

A different kind of world needs a different kind of aid

For 50 years the aid and human rights organisation medico international has fought for social change. In solidarity with socially excluded and marginalised people in the global South, medico works to promote good living conditions for people which maximise health and social justice. The goal is not merely to reduce poverty, want and violence, but to identify and overcome their causes. The problem in the world is not too little aid, but rather the conditions that make more and more aid necessary.

For medico, aid is part of comprehensive political action in solidarity. Our efforts to support emancipatory processes are made in the awareness of the ambivalent consequences of aid. We operate on the maxim 'Defend, criticise and overcome aid'. The core issue is cooperation in partnership with actors in Africa, Asia and Latin America. Rather than exporting aid materials, staff or projects, we support local structures and initiatives. Our partners are not passive recipients of aid – instead, they are competent actors, themselves organising aid in the struggle for better living conditions and fighting for the human right to health.

Crises and emergencies are not natural phenomena. Poverty and violence have their causes in global relationships of exploitation and domination. This is why active and critical public relations work is a central task for medico international. Always standing up for the rights of the socially excluded, we are active in global networks, at events and through publications and campaigns. We keep people informed about forgotten conflicts, repressed interests and concealed dependencies. The goal is to establish and promote a transnational counterpublics which binds together the ideas of a good life, human rights with universal validity, social responsibility and institutionalised common goods accessible to all.

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July 2019



Dr. med. Anne Blum
Chair



Christian Weis
Executive Director

Dear readers,

In 2018 medico international turned 50. We have taken our golden jubilee as an occasion to examine our work as an aid and human rights organisation openly and self-critically, and to promote our emancipatory view of the world to the wider public. We have channelled the substantial positive feedback boosting our work into political campaigns and international cooperation fighting injustice and exploitation. We collected over 13,000 signatures for our petition against the use of German tanks in the Turkish invasion of Afrin and presented this to the Federal Foreign Office in Berlin. In mid-2018 we launched a campaign to enforce human rights in global trade. Our fundraising campaign “Houses of Hope” was supported by prominent personalities, and helped thousands of displaced Kurds in south-east Turkey to put a roof over their heads and find local prospects. At the major manifestation “Unteilbar” (Indivisible) in Berlin for a free and open society, our staff member Ramona Lenz told 250,000 people, “Let’s stop sorting through the desperate people at our borders. Let’s tackle the appalling injustice of global relations instead.”

In 2018 we supported over 120 projects in some 30 countries. We were not discouraged by the fact that in many places the political situation has deteriorated and scope for emancipatory projects has narrowed. Values such as humanity, solidarity and the strength to bring about political change will always be the basis for people and their actions. This must be recognised and promoted.

We can only achieve success when we come together and network, as the articles in this annual report show. Whether at the People’s Health Assembly in Bangladesh, the resilience conference in Frankfurt or the regional forums in Brazil, Jordan and South Africa, medico partner organisations from many parts of the world were discussing and bonding, adamant about the possibility of a radically different globalism. We may not always have simple answers, but we always have a clear position: for us, global solidarity is both a means and an end.

In friendship and solidarity

A handwritten signature in blue ink, appearing to read 'Anne Blum'.

A handwritten signature in blue ink, appearing to read 'Ch. Weis'.

Our own news

There are two important changes at medico. First, a change in generation is in progress, with several leading positions newly filled in 2018. At the end of 2018, our long-standing Executive Director Thomas Gebauer handed over to Christian Weis, who came to medico from the IG Metall trade union, where he headed the Globalisation Policy department. However, Thomas Gebauer will still be with medico – as the Chair of the foundation Stiftung medico international. Second, the medico Haus at Frankfurter Osthafen, financed by the foundation, was officially opened in January 2018. This is medico’s first own building, and strengthens the independence of our work, while opening up new opportunities to place our affairs and issues in the public eye.

Twelve months, twelve events

Northern Syria

Turkish war of aggression

Turkey sends its army across the border to northern Syria and launches air attacks on the Kurdish city of Afrin. Conquest of the region drives hundreds of thousands to flee, medico partners provide emergency aid. The international community remains largely silent in the face of this violation of international law.

Syria

Schools bombed

For the past five years medico has been supporting the project for secular underground schools in East Ghouta as an alternative to islamist religious schools. A Russo-Syrian offensive puts a bloody end to this: in February a barrel bomb is dropped on one school, and in March a bunker buster bomb kills 15 children and two women in the basement classrooms.

Germany

medico celebrates its golden jubilee



All year round, medico celebrates the golden jubilee of its foundation with a busy programme of events, most of them in the new medico house in Frankfurt. The highlights are three regional thematic forums with medico partner organisations and the international “Emancipation” conference and a ceremony end of May in Berlin.

January

March

May

February

April

June

Niger

Shrinking Spaces

While the German government praises the Niger government for its co-operation with the EU in keeping migrants away, the Niger government intensifies pressure on internal critics. medico partner Moussa Tchangari and other civil rights activists are imprisoned over a call for social protests. In August, he is prevented from attending a conference on migration policy in West Africa.

South-east Turkey

Resistance by remaining



Turkey is using every means to drive out the Kurdish population: from destruction of city districts to expropriation. The medico fundraising campaign “Houses of hope” contributes to give thousands a roof over their head and local prospects again.

Gaza

Great march of return

In Gaza, protests and violence is again escalating along the security fence with Israel: the Israeli army reacts with massive violence to the continuing Palestinian demonstrations of the “Great march of return”. On 1 June a young woman, working as a paramedic with medico partner PMRS is shot and killed on a rescue mission 100 metres away from the fence by an Israeli sniper.

Afghanistan/Germany

Remember and remind



At the medico house the partner organisation AHRDO exhibits its "Memory Boxes" to the public, relics of war victims bear witness to the collective experience of continuing violence. This is about memory and reconciliation - and at the same time uncovers the inhumane German policy of deportation to an allegedly safe Afghanistan.

Mexico

An Exodus



For decades, hundreds of thousands of people from Central America have set out on the dangerous route to the north. They are fleeing poverty, violence and lack of perspectives in the region. In late 2018, these individual migrants start to form large groups during their voyage. In these caravans, they emerge from invisibility and exercise their right to leave.

Bangladesh

Radical and grass-rooted

For the fourth time, members of the global People's Health Movement [medico is one of the supporters] meet in a General Assembly, this time in Bangladesh. Based on their local practices and experiences, some 1,300 activists from 75 countries discuss strategies to overcome the global health crisis.

July

September

November

August

October

December

UN-Treaty

Human rights before profits

The alter-globalisation network Attac and medico are starting a campaign to enforce human rights in world trade. With this campaign they are supporting ongoing negotiations on a UN treaty to force companies to respect human rights, and at the same time criticising the obstructive attitude of the German government in these negotiations.

Indonesia

Self-help proves its value



Earthquakes and a tsunami in Indonesia have been particularly devastating on the island of Sulawesi. Several medico partners are providing independent emergency aid, which operates within an impressive local tradition of self-help and solidarity. This also applies in December, when a new tsunami hits Sumatra and Java.

Nicaragua

The revenge of the regime

President Ortega responds to months of civil society protest against his authoritarian system with even more repression. Members of the democratic opposition movement are arrested, threatened and driven out of the country. At the end of the year, three medico partner organisations are banned: the health organisation CISAS, the human rights organisation CENIDH and the environmental organisation Popol Na.

Health rights and health crisis

The spirit of '78

Forty years ago, WHO adopted the pioneering Declaration of Alma Ata. The promise “Health for all” has not been fulfilled, but Alma Ata remains the reference point for medico and partner organisations throughout the world. By Anne Jung and Andreas Wulf



The dialysis centre of medico partner Gonoshasthaya Kendra in Dhaka, Bangladesh. The biggest nonstate health organisation serves over a million people in all parts of the country, and hosted the Peoples Health Assembly 2018.

It is part of the tragedy of history that the most important events are all too often forgotten. On 12 September 1978, just three decades after the formation of the World Health Organisation (WHO), the member states adopted the Declaration of Alma Ata, with principles and guidelines for achieving the best possible health for everyone. It was a pioneering concept that recognised social conditions such as good living, working and housing conditions, social protection systems and a public health system as requirements for health. Rooted in the idea of redistribution, the Declaration actually called for a new global economic order. Alma Ata outlined an utopia for forward thinking which defines medico's work, and has been incorporated into the project practice of many partners worldwide.

Ever since, "health for all" has been the battle cry of a concept which transfers financial funds from the small number of urban hospitals to decentralised community programmes; which enables basic health workers to reach the majority of people for their most urgent health needs; and which ensures popular participation in developing new concepts. Primary health care became a key concept for the WHO. In the following years, public education campaigns on the causes of diseases were carried out in many countries in the Global South from Guatemala through Zimbabwe to Palestine, in parallel with vaccination and treatment programmes. These were also often campaigns against poverty and for redistribution of social wealth.

Dependence instead of asserted rights

But the times have changed. Today, health care systems almost everywhere in the world are designed to serve the interests of the market. Precarious and in many places life-threatening living and working conditions are an everyday experience for millions of people. How did things get this far? One important reason is that a key condition of "Health for all" established at Alma Ata was never achieved: a fundamental change in global economic structures which would have enabled post-colonial countries and countries which had been kept impoverished to secure enough resources on their own initiative to overcome mass poverty and provide basic social services. Since this did not happen, they remained dependent from the controlling charity of development aid, which was often tied to loans. Since the late 1990s, philanthropic-capitalist actors like the Gates Foundation have also entered the picture, contributing their own agendas and undermining key WHO principles. Weakened by its dependence on a few wealthy member states and private sector actors, the WHO became all too often a service provider for these funders. Instead of guaranteed rights, effectiveness calculations and measurable results became the mantra for health experts. Loss-making health care institutions had to fill the gap with user fees, which in turn shut out the poorest of the poor, who need them most urgently, from using them. The deadly results: every year, millions of people die from diseases which could have been successfully treated. Poverty-

related diseases such as tuberculosis are returning, and chronic diseases such as diabetes are increasing throughout the global South.

That the spirit of '78 has not been entirely forgotten was once again demonstrated by the 4. People's Health Assembly, the largest meeting of health activists from all over the world. For its fourth year, over 1,300 people from over 75 countries – the great majority from the Global South – travelled to Bangladesh in late 2018 at the invitation of the People's Health Movement to discuss how the former utopias can be translated into current political practice. In a workshop organised by medico, for example, partners from Zimbabwe, South Africa, the Philippines, Pakistan, Bangladesh, Kenya, Nepal and Lebanon shared information on the situation and struggles of community health workers. Their work is an alternative example to a purely individual and biomedical understanding of health. Against the biomedical and commercialized mainstream in health care, they have to defend their fundamental importance for a functioning primary health service every day. In times of privatisation and focus on efficiency, they are permanently at risk of being exploited as cheap casual labour. "Community health workers are the link between the community and the health care system. In times of fragmented health care systems, this is in itself a political act," noted Barbara Kaim from TARSC in Zimbabwe.

The role of the WHO: advocate, not servant

At the General Assembly, the participants discussed numerous political factors ruining health, from free trade agreements through the climate disaster to profit-oriented development models. The fact that this did not end in a sea of platitudes was due to the direct political practice of those present, who educate the public, join together, take legal action against their governments, form health committees, strike and organise concrete aid. In the long term, however, these real-life alternatives only have a chance of surviving if the WHO is more than a technical and administrative agency and regains the role mandated in its founding documents and the Declaration of Alma Ata: As an advocate and authority for global health it has a core human rights function. The leading institution in world health should not, for example, shun conflicts with economic policies that negotiate patent rules which prevent access-for-all to life-saving drugs. More than ever, it is the job of civil society to point to shortcomings on the part of the WHO while at the same time defending and supporting the organisation in its mandate. The work of medico international, the partner organisations in the People's Health Movement and many other networks in global health care is nothing less than reviving and continuing the heritage of Alma Ata.

Flight and aid in northern Syria

Autonomy under fire

The Turkish occupation of Afrin has initiated a new refugee drama. The future of the Kurdish self-administration remains uncertain. By Anita Starosta



Forced to leave their homes in Afrin

Emergency aid workers of the Kurdish Red Crescent are searching for injured after a Turkish attack. In addition to supporting internally displaced Syrians, the medico partner organisation is also promoting the development of health care in Rojava.

For many years now, medico is supporting the efforts of the Kurdish-dominated self-administration in northern Syria to establish a democratic community. At the start of 2018 medico received a cry for help from a region which so far has remained largely spared the effects of the Syrian war – Afrin. This canton, in northwestern Syria, has been home for centuries for Kurds and numerous religious minorities, such as Christians, Yazidis and Turkish Alevites, all living peacefully together. On 20 January, the Turkish army crossed the border. The campaign is a recent effort by Turkey by all means necessary to prevent a self-administration in northern Syria.

The Kurdish Red Crescent operates the only local hospital in Afrin, which is now urgently dependent on aid. medico is providing support. In the face of the advance by the Turkish army, large parts of the population initially fled from the villages of the canton to the city of Afrin. Vice versa, emergency aid workers risked their lives to travel to the affected villages. They treated the victims of the air attacks for as long as possible. The seriously injured were taken to the hospital in Afrin. Doctors and nurses worked around the clock. Gradually, they ran out of almost everything – food and water, drugs and operating supplies. At the start of March a bomb hit the Afrin hospital, and shortly afterwards the Turkish army moved into the city. Together with around 140,000 civilians, the emergency aid workers and staff of the local city administration fled in a convoy. The refugees found shelter further south in Sheba. There was no direct access to the other Kurdish autonomous regions in northern Syria. People were boxed in and cut off. medico called for donations. Despite the difficult local political conditions, deliveries of aid supplies gradually reached the region, camps could be set up and people housed. The Kurdish Red Crescent took care of health services. A year later, there are still around 100,000 people in Sheba who are dependent on outside help. So far they have not given up hope of returning to their home villages one day. However, Turkey is creating facts: hosting Syrian refugees from other parts of the country in Afrin's villages. Ankara is pursuing a full-out policy of demographic remodeling, pushing the islamisation of the region.

The self-administration is also unstable in the other areas of northern Syria. Despite the threat of a Turkish invasion here as well, the Kurds are still trying to establish a democratic alternative in this country ravaged by civil war. This self-determination project urgently needs more supporters on the world political stage. Instead, it is being repeatedly left high and dry. Germany is directly involved in this. In front of the eyes of the world, the Turkish army used Leopard tanks in its war of aggression in Afrin, manufactured in and delivered by Germany. The war by Turkey, a NATO partner, is in violation of international law, but is nevertheless tolerated. The German government even refuses to accept responsibility for the IS fighters and their families captured and held by the Kurdish forces. Even those with a German passport are not being repatriated. The West is adding this extra burden to the emancipatory project in northern Syria, which is already fragile.

Dialogue with partner organisations

We're connected by more than just projects

South Africa, Jordan, Brazil: for the first time, medico has organised regional forums in which several partner organisations came together. On the idea of the forums, the topics for sharing experience and the shift to the right in Latin America: Interview with Karin Urschel



Karin Urschel is Head of Projects at medico and responsible for the project coordination in South America.

In its jubilee year, medico engaged in an intensive dialogue with its partners. What led to the three regional forums?

medico took its 50th anniversary as an opportunity to position itself. Over the years there have been countless exciting events and debates in Frankfurt and Berlin. Project partners from the global South also participated in some of these. However, in 2018 we again supported over 120 projects in some 30 countries, so that the great majority of project partners were not involved in these local discussions. This is the reason for the regional forums, where we wanted to go beyond bilateral meetings with our partners on official trips, and above all to establish a relationship between them and their expertise. Several are intellectually at home in the world, but for many others the comparison with other countries and experience with different kinds of political practice and perspectives were new. As a result, they were all the more interested in participating in such a dialogue.

Other aid organisations regularly hold such “family reunions”.

We have serious reservations about such events, where the funding organisation is the focus of attention and it announces a topic which is of interest to it. This is exactly what we did not want. Instead of transferring debates from here to countries of the global South, we focused on what interests both ourselves and partners working in one region on very different issues. This is why we included them in planning topics. In fact, each of the three meetings had its own emphasis. In South Africa, for example, it was the difficult question of the influence of external funding on the work of local organisations and social movements. Ultimately, accepting and granting funds is always associated with impositions and opportunities which should be reflected upon. Questions like these can only be discussed openly and unbiased on an equal footing if medico is not the focus. In all three forums, participants were able to engage without pressure to act or time constraints – the forums lasted two to three days. The locations and timing was also of decisive importance. The meeting in Brazil happened right before the World Social Forum, so that the invited partner organisations from Latin America could also participate in that. For the Near and Middle East region, a forum in Amman in Jordan was the logical choice, as Kurdish and Palestinian partners were able to travel there as well.

What was the forum in Amman about?

The focus was on the provisional failure of the Arab revolutions, whether in Egypt or in Syria. How did this happen, and what possibilities for action remain in such contexts for progressive political forces? The prevailing opinion was that the uprising will return, as there has been no change in the oppressive socio-economic and political conditions. Here again, the political significance of support was discussed. For example, the Lebanese partner Ghassan Issa emphasised how important it is in establishing civil society structures to support community-based approaches, work together and form networks.



During the discussion: Mónica López Baltodano from Nicaragua.

You participated in the meeting in Salvador da Bahia in Brazil. The forum took place in a context of a shift to the right in Latin America.

And that exactly was the issue we discussed with partners from Nicaragua, El Salvador, Venezuela and Brazil. The meeting took place before the emergence of the democratic protest movement and the repressive response of the government in Nicaragua, the worsening conflicts in Venezuela and the election of the radical right-wing President Bolsonaro in Brazil. How can a majority support a political rollback which intends to abolish social rights and achievements which have raised millions of people out of poverty, which is threatening democracy, and which stands for racism, sexism and nationalism? The consensus opinion was that to understand how things could reach this point, you have to look at the shortcomings of the left-wing projects and progressive governments. Leaving aside the indisputable progress in combating poverty or in the health care sector, the blatant social inequality was not shaken up. They also persisted on an extractive development model which further increased dependence on the world market.

Whether in Nicaragua, Venezuela or Brazil, there are plenty of reasons for resignation in the face of the political situation. Have partners given up?

I was very impressed that despite everything they are still looking to the future. In the latest medico newsletter, a Brazil partner was quoted as saying, "Let's save our pessimism for better days". That captures the attitude pretty well – people know that the times are bad,

and they're not trying to disguise the fact. But nobody gave up. Most are still active in social movements – they would not had they resigned.

The left is by no means politically united in Latin America either. In addition, the partners have different political traditions and are working on different issues. How well can these differences be bridged in the dialogues?

It's not a matter of agreeing on every assessment. Differences emerged for example over Venezuelan politics. But the tone was very respectful. In particular, if you aren't from Nicaragua or Venezuela and you hear assessments from there, this can have a significant impact on your own ideas. However, there was a lot of common ground, for example on the meaning of critical solidarity and that people still believe in participative and emancipatory utopias, despite justified criticism of left-wing government projects. Learning from each other and seeking opportunities for emancipation together – this still works, despite the contradictions.

Do you intend to hold regional forums like this regularly now?

All the forums were a very special experience, and fully met our expectations and those of the partner organisations. Several of these have been engaging in direct dialogue ever since. Instead of setting this as a model for all time, we should continue to try out the wide range of possibilities for dialogue and networking. Later this year, for example, we have scheduled a dialogue in Nepal with partner organisations from the Asian region on the question of how reconstruction after natural disasters has to be conceived in order to change power structures in association with local self-help groups and permanently improve living conditions.

What are your personal conclusions?

It's really motivating to meet such determined partners. By supporting projects we make it possible for those taking action to continue or expand their activities. We don't interfere in partners' prioritisation of their activities, as long as we are convinced that they are valuable. It showed me once again how important it is to find partners whose goals and utopian ideas we share. The ties between us go beyond contractual agreements on projects. We are linked by a common view of the world and the search for strengthening an emancipatory and participative project based on solidarity, even in times of major setbacks. This fits in with what our Brazilian partner Antonio Martins wrote in an article after the forum: "The meeting of partners in Salvador showed that we are still alive, that new links are forming between Latin America and those in Europe who think in terms of the global South, and that our inadequacies and occasional defeats are perhaps simply the spices for new dreams."

Interview: Christian Saelzer

Trauma and resilience policies

Defending vulnerability

At a conference on psychosocial issues in the medico House, experts from eleven countries defended support on a basis of solidarity for people in need. By Usche Merk

They came from Iraq, Lebanon, Turkey, Afghanistan, Egypt, Morocco, Congo, Mexico, Poland, Italy and Germany to participate in a conference from 19-20 October 2018, organised by medico jointly with its partners: Colleagues committed to psychosocial work with refugees and/or in war and crisis regions. Besides sharing practical approaches, the meeting made also possible a stocktaking of the problems in dealing with concepts such as trauma and resilience. Growing attention to trauma is not leading to increased awareness and prevention of violent experiences – on the contrary: deliberate attacks on psychological integrity and ability to act, and on cooperative structures are increasing in many regions and areas.

Colleagues from Syria, Iraq and Afghanistan reported on their daily experience of how systematic traumatising of the civilian population has become an explicit element of war and terror strategies. There is a similar situation for the repressive strategies of old and new authoritarian regimes in Palestine, Egypt or Turkey, which rely on systematic torture and intimidation as much as arbitrariness and public humiliation. Not least in Europe, with its strategies of deterrence and sealing its borders, exclusion and lack of empathy are accompanied by increasing racist and right-wing terror on the streets and on the internet. In this situation, there is a growing need for psychosocial help, while at the same time its instrumentalisation is increasing. Colleagues from crisis regions report how help is becoming a fig leaf for exclusion processes and the rejection of political solutions for preventing violence. In practice, these programmes to promote resilience also frequently serve to prevent stable, long-term provision of help. Instead, people are left to their own resources as quickly as possible. In Europe, traumatising among refugees is increasingly being interpreted as a security problem. Those affected are seen as potentially dangerous. In Germany, for example, people are being deported from psychiatric institutions.

Psychosocial work is coming under pressure to serve as a control instrument. There was consensus at the conference that the resilience discourse has become inhumane by demanding that people deal with any crisis by themselves. Instead of responding to a logic of destruction by “strengthening resilience”, colleagues called for defending human vulnerability. People cannot bear, endure or overcome everything, and trauma is not easy to treat. At the end, the experts agreed that psychosocial work has to be combined with commitment to politics and human rights, and has to take a stand against the conditions causing the injuries.



Cooperation and partnership

Joint reflection rather than unilateral assessment

In an unusual process, medico and the partner organisation “Network of Ex-Asylum Seekers” are reflecting on their cooperation in Sierra Leone. By Julius Buecher and Ramona Lenz



Consolidation or expansion? Which cooperation to engage in and which to decline? These were wcentral questions at the workshops.

For many years, medico has been providing support in the area of flight and migration to partner organisations which organise humanitarian emergency aid, medical care and psychological services, and defend the rights of refugees and migrants. Often, this involved organisations of the people affected. This is the case, for example, with the “Network of Ex-Asylum Seekers” (NEAS) in Sierra Leone, an organisation which was formed by deported returnees as a self-help structure. The common basis for the activities of NEAS is the experience of deportation from Germany and the difficult situation after their involuntary return to Sierra Leone.

In meetings in 2011 between medico staff and NEAS representatives the latter reported on the serious psychosocial consequences of their deportation to a society which was ignorant of the reasons for their deportation and stigmatised them as failed migrants or even as criminals. The core concerns of NEAS are accordingly public education on migration and deportation policies, psychosocial strengthening of the deported and defence of their rights. “It’s worth reflecting on the history of cooperation with what was initially a chaotic and unstable self-help group,” says Tejan Lamboi, who has been a consultant to both organisations since the start of cooperation. Looking back, he comments: “When medico began to support the group, it was still very disorganised. The members of NEAS were very glad of this cooperation, which they regarded as unique and unusual.” In 2017 there was a need on both sides to step back and reflect on the work to date. medico made it clear in advance that the cooperation will continue. This declaration of confidence in the collaboration was important to avoid the inevitably unequal position of the donor and recipient organisations impairing the reflection process.

Questions and results

At the start of the reflection phase, Tejan Lamboi held a workshop with the members of NEAS. The result was a report documenting the central strategic issues for the further development of NEAS and expectations relating to future cooperation with medico. With this as a basis it was possible for the responsible colleagues at medico to address the questions and needs of NEAS directly on their subsequent visits to Sierra Leone, and continue and focus the lines of discussion in further workshops and meetings.

One central question worrying NEAS members was whether the organisation should consolidate, i.e. settle on their current way of working, or try to continue growing, which would mean NEAS expanding their activities in the area of direct aid to other deportees. At this point NEAS was facing a dilemma which affects many civil society actors in the area of migration. “Organisations which try to cushion the humanitarian crisis resulting from involuntary return frequently run the risk of becoming humanitarian agents of a deportation and return practice which they actually reject,” notes Sabine Eckart, at medico responsible for not only migration but also

evaluation. “The important thing here is to be constantly aware of this dilemma, review exactly which stakeholders you are cooperating with at which level, and try to prevent growing dependencies and also reduce existing dependencies as far as possible.” The joint reflection process with NEAS has also raised central questions for medico, which constantly recur. Working with partners like NEAS which operate in extremely fragile situations involves a special responsibility for medico. The economic circumstances of the partners also influence their possibilities for being politically involved in the long term.

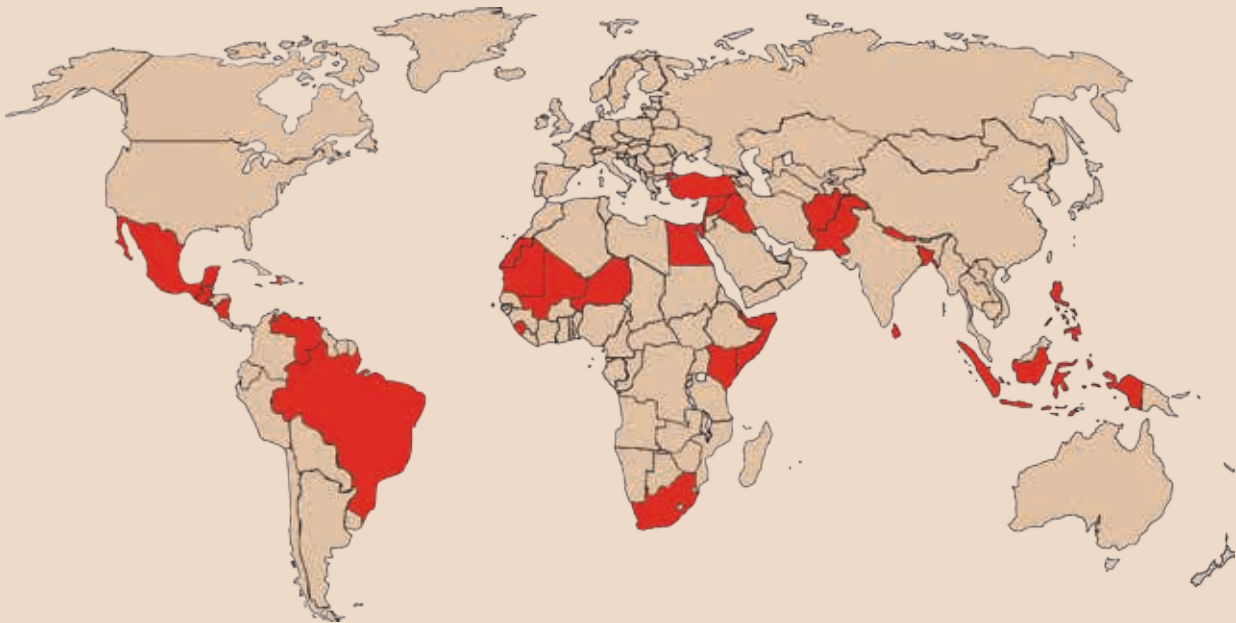
Solidarity-based aid enters the struggle

The fact that NEAS is a self-help organisation and the expertise of NEAS members is based on their own experience of deportation results in further challenges. Self-help organisations are generally formed on the basis of a key experience shared by the members. Supporting their important self-empowerment processes while at the same time avoiding contributing to the perpetuation of stories of victimhood is a challenge which medico faces constantly. “The most important aspect was for the self-help groups to enable their members to see themselves again as actors and stakeholders, and not as traumatised objects of exclusion and despotism,” explains Usche Merk, medico senior desk officer for psychosocial work, who supported NEAS from the start as project coordinator. One result of the participative reflection process is that medico plans to focus more on the organisational development of NEAS in future, in that it simultaneously qualifies members for economic prospects outside the organisation.

Solidarity-based aid, as medico understands it, ventures into areas distinguished by differing interests and asymmetries of power, which make it impossible for actions to be free from contradictions. Nevertheless, we try as far as possible to work as equal partners in achieving joint goals. In the process of cooperation, we learn from each other and change. Phases of reflection make it possible to strengthen the partnership and continue the joint work on a new basis. This also applies to the NEAS, which we will continue to support in its struggle for the rights of deportees to go their own way.

PROJECT OVERVIEW

SUPPORTED PROJECTS* BY REGION



AFRICA

<p>Egypt</p> <ul style="list-style-type: none">-Core support for El Nadeem Center for Rehabilitation of Victims of Violence-Social theatre program – Promoting health and social change, Dawar for Arts and Development-Extension of the Dawar Kitchen building, Dawar Kitchen-Refugee support and integration in Alexandria, Torraha for Culture and Art-Helwan-project for health and health care development , Dr. Alaa Shukrallah & Maakom <p>€ 109,483.63 (incl. support from stiftung m.i.)</p>	<p>organisations working on the respect of the rights of migrants, Association Mauritanienne des Droits de l'Homme (AMDH)</p> <p>€ 67,653.00 (incl. support from stiftung m.i.)</p>
<p>Kenya</p> <ul style="list-style-type: none">-Advocacy for health and human rights in Kenya, Kamukunji Paralegal Trust (KAPLET)-Emergency aid and reconstruction for communities affected by floods in Garissa and Tana River, KAPLET <p>€ 76,660.79</p>	<p>Niger</p> <ul style="list-style-type: none">- „Alarmphone Sahara”: Supporting migrants and defending human rights in the region of Agadez, Alternative Espaces Citoyens (AEC)- Core support for AEC <p>€ 27,000.00</p>
<p>Mali</p> <ul style="list-style-type: none">-Core support for Association Malienne des Expulsés (AME)-Support to deported and rejected migrants in Mali. Improvement of conditions of reception, Association des Refoulés d'Afrique Centrale au Mali (ARACEM) <p>€ 63,000.00</p>	<p>Sierra Leone</p> <ul style="list-style-type: none">- Strengthening rights and access to health care - paralegal programme in Kono District, Network Movement for Justice and Development (NMJD)- Access to justice for marginalised communities affected by diamond mining, especially women, NMJD- Strengthening self organisation of ex-asylum seekers and their advocacy, Network of Ex-Asylum Seekers Sierra Leone (NEAS)- Capacity Building of NEAS as an Organization, NEAS <p>€ 62,516.04 (incl. support from stiftung m.i.)</p>
<p>Mauretania</p> <ul style="list-style-type: none">-Legal advice and social support to migrants, regional networking of	<p>South Africa</p> <ul style="list-style-type: none">- Supporting self organisation of community health workers on provincial and national level and strengthening their democratic practice and health advocacy (phase 2), Khanya College, People's Health Movement – South Africa, section 27, Sinani, Wellness Foundation- Strengthening the political and social human rights of people with HIV/ AIDS, Sinani

** If a partner organisation received several grants for one project in the year under review, these are summarised here.*

- Response to Limpopo education crisis, Section 27
- Core support for Sinani
- € 307,084.76 (incl. support from BMZ and stiftung m.i.)

Somalia

- Improved access to water and long-term solutions for the areas affected by drought, Nomadic Assistance for Peace and Development (NAPAD)
- Needs assessment of communities affected by drought and floods, NAPAD
- € 323,311.05

Western Sahara

- Provision of medication and medical equipment for Sahrawi refugee camps and capacity development for pharmaceutical staff, Ministry of Health of the Sahrawi Arab Democratic Republic (DARS)
- EU and Siemens information campaign on human rights violations and resource exploitation in occupied Western Sahara, Western Sahara Ressource Watch (WSRW)
- € 878,658.75 (incl. support from ECHO)

ASIA

Afghanistan

- Deportations from Europe and the crisis of legitimacy of state institutions in Afghanistan, Afghanistan Human Rights and Democracy Organisation (AHRDO)
- Core support for AHRDO
- € 40,238.72

Bangladesh

- Health care program for the garments and textile workers, Gonos-hasthaya Kendra (GK)
- Emergency aid for Rohingya refugees, GK
- € 104,046.00

Indonesia

- Emergency aid after tsunami Sulawesi, Mosintuwu Institute
- Emergency aid after tsunami Sulawesi, IDEP Foundation
- Development of villages worth living in after the disaster, Mosintuwu Institute
- € 79,034.85

Nepal

- Health, Engineering and Agriculture Project II (HEAP II), Nepal Development Society (NEDS)
- School of Leadership: Building youth leadership to address disaster and social justice, Association of Youth Organizations in Nepal (AYON)
- € 78,380.80

Pakistan

- Lighting lives in Pakistan – LED solar lights for rural Sindh, Health and Nutrition Development Society (HANDS)
- Support for the rural health programme through water filters and solar energy, HANDS
- Labour rights and improving working conditions of workers in the global supply chain, National Trade Union Federation (NTUF) in cooperation with Home Based Women Workers Center Association (HBWWCA)
- Support for a claim for damages brought by victims of the factory fire in Karachi against KIK Textiles, European Center for Constitutional and Human Rights (ECCHR)
- € 72,338.78 (incl. support from stiftung m.i.)

Philippines

- Emergency aid for the families affected by Thypoon Ompong (Mangkhut) in northern Luzon, Samahang Operasyong Sagip (SOS)
- Core support and earthquake disaster preparedness, SOS
- € 43,348.23

Sri Lanka

- Foster a culture of peace in war-torn communities, Social Economical and Environmental Developers (SEED)
- Core support for SEED
- € 37,878.95 (incl. support from stiftung m.i.)

LATIN AMERICA

Brazil

- Understanding Health Care Reforms, Centro Brasileiro de Estudos de Saúde (CEBES)
- For a different health: Strengthening the opposition communications work, Associação Planeta Porto Alegre (Outras Palavras)
- Emergency fund for threatened MTST activists, Movimento dos Trabalhadores sem Teto (MTST)
- Solidarity visit in Palestine, Escola Nacional Florestan Fernandes (ENFF)
- € 70,176.08

El Salvador

- Strengthening the structures of the National Health Forum (FNS) in the districts of San Salvador and La Libertad, Asociación de Promotores Comunes Salvadoreños (APROCSAL)
- 8th Anniversary of the National Health Forum and Congress to mark the 40th Anniversary of the Declaration of Alma Ata, APROCSAL
- Promotion of the representatives' capacities of the National Health Forum to strengthen social audit and advocacy actions in the health and environmental report, (APROCSAL)
- Publication of memory work of the history of social struggles, Museo de la Palabra y la Imagen (MUPI)
- Expenditure on the Central American office
- € 56,723.52

Guatemala

- Defending the economic, social, cultural and environmental rights of indigenous communities in the region Ixcán, Asociación Coordinadora Comunitaria de Servicios para la Salud (ACCSS)
- Strategy planning elaboration 2018-2022, ACCSS
- Humanitarian aid for the communities affected by the eruption of the „Fuego“-volcano, ACCSS
- Struggle against impunity and for the democratisation of the legal system, Comisión Internacional de Juristas (CIJ)
- Strengthening youth leaders of the Maya Q'eqchi community in the region Sayaxché, Petén, Sagrada Tierra
- Forest project, Fundación Centro de Servicios Cristianos (FUNCEDESCRI)
- Dealing with the psychosocial impact of grave human rights violations, Equipo de Estudios Comunitarios y Acción Psicosocial (ECAP)
- Expenditure on the Central American office
- € 357,572.24 (incl. support from BMZ and stiftung m.i.)

Haiti

- Strengthening the rule of law und the struggle for the respect for human and civil rights in Haiti, Réseau National de Défense de Droits Humains (RNDDH)
- Strengthening the dialogue between civil society and local authorities for good governance and development, Aquin, Centre de recherche et de formation économique et sociale pour le développement (CRESFED)
- € 22,672.86 (incl. support from BMZ)

Mexico

- Caravan of the Mesamerican Migrant Movement, Movimiento Migrante Mesoamericano (M3)
- Global summit of the mothers of disappeared migrants, M3
- Human rights work of the hostel for migrants „La 72“, „La 72“ Hogar – Refugio para Personas Migrantes
- Expenditure on the Central American office
- € 40,714.80 (incl. support from stiftung m.i.)

Nicaragua

- Strengthening of influence of civil society actors to defend the territory, the water and the sovereignty, Fundación Popol Na para la Promoción y el Desarrollo Municipal (Popol Na)
 - Support for victims and documentation of Human Right's violations, CENIDH
 - Training for psycho-social support workers with a systemic and collective approach, Grupo Venancia
 - Promotion of support areas for young people in the context of the political crisis
 - Expenditure on the Central American office
- € 74,939.94

Venezuela

- Health cooperative in times of crisis, Central Cooperativa de Servicios Sociales del Estado Lara (CECOSESOLA)
- € 13,150.00

NEAR EAST, MIDDLE EAST

Iraq [Kurdish regions]

- Regional networking of [cultural] youth initiatives in Kifri, Haukari
 - Medical support for refugees in Northern Iraq, Local Health Committee
- € 49,264.17

Lebanon

- Core support for Marsa Sexual Health Center, MARSA
 - Empowering Palestinian und Syrian-Palestinian refugee youths and enhancing their capacities in the Ain al-Hilweh Camp, Nashet Association
 - Primary health care for Syrian refugees in the Beqaa valley and in Beirut, AMEL Association
 - Strengthening women and young people in activities for community development in marginalised Palestinian communities in Greater Beirut and southern Lebanon, Popular Aid for Relief and Development (PARD)
 - Rooftop gardens in the Ain al-Hilweh Refugee Camp, Nashet Association
- € 733,703.92 (incl. support from AA and stiftung m.i.)

Palestine/Israel

- Support for School of Community Health, Palestinian Medical Relief Society (PMRS)
 - Improving access to essential health services and provision of medications in the West Bank and in Gaza, PMRS
 - Defying the protracted crisis: Strengthening resilience in health care and patients with non-communicable diseases in the Gaza Strip, PMRS
 - School health and first aid programme, Medical Relief Society (MRS), Jerusalem
 - Core support for Physicians for Human Rights – Israel (PHR-IL)
 - Mobile clinics programme in the occupied territories, PHR-IL
 - Support for the Open Clinic Jaffa, PHR-IL
 - Campaign against deportations, PHR-IL
 - Medical emergency aid for Gaza, PHR-IL
 - Defense of Palestinian land rights in the Jordan valley, Union of Agricultural Work Committees (UAWC)
 - Core support for the Legal Center for Arab Minority Rights in Israel (Adalah)
 - Early detection of breast cancer, awareness and support of women in the Gaza strip, Culture and Free Thought Association (CFTA)
 - Core support for Who Profits
 - Core support for the Al Mezan Center for Human Rights
 - Support of research on land confiscation from Palestinians in the West Bank by Israel, Kerem Navot
 - Workshops and art exhibition for young artists, Shababek – Windows from Gaza for Contemporary Art via General Union of Cultural Centres (GUCC)
 - Save our school and our right to education, Jahalin Solidarity
 - Institutional support, Israel Social TV
 - Expenditures of medico's Palestine & Israel office
- € 2,334,144.93 (incl. support from AA, BMZ, ifa ZIVIK, m.i. CH and stiftung m.i.)

Syria [incl. Kurdish regions]

- Support of the health system in Afrin, Northern Syria, Coordination of Health Council Rojava
 - Rehabilitation of the hospital in Tirbespi, Northern Syria, Coordination of Health Council Rojava
 - Medical emergency relief for the internal displaced people of Afrin, Coordination of Health Council Rojava
 - Defending human rights of political detainees inside Syria, The Center
 - Supporting a women's centre in Idlib, Adopt a Revolution (AaR)
 - "Improvement of the equipment of underground shelters in Erbin to protect the civilian population from bombardments, Local Coordination Committee (LCC)"
 - Emergency aid and support to families in the underground shelters of the schools in Erbin, AaR and Local Coordination Committees (LCC)
 - Humanitarian aid für Syrian-Palestinian refugees and vulnerable families in hard-to-reach and besieged areas in Rif Dimashq, Jafra Foundation
- € 1,807,682.57 (incl. support from AA)

Turkey [Kurdish regions]

- Tree Nursery Cooperative for an Ecological Life, Ecological Association "Ekoloji Derneği"
- € 15,000.00

OTHER

Global Health

- Institutional and program support for People's Health Movement (PHM)
 - Support for 8th International People's Health University in El Salvador, Movimiento para la Salud de los Pueblos América Latina (MSP-LA) via Centro de Información y Servicios de Asesoría en Salud (CISAS)
 - Strengthening of networking of PHM Central America, Movimiento para la Salud de los Pueblos América Latina (MSP-LA) via Centro de Información y Servicios de Asesoría en Salud (CISAS)
 - Support for Global Geneva Health Hub (G2H2)
 - Advancing proposals for corporate responsibility for health in the extractive sectors in East and Southern Africa, EQUINET via Training and Research Support Centre (TARSC)
 - Funding of the 11th federal congress for Medical Aid for People without papers, Medibüro Kiel
 - MEDBOX - The Aid Library: open source library for emergency and transition aid at the international level, Missionsärztliches Institut Würzburg
 - Participation of medico partner organisations in the 4th People's Health Assembly and Workshop on Community Health Care Worker, medico-project
- € 112,524.23 (incl. support from stiftung m.i.)

Migration

- Support of accommodation for refugee women and their children in Morocco and support of the Conference „Voice of Migrants“ in Rabat, Afrique Europe Interact (AEI) and Association des Réfugiés et Demandeurs d'Asile Congolais au Maroc (ARCOM)
 - Refugee Support Program Aegean (RSPA), Stiftung Pro Asyl
 - Support for refugees, Anti-Rassismus-Telefon Essen (ART)
- € 60,000.00

Psychosocial Work

- Politics of Trauma and Resilience - between empathy and stigma. A transnational exchange on critical and emancipatory concepts in psychosocial work, medico, Haukari, FATRA und BAfF
- € 19,674.71 (incl. support from stiftung m.i.)

List of abbreviations

- AA: German Federal Foreign Office
- BMZ: German Federal Ministry for Economic Cooperation and Development
- ECHO: European Community Humanitarian Office
- ifa ZIVIK: ifa - Programme Civil Conflict Resolution
- m.i. CH: medico international schweiz
- stiftung m.i: medico international foundation

2018 Financial Report

CURRENT STATUS AND TRENDS

The total budget available to medico international in the period under review was € 17,799,663.59. Compared with the previous year 2017, this was a reduction of 9.7%, due to the reduction in project reserves and the planned decrease in public sector grants to a normal level of just over 40% of total income.

INCOME

Donations received by medico in 2018 totalled € 5,887,600.47 [53.5%]. This includes forwarded donations from "Bündnis Entwicklung hilft" (BEH) of € 1,013,837.18. Excluding BEH donations, income from donations was € 4,873,763.29, which represents an increase of 5% on the previous year. The increase of permanent supporters in the 2018 jubilee year from 3,827 to 4,497 [670 new supporters or +17.5%] was very gratifying.

EXPENDITURE

In 2018 medico again received the Seal of Approval of the German Central Institute for Social Issues (DZI). Expenditure on medico international's statutory operational activities in 2018 totalled € 10,496,009.21, or 89.9% of total expenditure. In detail, we spent € 8,138,578.32 [69.7%] on project funding, € 1,213,717.09 [10.4%] on project management and € 1,143,713.80 [9.8%] on campaigning and awareness raising. Expenditure on advertising and administration was € 1,183,093.07 or 10.1% of total expenditure. The comparatively high expenditure on our campaigning and awareness raising in 2018 was mainly due to medico's decision to go beyond a ceremony to mark the golden jubilee and hold a range of substantive events on the priority areas of our work.

PROJECTS

In the year under review medico supported a total of 124 projects, including – as a continuation of current programmes – strengthening health services in Palestine and the role of health workers in South Africa. The major political and logistical challenges continued to include aid to people forced to flee by the war in Syria, whether internally displaced persons or people seeking refuge in e.g. Lebanon or Egypt. medico increased emergency aid in the Kurdish provinces in the north of Syria after the Turkish invasion in Afrin. In Indonesia medico partner or-

ganisations supported local self-help after the devastation wrought by earthquakes and a tsunami. Flight and migration were again priorities in medico's work in 2018. In Niger, for example, we supported the project "Alarm-phone Sahara" to defend the rights of migrants, and in Afghanistan we supported research on the situation of deportees from Germany and other European countries. Support to the global network People's Health Movement and the People's Health Assembly in Bangladesh in November 2018 continued our assistance in creating a transnational health activist and policy public.

RISKS AND OPPORTUNITIES

medico international has a solid financial base. The successful ongoing campaign to gain more permanent supporters of medico and the great response to the numerous events in the jubilee year confirm the high degree of interest in medico's work and objectives. The societal spectrum in which medico intervenes includes church communities, Third World initiatives and solidarity committees, trade unions, political associations, universities, research and cultural actors up to state entities. The risks in medico's work are the result of two developments in particular: the growing instrumentalisation of aid for security and economic interests, and state restrictions on civil society commitment. The latter, the policy of "shrinking spaces", sometimes extending to openly repressive state measures, affects particularly our partners in the South. New such events happened in 2018. As a result, it could become more difficult and challenging in the future for medico to provide supportive solidarity to our partners.

CONCLUSION

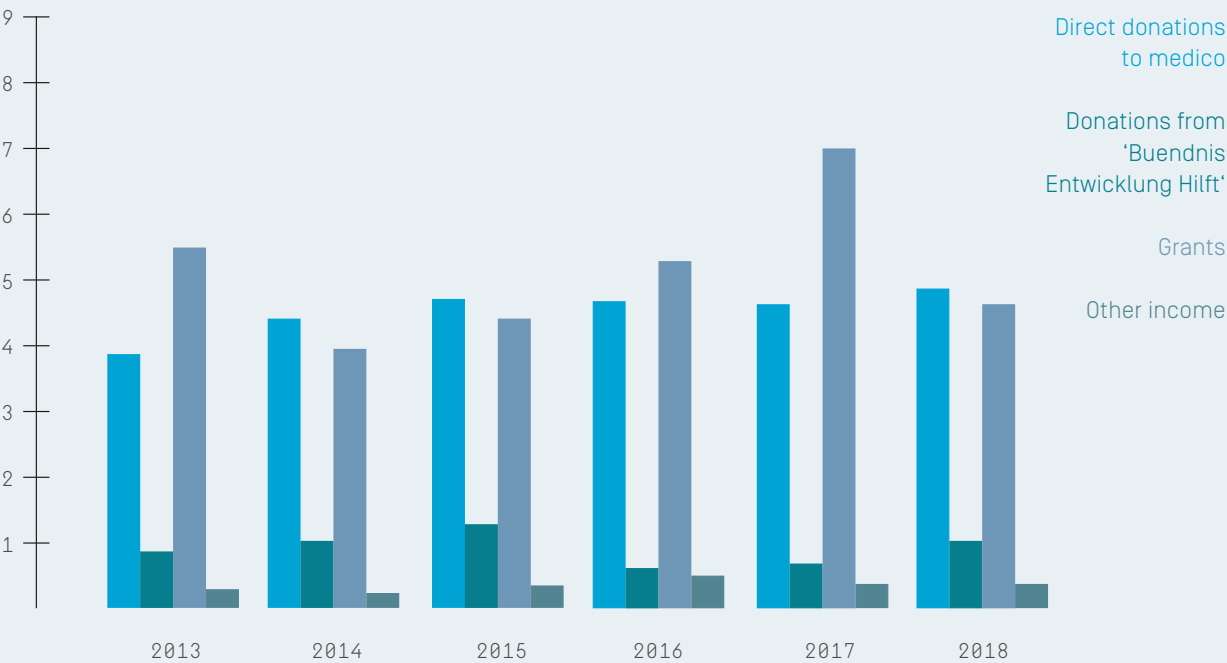
The great public response to medico and the solid financial base ensure a great measure of independence in our work. In view of the growing awareness that the world's problems cannot be met by aid alone, there is a continuing need to repeatedly emphasise medico's concept of critical aid. This is expressed in support in the spirit of solidarity for all worldwide who are committed to enforce the right to rights. medico international's core concern continues to be enabling, strengthening and networking such "islands of reason".

Thomas Gebauer/Christian Weis

OVERALL RESULT

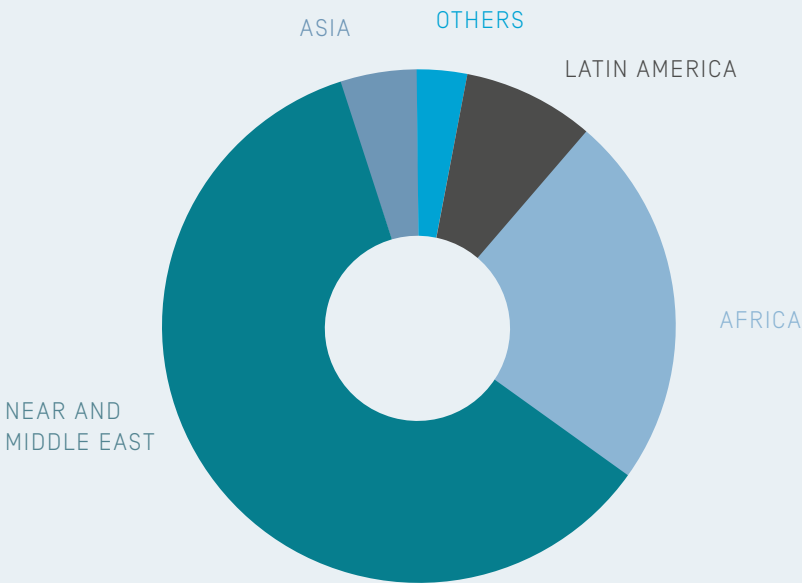
INCOME	2018	2017
Monetary donations	4,871,740.29	4,626,558.99
Donations from 'Buendnis Entwicklung Hilft'	2,023.00	15,351.00
Grants - public funding	1,013,837.18	722,273.76
Grants - non-public funding	4,558,785.88	6,991,599.03
Contributions of the medico international foundation	86,772.00	77,761.46
Bequests	320,000.00	290,000.00
Fines	101,324.45	136,797.21
Interest and other income	12,920.00	14,960.00
Member fees	8,179.08	3,200.37
Income for other accounting periods	7,513.12	8,517.78
Other revenues	12,689.19	5,509.04
TOTAL INCOME	10,995,784.19	12,892,528.64
Reserves		
According to § 58 No. 6 of the German fiscal code (Abgabenordnung-AO) as at 01 January	4,609,659.30	4,480,088.44
for projects that were scheduled in the previous year but whose issuing of funds could not or could only partially be completed by 31 December and are for earmarked remaining funds and for securing the Association's institutional viability		
Free reserves		
according to § 58 No. 7a of the German fiscal code (AO)	1,935,000.00	2,106,000.00
Association Capital – As at 01 January	259,220.10	225,069.45
BUDGET	17,799,663.59	19,703,686.53

EVOLUTION OF INCOME [IN EURO M]



EXPENDITURES	2018	2017
Project funding	8,138,578.32	9,737,311.18
Project management	1,213,717.09	1,163,207.39
Campaigning and education work and awareness raising in line with statutes	1,143,713.80	942,657.98
Advertising and general public relations work	333,452.72	316,911.02
Administration	849,640.35	739,719.56
TOTAL EXPENDITURES	11,679,102.28	12,899,807.13
Reserves		
According to § 58 No. 6 of the German fiscal code (A0)		
as at 31 December	4,215,763.01	4,609,659.30
for projects that were scheduled in previous year but whose issuing of funds could not or could only partially be completed by 31 December and are for earmarked remaining funds, and for securing the Association's institutional viability		
Free reserves according to § 58 No. 6 of the German fiscal code (A0)	1,691,000.00	1,935,000.00
Association Capital – As at 31 December	213,798.30	259,220.10
BUDGET	17,799,663.59	19,703,686.53

PROJECT EXPENDITURES BY REGION



MEDICO INTERNATIONAL E.V. – ORGANISATION STRUCTURE

ANNUAL GENERAL MEETING		
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<div>MANAGEMENT</div>	<div>Christian Weis</div> <div>Executive Director</div>	<div>Katja Maurer, editor-in-chief</div> <div>medico-rundschreiben</div>
		<div>Florian Bernhard-Kolbe, Assistant</div> <div>to the Management</div>
<div>Karin Urschel</div> <div>Head of Projects, South America</div>	<div>Jens von Bargaen</div> <div>Head of Administration and Finance</div>	<div>Anne Jung</div> <div>Head of Communication, Global Health</div>
<div>PROJECTS DEPARTMENT</div> <div><div>Dr. Soenke Widderich</div><div>Deputy Head of Department,</div><div>Southern and Southeast Asia</div><div>Peter Biermann</div><div>Central America, Mexico</div><div>Eva Bitterlich</div><div>Afghanistan, Western Sahara</div><div>Sabine Eckart</div><div>Migration, Western Africa, Zimbabwe</div><div>Anne Hamdorf</div><div>Emergency Relief, Haiti</div><div>Wilhelm Hensen</div><div>Kurdistan</div><div>Till Kuester</div><div>Syria and Lebanon</div><div>Usche Merk</div><div>Psychosocial Work, South Africa,</div><div>Sierra Leone</div><div>Dieter Mueller</div><div>Project Coordination</div><div>Hendrik Slusarenka</div><div>Emergency Relief</div><div>Dr. med. Andreas Wulf</div><div>Health, Egypt</div></div>	<div>ADMINISTRATION AND FINANCE DEPARTMENT</div> <div><div>Johannes Reinhard</div><div>Deputy Head of Department,</div><div>Controlling, Finance and Accounts</div><div>Anke Boettcher</div><div>Donations Administration and Support</div><div>Anke Prochnau</div><div>Accounts</div><div>Uwe Schaefer</div><div>EDP and IT</div><div>Steffen Schmid</div><div>EDP and IT</div><div>Andrea Schuldt</div><div>Accounts</div><div>Kristina Schusser</div><div>Personnel Administration</div></div> <div><div>FINANCIAL PROJECT COORDINATION,</div><div>COFINANCING AND DONATIONS</div><div><div>Philipp Henze</div><div>Susanne Huber</div><div>Elena Mera Ponce</div><div>Rachide Tennin</div><div>Rita Velásquez</div></div></div>	<div>PUBLIC RELATIONS DEPARTMENT</div> <div><div>Bernd Eichner</div><div>Deputy Head of Department,</div><div>Press Relations, Emergency Relief</div><div>Marek Arlt</div><div>Office Management, Proofing</div><div>Dr. Marcus Balzereit</div><div>Beyond Aid, Psychosocial and Social</div><div>Work</div><div>Gudrun Kortas</div><div>Donor and Benefactor Communications</div><div>Moritz Krawinkel</div><div>Online Editor, Latin America</div><div>Dr. Ramona Lenz</div><div>Migration</div><div>Riad Othman</div><div>Near East</div><div>Dr. Thomas Seibert</div><div>Human Rights, Conferences, Southern</div><div>and Southeast Asia</div><div>Anita Starosta</div><div>Donor Communications</div><div>Frank van Ooyen</div><div>Office Management, Event Organi-</div><div>sation</div><div>Juergen Waelther</div><div>Website-Administration</div></div>
<div>MEDICO OFFICE CENTRAL AMERICA</div> <div>Herlon Vallejos</div> <div>Office and Financial Coordination</div>		
<div>MEDICO OFFICE PALESTINE AND ISRAEL</div> <div>Mariam Puvogel, Office Director</div> <div>Wardeh Barghouti, Office and</div> <div>Administration</div> <div>Rojan Ibrahim, Project Coordination</div> <div>Imad Touma, Coordination Finances</div> <div>and Administration</div> <div>Laila Yousef, Finances and</div> <div>Administration</div>		
<div>PROJECT OFFICE WESTERN SAHARA</div> <div>(IN ALGERIA)</div> <div>Ralf Syring, Project Coordination</div> <div>Amina Boukrous, Health Expert</div> <div>Mehdi Mohammed Lamin</div> <div>Assistant, Logistics</div> <div>Amokrane Taguett, Financial Coordination</div> <div>Abdelmalek Zahi, Logistics,</div> <div>Monitoring</div>		