DIFÄM

German Institute for Medical Mission

Supporting health for a ***better future***

OUR WORK — OUR PROJECTS

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over 100 years of WORLDWIDE HEALTH SERVICES

DIFÄM

content

PREFACE

With this brochure, we would like to introduce you to the work of DIFÄM, the German Institute for Medical Mission. For more than 100 years, we have been committed to Christian health services with a special emphasis on those who are marginalised and poor.

DIFÄM wants to contribute to the call for health and healing in the midst of fast changing contexts and challenges in our world today. We base our work on a Christian ministry of care, love, and compassion and want to see the right to health become reality for all.

But still today about half of the world's population has no access to health and quality health care. The Sustainable Development Goals (SDGs) of the United Nations have stated that "no one should be left behind". They call on governments to ensure healthy lives and promote well-being for all at all ages. Despite much progress that has been made over the past 20 years, there is still a long way to go in order to reach "universal health corerage". The Corona crisis in 2020 has highlighted again that more must be done to strengthen health systems and make them resilient in the face of epidemics and newly emerging diseases.

DIFÄM has the vision for a world where health and healing are accessible even for the poor and marginalised. We kindly invite you to discover how DIFÄM contributes to the realization of this vision.

Yours

Dr Gisela Schneider

Director of DIFÄM,
German Institute for Medical Mission

THE GERMAN INSTITUTE FOR MEDICAL MISSION *(DIFÄM)*

HEALTH – FOR A BETTER FUTURE

DIFÄM, the German Institute for Medical Mission, is a registered NGO based in Tübingen in the South of Germany. For more than 100 years, the institute has been involved in Christian health work. Though the context has changed dramatically, the foundation of our work has remained the same: The Christian call to health and healing especially for the poor and marginalized.

In Tübingen, DIFÄM directs a hospital for tropical medicine, geriatrics and palliative care. Additionally, the hospital provides home based care services for terminally ill people within the German health care system and will very soon operate a hospice. The aim is to provide a patient-centred holistic approach to health care based on Christian values.

At the same time, DIFÄM works with Christian and non-Christian partners and churches worldwide in order to bring health and healing to those who need it most, mainly in sub-Saharan Africa.

medical mission

our focus

Since its inception, DIFÄM has had a strong focus on training and capacity building of health workers. Formerly, DIFÄM trained doctors, nurses and midwives from Europe as well as other health professionals in order to provide health care in resource-limited settings. Today, DIFÄM focuses on capacity building within the partner countries, using digital technology and e-learning.

For more than 60 years, DIFÄM has been involved in improving access to medinices in partner countries. DIFÄM supports supply chains through the establishment and strengthening of drug supply organisations in order to make sure that essential medicines will reach even very remote areas at good quality.

Among the countries that DIFÄM has focused its work on are Democratic Republic of Congo (DRC), Chad, Malawi, Liberia and Guinea.

Difäm assists church-based. Primary Health Care with holistic services and in close cooperation with communities. At the same time, DIFÄM strengthens Christian health associations in various parts of Africa to support hospitals and health facilities even in remote and rural areas. Also DIFÄM seeks to respond to acute crisis situations, such as the Ebola crisis in West Africa and the DRC or the global COVID-19 pandemic.

Since 2015, DIFÄM has based its approach on the Sustainable Development Goals (SDG), specifically on the aim of SDG3: “Health and wellbeing for all people at all ages”. DIFÄM supports local faith-based health care providers to offer their services in partnership with their national health system.

Strategic framework

In 2018, DIFÄM developed a strategic framework with the following five main objectives:

objectives

1. Primary Health Care (PHC): DIFÄM supports partners to implement PHC by using participatory approaches to strengthen community participation and address locally relevant needs in PHC – in promotive, preventive, curative and palliative care areas.
2. Strengthening health care systems to reach Universal Health Coverage: DIFÄM supports partners in all aspects of health care systems such as building capacity of local health workers, developing systems of health financing, strengthening data and reporting, improving clinical care and local health infrastructure.
3. Access to quality drugs: DIFÄM supports partners in providing quality drugs at an affordable price to patients also in rural and remote areas through the establishment and strengthening of local procurement and distribution systems.
4. Improving the quality of care to patients, starting from primary care services. This includes aspects such as maternal and reproductive health, communicable and non-communicable diseases as well as issues of patient safety.
5. Responding to crises and specific needs: Wherever our partners are facing crisis situations such as the Ebola epidemic in the recent past, large groups of internal refugees, or other acute needs, DIFÄM allocates up to 10 percent of its annual budget to emergency responses that must be embedded in local churches and the local health system.

network

The approach of DIFÄM is based on long-term partnerships with local faith-based organisations and key implementers. At the same time, DIFÄM uses its expertise on a national and international level to lobby and advocate for global health challenges and universal health coverage especially for the poor and marginalized.

DIFÄM is registered with the umbrella organisation of German development and humanitarian aid organisations (VENRO), and with other global health networks in Europe. At the same time, DIFÄM is a member of the Protestant churches' network "Diakonie" and is networking on an ecumenical basis with other faith-based partners within national, regional and international networks, networks. EPN (Ecumenical Pharmaceutical Network) or the department of health and healing of WCC as well as Geneva Global Health Hub.

PRIMARY HEALTH CARE

The concept of Primary Health Care (PHC) integrates preventive, therapeutic and rehabilitative interventions as well as health promotion. It addresses the determinants of health like sanitation, nutrition, water, education, and economic factors.

PHC brings "health as close as possible to where people live and work" (Alma Ata Declaration 1978, section VI), and "requires and promotes maximum community and individual self-reliance and participation" (section VII).

Community based approaches have always been a cornerstone of DIFÄM's work. This is in line with a statement of the 1967 Tübingen consultation saying that, "The healing ministry belongs to the congregation as a whole." Today, DIFÄM applies the PHC concept in an approach of strengthening the health system from bottom up.

strength

participate

ASSET – DIFÄM's approach towards revitalizing Primary Health Care with community participation and empowerment.

ASSET STANDS FOR:

A → Appreciate resources/assets and strengths of local people

S → Stimulate their own ideas and solituions

S → Strengthen community owned resources and responses

E → Engage people

T → Transfer to neighboring communities.

In the implementation of the ASSET approach DIFÄM adopted the following methods:

▶ **SALT AS A METHODOLOGY OF VISITING AND ENGAGING NEIGHBORHOODS. IT STANDS FOR:**

S → Support, Stimulate and Strengthen

A → Appreciate and Analyse

L → Listen, Learn, and Link

T → Transfer and Team

▶ **A WORKSHOP TOOL OF APPRECIATIVE INQUIRY/PARTICIPATORY ACTION RESEARCH.**

ASSET does not build up any new structures of health care but uses and strengthens the existing structures of the health system. The various levels of health care in a district are connected with each other.

ASSET approach in Malawi

In the Ntchisi District of Malawi, DIFÄM accompanies communities applying the ASSET approach in the catchment areas of two church health centres. In the first phase of this project, Primary Health Care structures like village health committees and health centre advisory committees were revitalized. In parallel, SALT visits and community meetings stimulated communities to identify their health assets and concerns, and to develop and implement action plans towards improving their health. So far, they have addressed the topics of hygiene and sanitation, access to health care by building village clinics, and nutrition.

As a principle, communities contribute all locally available resources to the construction measures, e.g. work force, land, bricks etc., while the project budgets cover all hard to get materials, like cement and iron sheets. By the end of 2019, more than 600 households had built Ventilated Improved Pit Latrines (VIPs); 18 village clinics were completed while two more were still under construction.

In the same way, communities have contributed to the improvement of nutrition. Guided by the SALT teams, they themselves proposed possible solutions. For instance, women started backyard gardens and asked for trainings in how to use the locally available fruits and vegetables. Men and women learnt agricultural methods to improve the yields of their maize fields.

Over the past years, the people at local level have gone through a process of transformation from being passive recipients of help from outside towards being active agents of change. The ASSET project is owned by the communities. Local people set the agenda of the project.

together

confidence

ASSET approach in Liberia and Guinea

In 2016, DIFÄM started a cross-border project in Liberia and Guinea that aimed at re-establishing the confidence of the population in their health services that had got lost in the course of the Ebola crisis. Following the ASSET approach, community facilitators were trained in SALT; health posts, health centres and hospitals were refurbished; and health personnel was retrained in hygiene and patient safety. The project successfully increased the utilisation rates of local health facilities.

In Guinea, this project was followed by an ASSET intervention on maternal and child health in the border zone of Yomou in the region of N'zérékoré. The project started in 2017. The local non-governmental organisation Tinkisso has taken ownership of the method. Tinkisso staff are training community facilitators using a training manual with a variety of participatory methods that DIFÄM has newly developed. As common in ASSET interventions, the project renovated and equipped health facilities and trained health staff. Jointly with the regional health authorities, DIFÄM and its partner developed a manual for training traditional birth attendants on how to recognise risks and complications around pregnancy and childbirth. The project has already achieved an increase in the use of antenatal care services leading to a significant decrease in maternal mortality.

Community based mental health care

According to the WHO, 75 to 85 per cent of people living with mental disorders do not have access to quality mental health services. Moreover, they are subject to stigmatization and discrimination in their communities and societies. To improve the situation of people living with mental disorders, DIFÄM focuses on community based approaches.

sensitize

In the catchment area of the Nkhoma Hospital in Lilongwe District, Malawi, DIFÄM supports the hospital in its strategy to include mental health care in the existing community based health program. Starting in 2016, health professionals have been trained in mental health and now form a mental health team. They offer mental health services in the rural areas. In 2019, 3.768 patients accessed mental health care close to their homes. Another focus of the project are measures of sensitization. Community health workers, traditional healers, traditional authorities, pastors, caregivers, and community volunteers learn about the factors causing mental disorders and their symptoms. Such trainings are important because misconceptions about mental disorders such as being possessed by a demon are widespread.

relief

Mental health care in India

In the state of Bihar, India, the Duncan Hospital in Raxaul started a community mental health project in 2015 after the rate of attempted suicides had gone up considerably. According to a study, the main reasons for suicide attempts is depression caused by family conflicts, often related to alcohol abuse and domestic violence.

Established local task forces comprising four women and four men in the project area. Each of these groups comprises four women and four men who are members of the communities. After a training in mental health, these volunteers know the causes of mental disorders and can identify people affected by mental disorders, and individuals or families that are vulnerable to mental disorders. In their communities, they inform about mental health issues and visit families at risk. Individuals with severe mental disorder are referred to the hospital. Thus, the task forces serve as an important link between the communities and the hospital. Due to their activities, the demand for mental health services at the hospital has increased considerably. Therefore, Duncan Hospital established a psychiatric department and employed a psychiatrist – the first one for the population of five million in the district of East Champaran. Since the hospital started to provide quality mental health services, many patients were relieved from travelling long hours by train, e.g. to the district hospital in Motihari, to get necessary and continuous treatment.

experience

HEALTH SYSTEM STRENGTHENING – BEING PART OF THE BIGGER PICTURE

Germany has a long-standing experience with efficient partnerships between the public health sector and the private, faith-based sector. Christian hospitals in Germany are part of the national and local health service planning and have access to nearly all support avenues that are open for public institutions. In many countries, Christian health facilities from a detached subsystem within the national system. DIFÄM's strategic goal is therefore to contribute which are strong and well-integrated and which reinforce the sub-systems, which reinforce the overall national health systems. The strategic goal follows the World Health Organisation (WHO) guidance on how to strengthen health systems. DIFÄM has defined objectives and indicators to measure the success of cooperation efforts that oscillate around the six building blocks of the health system: human resources, health information, health infrastructure and services, health financing, health governance, and medical and pharmaceutical products.

block 1

Building block 1: Human resources

The DIFÄM objective in this building block is to improve the medical and pharmaceutical competences of health staff in partner health facilities. The indicators for this objective measure the number of staff newly trained or trained on the job, the number of trainings on so far neglected health issues, and the application of new methods like e-learning.

In the eastern part of the Democratic Republic of Congo (DRC), DIFÄM supports a nursing school of CECCA 16 (Communauté Évangélique du Christ au Coeur de l'Afrique), a Protestant church providing health services across a very dispersed and inaccessible rain forest area. The nursing school, located in Nebobongo, has been an institute for medical training since 2018, due to its size and comprehensive curriculum. DIFÄM has supported the school since 2011.

In Liberia and Guinea, DIFÄM supports the Christian Health Associations in providing training for health staff who is responsible for managing and giving out medications. In both countries, this work is often done by persons who have never received any pharmaceutical training. DIFÄM has linked up these associations with the Ecumenical Pharmaceutical Network (EPN) based in Kenya which has developed modules for basic pharmaceutical management and prescription practices and which also provides trainers. DIFÄM's technical input concerned the agenda of the training that had to be adapted to the local context.

Apart from these two examples, training is part of almost all DIFÄM projects.

Technical expertise is being improved for example with respect to fistula operations and the early diagnosis of pregnancy complications by using ultrasound. A midwifery school is planned for Chad. In the spirit of PHC DIFÄM extends training not only to professionals but also to lay health workers at community level or traditional healers and birth attendants.

block 2

Building block 2: Health information

DIFÄM aims at making the contribution of faith-based health services to the achievement of national health indicators more visible. As an indicator for this objective, DIFÄM counts the countries in which health data from faith-based facilities are fed into the national Health Management Information System (HMIS).

One example for the improvement of data collection competencies is the medical department (DOM) of the Protestant church ECC (Église du Christ au Congo) in the eastern part of the DRC, called South-Kivu. As part of a project to improve maternal and child health in the region, DOM ECC collects and analyses health facility data. For 2018, they could for example report that the number of first antenatal care visits increased within the last year.

In 2019, a new project started in Guinea to connect health centres and hospitals with the national health data reporting system. In a first step, eight bigger hospitals were equipped with computers and training on computer literacy, epidemiology and the government data collection system. 19 more health centres will follow in a second phase. The health association RECOSAC will also have access to these data and their staff will be trained to analyse and to use them for advocacy and planning purposes.

Building block 3: Health care provision and infrastructure

DIFÄM invests in the faith-based health infrastructure in partner countries. As a benchmark, DIFÄM counts the number of constructions and renovations and the number of health facilities that have received equipment.

Several buildings have been constructed and renovated with support of DIFÄM so far. In 2019, a depot building for the drug supply unit of the Christian Health Association in Liberia (CHAL) and a hospital in the district of Lola in Guinea were opened. In 2020, the new maternity building of the Catholic hospital Notre Dame de la Vie in Bowe, Guinea, began its work. Before a construction project is implemented, DIFÄM supports its partners in analysing their needs and creating their plans by searching for the best technical solution in the local context. Usually, for all renovations and constructions local material is used and local companies are contracted.

block 3

block 4

Building block 4: Health financing

DIFÄM aims at keeping its partners informed on new developments in health financing. A benchmark for the achievement of this objective is the availability of an analysis and of recommendations on approaches of health financing, and the piloting to an innovative method that promises good results.

Creating a sound and sustainable financial basis for their services is a big challenge for all DIFÄM partners. Even more so, since the faith-based health facilities often work in deprived rural settings where the income of their clients is very low. The situation is aggravated by the fact that financial or in-kind contributions by the government to the service costs of the Christian health service providers are rare. In the DRC, DIFÄM supports a community-based health insurance called MUSACA. However, those insurances have difficulties to build a risk pool of customers that is big enough to cover all health expenditures and to finance the necessary administration. DIFÄM therefore follows up on new approaches like financing via mobile phone technology in order to be able to support durable solutions. It has started an initiative in the Democratic Republic of Congo to mobilize church communities to become members in mobile money based community-based health insurances.

block 5

Building block 5: Health governance and steering

DIFÄM strengthens the work of Christian Health Associations. It measures the quality of project reporting, the representation in national health committees and the number of services the associations offer to their members.

DIFÄM strengthens organisational development of Christian Health Associations or Christian medical departments in the DRC, Chad, Liberia, Sierra Leone and Guinea. This support encompasses training on administrative, programmatic and financial issues, guidance in strategical planning processes and financial and technical support when it comes to providing services to member health facilities. DIFÄM tries to partner with coordination structures in any of its intervention countries, because these associations are the entry point to governments. By involving overarching Christian health structures, synergies can be created which increase the value and reach of technical cooperation projects.

training

The birth of a Christian health association in Guinea

Guinea is a predominantly Muslim country. However, faith-based health facilities do exist and contribute to the provision of medical services for the Guinean population. In the course of an Open Space Conference conducted in 2016 in the aftermath of the Ebola epidemic, the idea of founding a confessional network was born. In the beginning, it was attempted to gather Christian and Muslim health facilities under one coordinating roof. However, due to a lack of Muslim institutions working in a similar non-profit way as Christian structures, the new network had to start only with Christian members. RECOSAC-G, the Réseau Confessionnel Sanitaire de Guinée (Guinean Confessional Health Network) was founded at the end of 2016 with DIFÄM support. Since then, it has completed a situational analysis of the health standards in all of its 40 members as well as an analysis of their pharmaceutical situation. Trainings on pharmaceutical practices, health data collection and quality were provided. Furthermore, RECOSAC coordinated the distribution of donated health equipment.

Taking new pathways in professional learning

In our partner countries, health staff often works in remote areas that are hard to access due to missing roads and unreliable public transport. In those settings, participation in professional trainings requires a major time input and binds resources that are already limited. DIFÄM therefore walks on new pathways to enhance the competences of health staff of local partners. In Liberia, a blended e-learning programme for six hospitals strengthens capacities in hygiene, patient safety and rational use of medicines. In Guinea, Difäm helps the government to introduce a programme to enhance quality in health care in the remote region of N'zérékoré. For this purpose, it uses e-learning methods and combines them with classic teaching so that knowledge is not only enhanced but also translated into practical improvement measures.

Supervision combined with training in the DR Congo

In Eastern Congo, three medical departments of Protestant churches provide supervision and training to the health facilities of their churches. CECCA 16, CECA 20 and DOM ECC regularly train and send out health staff to visit remote health facilities. They combine guidance with practical professional support. Each team of supervisors stays at least one night to oversee practices and to give on-the-job training. DIFÄM is supporting this process financially and technically. The supervision visits are also used to identify gaps in infrastructure and equipment. Whenever possible, DIFÄM contributes to fill these gaps in order to make health care delivery safer in Eastern Congo.

1. Pharmaceutical training and supervision

To address the shortage of qualified personnel in faith-based health facilities, DIFÄM supports training in pharmaceutical management for medicine dispensers. In recent years, this kind of capacity building has been provided to health personnel in Chad, Malawi, Liberia, Guinea, and the DRC. In various training sessions, the staff of health facilities learned how to procure medicines in a safe way, how to store them properly and dispense them in a rational way. Furthermore, experienced pharmacists from DIFÄM´s implementing church partner organization. Visit and supervise the health facilities in regular intervals and provide on-the-job training. This has led to considerable improvements in warehousing and ordering processes at the facilities.

In the coming years, cooperation with partners in Chad, Liberia, and Guinea in particular will be further expanded in this area.

vision

pharma

PHARMACEUTICAL DEVELOPMENT COOPERATION

Improving access to affordable and high-quality medicines

For many years, DIFÄM has been supporting its partners, mainly in Africa, in the supply of affordable and good-quality medicines. The current DIFÄM strategy emphasizes the need for continuous and expanded efforts in the pharmaceutical field.

The objective is that the partners have efficiently managed supply structures for quality-assured medicines. The indicators to measure the progress focus on availability of essential medicines (target. 80% or more), inclusion/provision of medicines for non-communicable diseases, procurement from quality-assured sources; and rapid quality screening through Minilab testing.

Current pharmaceutical services and projects focus on the following sub-areas:

vision

2. Establishing and strengthening procurement structures

In order to counter the low availability of medicines in governmental procurement agencies as well as to avoid expensive prices or products of dubious quality.

DIFÄM strengthens its church partners to set up joint procurement structures or to establish drug supply organizations (DSO).

For example, DIFÄM supported its partner organization CHAL in Liberia in setting up a central pharmacy with a new warehouse in the interior of the country. The Association Évangélique pour la Santé au Tchad (AEST) started to implement a Drug Revolving Fund for currently 15 health facilities with support of DIFÄM.

3. Improving quality assurance for medicines

Poor quality medicines or even falsified medicines pose a threat to the health and life of the sick.

Together with the Ecumenical Pharmaceutical Network (EPN), DIFÄM has initiated the so-called „Minilab Network“. Currently, 15 partners in 12 countries (11 African countries plus India) are part of this network. They carry out rapid tests with a suitcase laboratory (“Minilab”) in order to detect substandard and falsified medicines. DIFÄM provides technical support and coordinates trainings and meetings for regular exchange.

The Minilab partners test more than 1000 samples per year. Between 2016 and 2018, 126 suspicious cases were reported to DIFÄM, of these 22 were confirmed as falsified, lacking the active ingredient. Almost all cases were malaria medicines or antibiotics. Full pharmacopeial analysis for suspicious cases is performed at the WHO prequalified partner laboratory of MEDS (Mission for Essential Drugs and Supplies) in Kenya. For serious cases, WHO issues international warnings, so called “medical product alerts”.

A new focus for the coming years is to strengthen the quality assurance systems of Drug Supply Organizations through improved procedures like prequalification of suppliers, exchange of information in a joint supplier database and joint audits and training for key personnel. Assessments and consultancy to other DSOs will be performed by experts from advanced DSO partners like MEDS, thus focussing on a South-South exchange.

vision

medicines

4. Medicines for non-communicable diseases

Non-communicable diseases (NCDs) like diabetes, heart diseases and cancer are also on the rise in the countries of the South. Patients often do not have adequate access to the necessary treatment, especially in rural areas where there are no major hospitals. Especially for cancer care, expertise is needed in dealing with these so-called cytostatic medicines.

In Tanzania, DIFÄM cooperates with the Cancer Care Centre (CCC) at the Kilimanjaro Christian Medical Centre (KCMC) in Moshi and supplies a range of quality-assured cancer medicines and related consumables to them each year. An experienced German hospital pharmacist trains the local employees in aseptic preparation and safe handling of the cytostatic infusions. Further expansion of these activities in Tanzania are planned, to create a network of cancer care centers. A brochure will be developed to guide interested partners in other countries as well.

profession

KNOWLEDGE FOR PROFESSIONALS

Training health professionals in Germany

DIFÄM looks back on a long history of training nurses and medical doctors preparing themselves to work abroad. Equipping health professionals with knowledge and competencies in tropical medicine has been a core activity since the foundation of DIFÄM. Today, more than 100 years later, treatment guidelines and approaches to humanitarian aid have changed in many ways. DIFÄM training courses in public health and tropical medicine focus on public health and primary health care. During four weeks, the participants acquire practice-oriented knowledge about malaria, tuberculosis, HIV and AIDS, and neglected diseases as well as nutrition, reproductive health, and other topics.

The students appreciate very much that all lecturers have experience of working in a tropical country. Inside and outside the classroom they keep on discussing on where to go, on their motivation of working abroad, and on how to do it. Over the four weeks a network amongst the participants develops.

DIFÄM is the responsible body of the hospital “Tropenklinik Paul-Lechler-Krankenhaus”. While the original mission of the hospital was to treat and care for missionaries on home leave, it now specializes in geriatrics and palliative care. In order to keep up the quality in nursing care, trainings on palliative care and dementia as well as communication skills are offered. The length of the courses varies from 1-day seminars to three-week trainings with a certificate at the end. Primarily designed for the staff of the Tropenklinik, the seminars are now open to everybody who is interested. Some of the seminars are held every year, other courses are offered only once. All lecturers are experts in their subject matters. The feedback given by participants at the end is throughout positive.

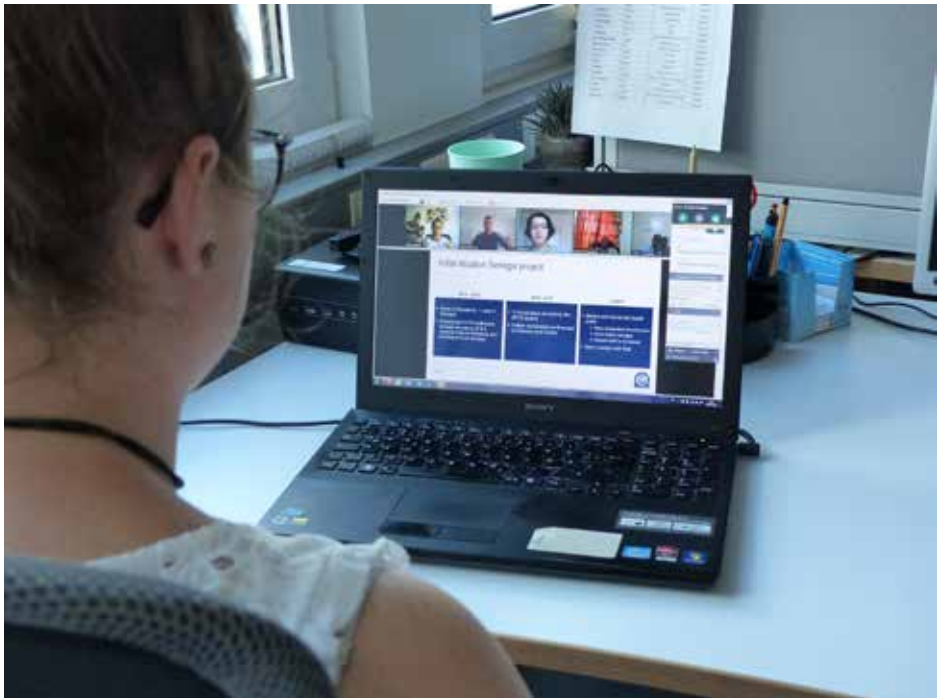
e-learning

E-learning – a new way of sharing knowledge with our partners

In 2017, DIFÄM started to strike out on new paths of teaching and learning in cooperation with the Medical Mission Institute in Würzburg. Liberia was the first country where the innovative tool of E-learning was implemented. Three hospitals took part in a training focussing on the prevention of infections. 20 health workers were trained in measures of hospital hygiene, and in the safe use of antibiotics. These health workers have developed hygiene standards for their respective hospitals. For in-depth learning, a monthly webinar was held. In the course of the project, there was a growing awareness about the importance of infection prevention and especially about how each health worker can put knowledge into practise.

In the meantime, the e-learning program was extended. In Guinea it is being used to help hospitals to learn more about the new government program of monitoring and quality improvement.

To give a recent example, the e-learning program proved to be an excellent tool to provide partners with up-to-date information about the Corona Pandemic. Webinars are being offered and partners in different countries are very interested to learn and use this tool as an exchange platform.



advocacy

LOBBY AND ADVOCACY WORK

"Health, which is a state of complete physical,mental and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and the attainment of the highest possible level of health is a most important world-wide social goal…"

This is the opening statement of the "Alma Ata Declaration" of a special meeting of the United Nations (UN) in 1978. The declaration calls for "health for all" und highlights the importance of a participation of all sectors and the community at large in the attainment of such a goal. Today, 42 years later, the world is still struggling to achieve this goal, and still the Alma Ata Declaration has not lost its urgency. The UN general assembly 2019 in New York included many of the demands of Alma Ata in the UN Declaration to Universal Health Coverage.

Since its inception, DIFÄM has supported the development of the Alma Ata Declaration, as the World Council of Churches played an important role in the development of the same. The challenges today are different, but the motivation to campaign for universal access to health care for all is still motivating our engagement in lobby and advocacy work.

Embedded in networks and collaborations with other players from civil society, DIFÄM seeks to forward this cause within Germany as well as on the European and international level. During the height of the HIV epidemic, it was civil society that fought for access to drugs, which was made possible through the collaboration with many other players. Today, still more than half of the world population have no access to health care, and 100 Mio people fall into poverty every year because they pay for their treatment. Therefore, DIFÄM interacts with several networks that will make their voice heard by politicians, governments or the pharmaceutical industry.

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