

# Who we are

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Asserting the right to access to medical treatment.

# Why?

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‘Why is there suffering in the world?’ or ‘How can God allow such suffering?’ We’ve all asked ourselves these questions – whether observant or not, irrespectively of our religion. In the health sector and especially given the extreme suffering caused by leprosy, these key questions of humanity are being asked time and time again. For the cause still exists: disease that ostracises.

The foundation of plan:g as a Leprosy Relief Association in 1958 and the ongoing willingness to donate are directly linked to these questions as to ‘Why?’ and ultimately to the all-decisive question: ‘What can we do?’



A decisive question:

**How can we sustainably  
overcome leprosy and other  
neglected poverty-related  
diseases?**



Our response:

**Through  
touch.**

# What we do:

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Asserting the right to be treated with dignity.

## **A touching response**

Leprosy relief had always been about our unwillingness to simply accept suffering. About touching people to enable treatment. Jesus and many other such as Francis of Assisi and doctors such as Ruth Pfau or Gerhard Klauda have risked touching leprosy sufferers. Back when leprosy was still incurable, this meant possible death for those wanting to help.



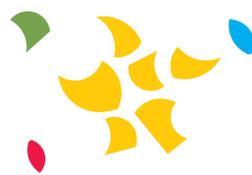
### **Contact and equity**

Leprosy relief is about very fundamental questions of religious and medical ethics. Since leprosy became treatable, it is now a question of equity: medical help must be accessible. This applies not only to leprosy, but to all poverty-related diseases. The question of suffering raised by leprosy leads to various inextricably linked challenges. An important prerequisite: contact creates equity. For plan:g Partnership for Global Health this translates to developing contact to all relevant stakeholders such as the state, other NGOs, and individuals in the spirit of respect, appreciation and togetherness.

# Have a heart, take a stance

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With the support of many, we act as a human rights organisation in the health sector of development cooperation. We are dedicated to helping those in need. Together with our partners, we try to shape our coexistence in such a way as to protect the rights of people affected by poverty-related diseases. It is essential that the poorest of the poor participate in society. Our objectives are to overcome leprosy, enforce the right to health care and achieve inclusion.



1. Exclusion



2. Segregation



3. Integration



4. Inclusion

Striving for inclusive development, we work on

- capacity development (increasing skills and knowledge vested in individuals or groups; contributing to organizational development; facilitating enabling environments; contributing to establishing sustainable rules and guidelines)
- support vocational health education

by strengthening teaching institutions in the course of our sponsorship program

- overcoming leprosy as one of the Neglected Tropical Diseases (NTDs)
- strengthening primary health care (PHC), avoiding vertical interventions
- facilitate South-South and North-South dialogue and learning
- contribute to sustainable health sector development with various other means

We promote the view of a world of development partnership. Those working in the health sector know how much the North and South depend on one another. The world as a whole needs to develop and change. This stance forms the basis of our work and drives us in everything we do.

### **Health is communicable**

Poverty-related diseases are transmissible. Even if we don't want to acknowledge it, the fact is that poverty-related diseases affect everyone all over the world.

And even if every effort were made by Austrian doctors, world suffering could only be partially alleviated.

That's why, rather than exporting doctors or solutions, we instead work on permanently strengthening local systems. The guiding principle underlying our actions are the biblical stories of touching persons affected by ostracizing diseases. Our motivation is the call by Pope Francis to work on 'structural reform' and create a 'culture of solidarity'. Active cooperation forms the basis for everything we do. Wherever possible, we look for and highlight common professional and ethical values. This applies when working with both Catholic and non-Catholic partners.

What good are Austria's experiences in completely different medical, socioeconomic and cultural contexts? Little, if only know-how is exported. A lot, if experiences are adapted to actual situations on the ground and a process of mutual learning is initiated: many of our projects and schemes focus on building sustainable capacities. In doing so, we in Austria are also able to learn from the epidemiological experiences of our development partners. We gain new insights and the freedom to change: mutual contact makes health care communicable.

# Partners and mandates

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## **Working with our partners**

In partnering countries of development cooperation, we frequently work with Catholic organisations in the health sector as a starting point. The engagement of such organisations in the health sector of development cooperation has long been a tradition. We build on this experience; while simultaneously making every effort to work together to achieve programmatic development in order to increase the impact of our work in the health sector.

Together with our partners, we work to help all those in need – without bias, regardless of who they are and without promoting pastoral activities.

In cooperation with our partners, we aim to strengthen and enhance rather than compete with state structures. That's why we cooperate closely with the state, secular health care experts or members and organisations of other religious communities.



Asserting the right to access to medical care.



We share same values with people of many different beliefs and diverse cultural backgrounds.

### **Restricted to a mandate**

plan:g Partnership for Global Health is engaged exclusively in the health sector of development cooperation. Poverty-related diseases are rampant in places where medical help cannot be obtained. Where the sick hide. That's why we design our interventions in participatory ways, and to have a long-term impact. This enables structural development, which in turn strengthens the resilience of health care systems to catastrophes. In the event of an acute emergency or disaster, we stand aside and let trained emergency helpers do their job.

# We also have a lot to learn.

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## **Learning and acting**

Coordinating and documenting our learning experiences are key to the effectiveness of our work – we are constantly learning. That’s why plan:g is a partner of the United Nations’ ‘Stop TB’ initiative and a member of the Evaluation Society.

In addition to being part of the Coordination Office of the Austrian Bishops’ Conference for International Development and Mission (KOO), plan:g is a member of various networks following a rights based approach such as Health Action International (hai), and a partner of the Austrian medical profession, which has been supporting our work for decades.



Asserting the right to health: overcoming discrimination.

Here in Austria, it's a question of making 'the good life for all' a reality. As a result, we work with schools, parishes, doctors' surgeries and hospitals. We share our experiences to create an open view of the world.

plan:g Partnership for Global Health acts as a Catholic human rights organisation in the health sector of development cooperation. Our objective is to sustainably overcome stigmatising poverty-related diseases:

*'Ailment and exclusion are medical, social and religious challenges. Jesus responded to these challenges by offering nearness. His presence is one of complexity; it contains the precept of immediate help, the precept of accepting any individual, and the precept of sustainable change. [...] Subsequently, in accordance with the UN Human Rights Convention and the UN Disability Rights Convention, plan:g strives for inclusion. Irrespective of the person concerned, plan:g stands on the side of the marginalised, the oppressed and the poor [...] The major ecological devastations of our time are inextricably linked to the development and spreading of diseases. This applies in particular to diseases of poverty, the focus of plan:g's work. In light of these new challenges, plan:g aims to continue to build upon the previous success of development cooperation activities in the health sector.'* Excerpt from the statutes of plan:g, Partnership for Global Health



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