

201/ ANNUAL REPORT



Table of Contents

03 | Message from the Executive Committee

04 | The global emergency dispensary

06 | Aid worldwide

- 06 | Country overview
- 08 | Work ethos
- 10 | Medical aid
- 12 | In kind donations
- 14 | Other locations
- 16 | Humanitarian aid
- 22 | Development cooperation
- 28 | Pharmaceutical advisory services
- 32 | Project overview

34 | Communications, fundraising and education

- 36 | Helping-made easy
- 37 | Corporate involvement takes many forms
- 38 | Education: Inspiring a change in perspective
- 39 | Legacies and endowments
- 40 | 2017: Snapshots of the year

42 | Organizational chart

- 43 | Report of the Advisory Committee
- 44 | Ambassador Anke Engelke
- 45 | Report of the Board of Trustees

46 | Financial report

- 46 | Overview of aid provided, donations and third-party funding
- 48 | Balance sheet of action medeor e.V.
- 50 | Profit and loss statement of action medeor e.V.
- 52 | Balance sheet, profit and loss statement of the action medeor Foundation
- 54 | Balance sheet, profit and loss statement of action medeor International Healthcare gGmbH
- 56 | Status report and outlook
- 58 | Thanks to supporters and donors
- 59 | Our guidelines
- 60 | Contact

Publisher: Deutsches Medikamenten-Hilfswerk action medeor e.V. St. Töniser Straße 21 | 47918 Tönisvorst | Germany

Responsible for the content: Bernd Pastors (CEO),

Christoph Bonsmann (Executive Committee Member)

Managing editors & concept: Dr. Angela Zeithammer, Laura Bräuning

Design, layout & setting: Christine Holzmann

Cover picture: © action medeor / R. Castera

The cover shows a member of staff at the Madisi Hospital in Malawi

This annual report was printed on PEFC certified paper.











Christoph Bonsmann

Bernd Pastors

Dear friends and supporters of action medeor,

Health cannot be a question of national or ethnic origin; it is a fundamental right of every person—regardless of age, gender, ethnic origin, sexual orientation or political and religious views. This is firmly enshrined in the guidelines of action medeor, and these principles have informed and guided the work of action medeor for more than 50 years now.

Poverty denies a person access to reliable health services. Add that to natural disaster or armed conflict, and a fragile health system will soon be on its knees. This leaves victims without critical aid and keeps the chronically ill from getting regular care; worse still, illnesses such as pneumonia and diarrhea, which are easily treated, can quickly become deadly.

As a global dispensary, action medeor provides essential primary care. The focus in the previous year was on Syria, Yemen, Northern Iraq, DR Congo and South Sudan. Some emergency relief efforts were personally coordinated by action medeor staff on the ground. All too often, access to the affected areas posed a significant challenge, partly because of the warring parties.

As well as addressing the need for urgent and regular supplies of essential medicines to the many health facilities across the world, action medeor works hard to help strengthen the local healthcare systems. In 2017 this again meant the training of pharmaceutical professionals in both academic and non-academic contexts. It is this aspect that will now be the focus of our action medeor foundation—

as an investment in the future. By enhancing the quality of training, the health sector as a whole will be strengthened.

The current social media campaign of action medeor, taglined "Help the Helpers", aims to convey the message that the hands of medical workers are tied without adequate supplies of medicines and medical devices. Every possible effort is made to change this. But our work can only be effective with the support of private donors, corporate sponsors, public investors and foundations. We are hugely grateful to all our supporters for the generous contributions over the past year.

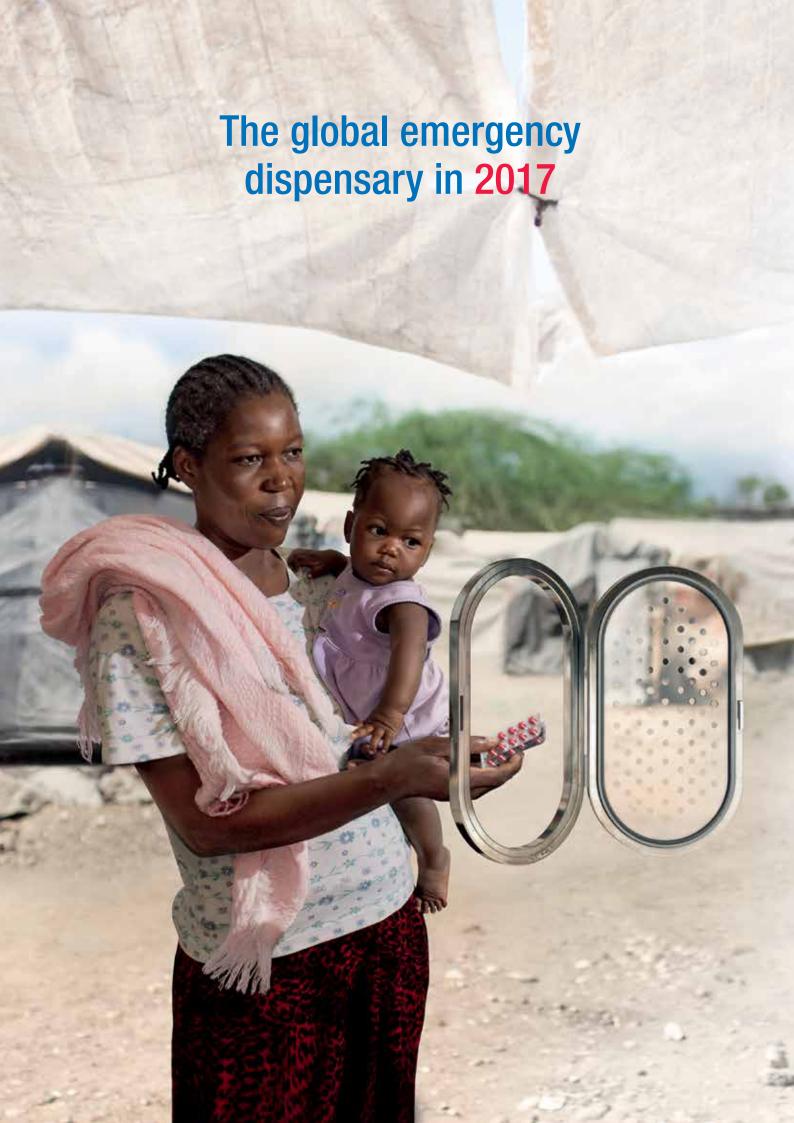
Bernd Pastors

Tönisvorst, June 2018

Christoph Bonsmann

Executive Committee Member

Mistoph Hongmenn



Receipt of 6,97 million euros of restricted & unrestricted monetary donations



1,65 million euros of in kind donations
4,22 million euros of third-party funding



Know-how of 78 full-time employees and 40 volunteers

A warehouse of $4,000 \ m^2$ stores 143 different medicines and 521 medical supply items.



13,889 packages weighing 321 t in total were sent to



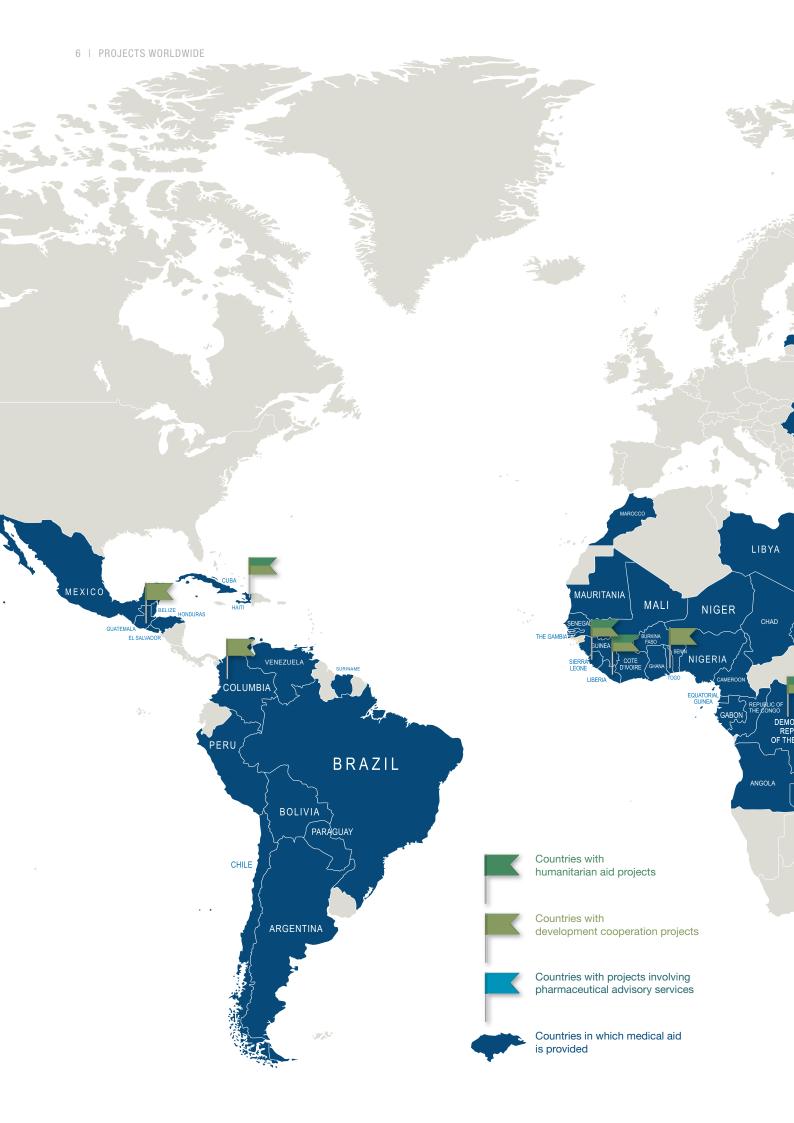
different countries.

More than 2.5 m. people benefited from emergency aid and reconstruction projects.



Our projects reached around 3,3 m. people.









Health is a human right—advocated by action medeor

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services (...)"

Universal Declaration of Human Rights adopted by the United Nations in 1948

Making this right a reality for everyone is an overriding global goal to which the Governments of the various States have committed themselves by signing the Declaration of Human Rights. But its implementation is still a way off. While significant progress has been made, particularly in terms of lower infant mortality and the prevention and treatment of HIV/Aids and tropical diseases, the World Health Organization (WHO) estimates that some one billion people do get the healthcare they need because it is either not affordable or not available. In other words, people living in poor areas of the world die from diseases that are actually treatable, while pregnancy and child birth still pose a threat to the life and health of mother and child.

The huge differences in living conditions between the countries and individual areas of a country present an enormous challenge. With this in mind, the United Nations, at its summit in 2015, adopted the 2030 Agenda, which is centered on an ambitious set of 17 Sustainable Development Goals to eradicate poverty in all forms and dimensions.

The SDG that directly relates to health is Goal 3: Ensure healthy lives and promote the well-being for all at all ages.

This ties in with the four priorities of action medeor:







































Medical aid:
Working together for global health



Development cooperation:
Effective improvement of health structures



Humanitarian aid:
Immediate aid in disasters



Pharmaceutical advisory services:
Knowledge transfer and training

Ethical standards

The work of action medeor is guided by nationally and internationally accepted ethical standards. This includes several voluntary commitments mandating ethical conduct in all aspects of our work.

> European Consensus on Humanitarian Aid: This Joint Declaration reflects the common commitment across the EU to work more closely together to ensure the most effective implementation of humanitarian aid based on the fundamental humanitarian principles of humanity, impartiality, independence and neutrality.

> Core Humanitarian Standard: This standard sets out Nine Commitments that organizations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide.

> Code of Conduct: The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief creates a set of common universal standards for humanitarian response and aims to strengthen the quality of humanitarian assistance.

> The Twelve Basic Rules of Humanitarian Aid were agreed upon by the relief agencies and federal ministries represented on the Humanitarian Aid Coordination Committee of the Federal Foreign Office (KoA). They include, inter alia, the right to humanitarian aid irrespective of race, religion, nationality, political convictions or other distinguishing features.

> Corporate partnerships are welcome where companies identify with the values of action medeor and operate under a code of ethics inspired and guided by the United Nations Global Compact, a global alliance between companies and the UNO in order to make globalization more socially and ecologically compatible.

> The suppliers and service providers of action medeor are rigorously vetted in a selection process based on ethical and other criteria. Manufacturers of drugs and medical devices are carefully screened particularly to ensure fair working conditions as outlined in the International Labour Organization (ILO) conventions.

> The Purchasing team of action medeor procures products in line with the standards of Humanitarian Procurement Centers, including, inter alia, the principles of ethical procurement, nondiscrimination and transparency.

> The Guidelines of action medeor define our mission alongside the values and principles of our organization, which are informed by the translation of the Latin word "medeor" into English: "I help, I heal."

> The VENRO Code of Conduct is aimed at promoting better quality in civil society's development cooperation and humanitarian relief through common principles and standards and through making the activities of VENRO members more transparent to the public and the donor.





Many of the children brought to us are malnourished because food is scarce and often prohibitively expensive in the continued violence. With the special high-calorie food and vitamin supplements supplied by action medeor we can soon get these boys and girls back on their feet.

Dr. Marianna Santin | Doctor at the Comboni Hospital in Wau, South Sudan

Medical aid

action medeor supplies aid organizations and health centers worldwide with medicines defined by the World Health Organization (WHO) as essential to satisfying the priority healthcare needs of the population. This is complemented by a wide selection of medical supplies and devices. Our 4,000 m² warehouse in Tönisvorst stocks more than 140 different medicines and 500 different medical items and devices at any given time, enabling action medeor to react promptly in emergencies and deliver medical aid within 24 hours.

All medicines and medical supplies are provided at cost or, preferably, funded by donations. Other aid deliveries are subsidized by or entirely paid for through public funds. The pharmaceuticals industry supports our cause with much appreciated and lifesaving donations in kind.

As a pharmaceutical wholesaler action medeor sources its medicines from certified manufacturers that abide by strict quality standards. Every product label shows the name of the manufacturer. Where our organization holds a license to pharmaceutical products, action medeor appears on the label as well. In other words, each medicine is easy to trace.

Medicines supplied by action medeor are high-quality generics that contain the same active ingredients as the original brand product, but are no longer covered under patent protection. The selection is informed by the WHO Model List of Essential Medicines, and the whole range is subject to annual audits.

Most of the medicines are procured from qualified manufacturers in India and China. Not only are their prices lower, but some medicines found on the WHO List are not produced in Europe, as cer-



tain diseases do not occur or treatment is not generally provided. What is more, these manufacturers conduct stability tests for climate zones III and IV, which are most relevant to the medical aid that action medeor provides.

In the last year, action medeor supplied 91 countries with medicines and medical supplies worth 6.94 million euros (2016: 7.53 million euros).

Safe medicines and donations in kind

All action medeor suppliers and products are routinely vetted to ensure consistent high quality. As a pharmaceutical wholesaler, action medeor also meets strict drug criteria. Adopting these high standards has led to the accreditation of our aid organization as an official procurement center of the European Union. Our recognition as a Humanitarian Procurement Center (HPC) is contingent on periodic audits.



Monitored by Düsseldorf District Council

Supplier/manufacturer of proprietary medicinal products

GMP certificate (Good Manufacturing Practice) from the national medicines regulatory authority as minimum standard

Inspection by medicines regulatory authority Inspection by EU medicines regulatory authorities or additional inspection by action medeor

Product/proprietary medicinal product

Comprehensive audit and review of quality assurance documents for each medicine before ordering

Duplicate analysis by an independent laboratory for manufacture outside the EU

Goods receipt inspection

Inspection by qualified personnel at action medeor

Shipping approval

Duly manufactured and inspected, the batch is approved by an action medeor pharmacist

Valuable in kind donations:

Through in kind donations companies play a valuable role in improving medical care, which could not otherwise be financed with monetary donations alone.

Suitable medicines and medical supplies

- ... meet the demand of our partners
- ... are from a reliable source
- ... have an adequate shelf life

Medical aid for people in crisis around the world

In 2017 medical aid centered on four major issues: the disastrous famine in East Africa, the humanitarian crisis in Yemen, and the violent and war-torn regions in Iraq and Syria. Relief efforts will continue through 2018.

Political crises have been a common factor for years in these regions. For the people living there it has meant endless hardship entailing escape and displacement, and always a dire lack of medical care. Easily treatable diseases turn life-threatening, chronic illnesses remain untreated, and serious injuries are left without emergency care.

In East Africa, prolonged periods of drought have sharply curbed harvests and left food supplies at an all-time low; this is compounded by violent conflicts in South Sudan, forcing people to leave their homes. In response to the dire humanitarian situation in these regions, action medeor sent off supplies of medicine and therapeutic emergency food. With support from the Ministry of Foreign Affairs, an emergency relief project was implemented to supply health facilities in South Sudan with urgently needed drugs and medical consumables. In Somalia action medeor delivered aid to mo-

bile clinics, particularly to provide treatment for malnourished children and pregnant women.

Resources in Yemen have been depleted for a long time, leaving many without access to clean drinking water, and millions starving. The number of cholera cases rose steadily over the past year. In response action medeor sent a shipment of medicines worth 333,000 euros to local partners in Yemen, more is due to follow. The regions in Northern Iraq and Syria received medicines worth 327,000 euros and 250,000 euros, respectively. Again, health workers here are working in the most difficult situations, lacking vital drugs and consumables.

The medical aid provided by action medeor manages to reach its destinations despite significant logistical challenges; this is thanks in no small part to the excellent work of our local partner organizations.



action medeor supports health system in Tanzania

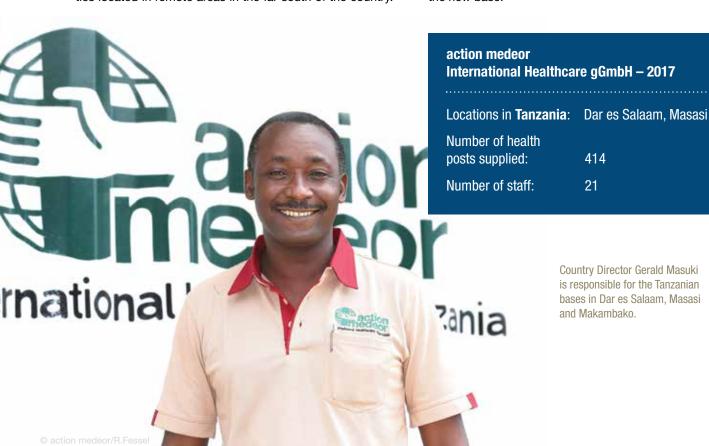
Since its founding in 1964, action medeor has supplied medicines to numerous health posts in Tanzania. In 2004 the aid organization set up action medeor International Healthcare, which opened its first branch in Dar es Salaam in 2005. Two more have since been added in rural Tanzania, all of them now effectively improving access to quality-assured medicines.

Health facilities and medical supplies fall under the remit of the Ministry of Health and Social Welfare in Tanzania. In many instances, however, the demand for medicines cannot be fully met by the government, affecting particularly church-run health posts in rural regions and leaving many patients without adequate care. Shortages of medical supplies include antibiotics, malaria medication, painkillers, dressings, syringes, needles and cannulas. The situation is made worse by a chronic lack of qualified health workers, especially in rural areas.

Through its warehouse in Dar es Salaam, a city with a population of approximately five and a half million people, action medeor has already made a significant difference to medical care in Tanzania. A second distribution base in Masasi, some 600 km away, speeds up deliveries to health facilities located in remote areas in the far south of the country.

Now, action medeor plans to set up a third warehouse in Makambako to supply the country's southwest region. As a long-standing partner cooperating with action medeor since 2012, Hamburg-based intralogistics specialist Jungheinrich continued throughout 2017 to support action medeor with a generous donation that has enabled the renovation and fitout of the building and helps to finance the running costs.

While these warehouses in Tanzania cut down markedly on transportation, they also help to fill a critical gap in the supply of medicines. What is more, action medeor seeks to strengthen local healthcare structures in the long term by employing local professionals under Country Director and pharmacist Gerald Masuki. He succeeds former Country Director Fritz Steinhausen, who retired in 2017. The team in Tanzania was increased by a further three members for the new base.



Improved availability of medicines in Malawi

Malawi is among the smallest countries in Southeast Africa, yet one of the most densely populated. The country's rapid population growth compared to the rest of the world has contributed to an acute shortage of land and presents an overarching challenge for Malawi. This includes the healthcare system.

Since 2017 action medeor has operated its own central medicines warehouse in Malawi's capital Lilongwe, making it the first charitable procurement and distribution organization in the country. With 500 m² of space, the facility stocks a wide variety of medical materials and commodities. The selection of generic drugs is guided by the List of Essential Medicines published by the World Health Organization. Warehouse and offices, along with the organizational structure of the new distribution center were set up with support from our long-time partner, Jungheinrich AG.

Inexpensive quality medicines are delivered at cost to noncommercial health services, public facilities, the healthcare arm of church organizations, as well as national and international non-governmental organizations. The aim is to ensure that treatment with affordable and often essential medicines, medical supplies and diagnostic equipment is available and accessible to patients in Malawi, and so to prevent the many unnecessary deaths of children as well as adults as a result of unavailable or substandard medicines.

The six-strong team around Country Director Susann Held also offers pharmaceutical advisory services, to help alleviate Malawi's shortage of qualified health workers. Advice is given on aspects including hospital laboratory or infrastructure, with upcoming seminars on maintenance of laboratory equipment and proper use of blood glucose meters. Training is aimed at health facility staff and national authorities.

action medeor Medical Aid Organization Malawi Ltd. - 2017

Location in **Malawi**: Lilongwe

Number of health

56 posts supplied:

6 Number of staff:





>> The shocking number of undernourished and malnourished children is a huge challenge. Additional resources from action medeor enable us to give our patients the best possible care in the face of major restrictions. That's what drives us each and every day.

Ibrahim Rashid Mohamed | Pharmacist at the Hamar Jabjab Hospital, Somalia

Humanitarian aid

The year 2017 once again broke a series of sad records in humanitarian aid. More people than ever before were impacted by crises and disasters, and needing our help. At the forefront were the humanitarian crises in Syria and Yemen, affecting more than 35 million people, along with East Africa and DR Congo, where over 30 million people face starvation and conflicts. These plights therefore dictated the priorities of action medeor in terms of humanitarian assistance in the previous year. Emergency relief was focused on South Sudan, DR Congo, Somalia and Syria. In addition to this, action medeor implemented several projects addressing the issues of transitional aid, disaster preparedness and reconstruction in Sierra Leone, Liberia, the Philippines, Nepal and Haiti.

The humanitarian ecosystem is currently facing a radical overhaul. Escalating armed conflicts and the effects of climate change have pushed the world's humanitarian needs to unprecedented levels. Recognizing the need for humanitarian aid to evolve and to adapt to these new realities, the international community of non-governmental organizations, donor agencies and research institutes is pushing ever more strongly for new approaches in order to create a more efficient and better coordinated response to the needs of the people. Among these new approaches are greater involvement of national actors, and more effective and collaborative networking between the various humanitarian agencies and the local communities. On the ground, action medeor works closely with partner organizations that direct their attention particularly to the most vulnerable groups within the population and engage with national and international humanitarian structures. Coordinated and coherent action at this level enables these humanitarian actors to use their collective capacities and resources efficiently to ensure the best possible impact in aiding people confronted by humanitarian crises.



By and large, action medeor implemented 24 projects worth more than 3 million euros in 2017. In 2018 action medeor seeks to further intensify its cooperation, particularly with partners in DR Congo, East Africa and Syria. Once again, every effort will be made to help alleviate the growing humanitarian needs.

Below is an overview of the number of people that benefited from the various forms of humanitarian assistance provided by action medeor in 2017.

EMERGENCY RELIEF/ASSISTANCE

responds promptly to meet the most urgent needs



60 tons of medicines and medical equipment



Additional relief supplies for more than **90,000** people



Medical care for 435,000 people



Treatment of **12,000** malnourished children

TRANSITIONAL AID & RECONSTRUCTION

to strengthen basic infrastructures and improve the standard of living



Strengthening and reconstruction of **32** health facilities



Support of **95,500** of the most vulnerable people



Water, sanitation and hygiene for **90,700** people



Training of **580** health promoters and first responders

Humanitarian emergency relief in South Sudan

In February 2017 the United Nations declared a famine in parts of South Sudan. With support from the Ministry of Foreign Affairs, action medeor dispatched lifesaving medicines to three regions in this fragile country.

The situation in South Sudan is complex. Civil war, drought and economic collapse have led to one of the worst humanitarian crises in a long time, as conflict-induced internal displacement promotes the spread of communicable diseases like cholera. Even before the resurgence of violent conflict in 2013, South Sudan's healthcare system had been chronically underfunded.

Militant activities hamper the supply and distribution of medicines for national and international aid workers. Those health facilities still functioning have a critical shortage of essential medicines and medical supplies. Attacks on health centers and the resulting migration of healthcare professionals exacerbate the situation still further. The rainy season from May through October saw a dramatic spike in malaria and diarrheal diseases. At over 60 percent, malaria is one of the main causes of death, along with respiratory infections and diarrheal diseases. Moreover, South Sudan has the highest rate of maternal and child mortality in the world.

Key project data:

Project region: former states of Lakes,

Warrap and Western Bahr el Gazal

(WBeG)

Project period: June 2017 - February 2018

Total funding: 1,418,950 euros

In the context of emergency relief intervention, action medeor, with support from the Ministry of Foreign Affairs, dispatched medicines and relief supplies to eleven health facilities in the three former states of Lakes, Warrap and Western Bahr el Gazal. Altogether, two large aid shipments of medicines and medical supplies were sent to provide aid for some 1.5 million people. Throughout this process action medeor worked closely with three local organizations: Comitato Collaborazione Medica, Doctors with Africa and Mary Help Association in Wau.



Protection of healthcare in Syria

The war in Syria has been raging for seven years, so far claiming the lives of half a million people. Many of the country's medical facilities have been destroyed, leaving both the victims of armed conflicts and the chronically ill without proper treatment. The State Chancellery of NRW joined to help improve the medical situation here.

Since the outbreak of war in Syria, action medeor has supplied health facilities and hospitals in the country with medicines and medical supplies. Over the course of the conflict, humanitarian intervention in the war zone has progressively grown more difficult and is now only possible in cooperation with local partners. Since 2012, action medeor has delivered medicines, medical supplies and equipment worth 3.4 million euros to healthcare facilities in Syria. Working closely with local partners, aid deliveries were made to hospitals and health facilities in Homs, Idlib and Aleppo, and to refugee camps on the Turkish border. Additional mobile clinics are run by our partners for the countless internally displaced Syrians, to provide the worst-hit families with basic medical care.

The State Chancellery of North Rhine-Westphalia provided funding of 200,000 euros for a health project put into action by action medeor in the region around Idlib. It involves the supply of medical equipment, accompanied by training of local hospital staff, which will significantly improve patient treatment and enable services beyond primary care. Equip-

Key project data:

Project region: Idlib, Syria

Project period: December 2016 – July 2018

Total funding: 200,480 euros

ment included mobile and dental x-ray systems, portable ultrasound units, a defibrillator, an incubator and other devices and medical consumables. The relief supplies were shipped in two batches and reached their destination despite difficult conditions.

Our partner organization Orient for Human Relief operates several health facilities in Syria. Their interconnected structure and close cooperation with action medeor ensures efficient use of all available resources in order to deliver the best possible healthcare to the people.



Support for clinic operations in Somalia

Somalia is one of several countries in East Africa whose people continued in 2017 to suffer from unrelenting drought. Its effects are particularly devastating for the rural communities. In the six months of 2017 alone, food shortages forced 160,000 people to flee to the capital, Mogadishu.

The Hamar Jabjab Health Center in Mogadishu, a city with a population of 2+ million, provides a vital lifeline for many women and children. Bordered by one of several refugee camps in Somalia's capital, it is the only place for some 80,000 people in the district to go for more comprehensive medical services. Since April 2017 the health center has also run a stabilization unit for malnourished children.

Around 4,200 women and children seek treatment at the health center every month, often for suffering the effects of a grueling trek to Mogadishu. Children in particular are in urgent need of medical care for acute malnutrition. Diseases such as cholera, pneumonia and diarrhea pose further deadly threats. Staff at the Hamar Jabjab health center are trained to deal with these cases. Focus is also given to the treatment of pregnant women. Caesarean sections at a private hospital cost around 500 US dollars-the center performs these lifesaving procedures at no cost. Local aid workers, meanwhile, organize hygiene education events and run mobile clinics to reach the sick and needy in surrounding villages.

In the past, action medeor supported expansion and renovation projects ensuring professional gynecological and

Key project data:

Hamar Jabjab, Wabari, Hamar Project region:

Weyne & Bondhere districts,

Banadir region

Project period: Phase I: August 2014 – July 2017

Phase II: August 2017 -

February 2018

Total funding: 916,251 euros

pediatric care. The goal in the medium term is to hand over responsibility for the health center to the Ministry of Health. In the meantime we need to provide the means that enable the team of five doctors, 17 nurses, midwives and caregivers to continue their work. Among other aspects, this includes training measures to help effectively raise the medical expertise in the country. The project is implemented in cooperation with the local Wardi Relief and Development Initiatives (WARDI) organization.





Development cooperation

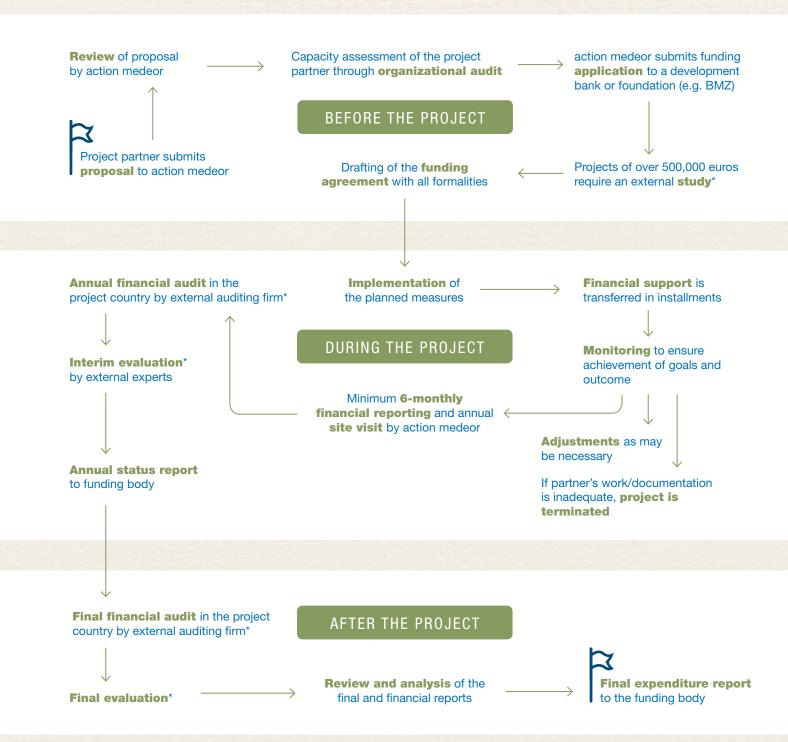
At the core of action medeor's development cooperation program is the desire to deliver real and lasting improvements to the health situation of the communities in our partner countries. All our projects are executed alongside local partners and are aimed in the first place at people whose financial, social or cultural circumstances put them at particular health risk. In developing countries, the highest risk category includes babies, pregnant women and mothers. Primary consideration in every context is given to putting in place a set of measures designed to help prevent disease. This includes educating people on effective prevention, such as proper use of mosquito nets or protection against sexually transmitted infectious diseases. Other programs are focused on improving nutrition, sanitation and potable water supply, while information events organized by local partners teach women about sexual and reproductive health and rights, and the prevention of violence against women. At the same time, action medeor supports partner projects that address hygiene and sanitation issues in various regions, including Nepal and Haiti, and assists with nutrition intervention initiatives in countries such as Somalia and Guatemala. Projects run by action medeor are rounded out by training and education for local healthcare providers.

A critical element of our team's project management responsibilities, next to the project's conceptual design, is monitoring the progress and performance of the initiative. This involves continuous observation of all project activities, establishing whether it is moving toward the set goals and outcomes, and keeping an eye on the costs, thereby allowing us, where necessary, to agree and initiate appropriate adjustment strategies with the implementing partners. Each project begins with defining specific indicators that serve to track progress toward achieving the development objectives. Following this, baseline data is collected at project start. The project is monitored both by our partner organization and by the action medeor team, using a mix of different methods, including standardized questionnaires, participative group discussions based on clearly defined key questions, or the tracking of key data.



In 2017 action medeor supported 31 healthcare projects in Asia, Africa and Latin America, worth over 1.9 million euros. Next to donations and endowments, almost 1.54 million euros of the project costs were funded by the German Federal Ministry for Economic Cooperation and Development (BMZ), and around 117,000 euros by the German Society for International Cooperation (GIZ).

Given the diversity of initiatives organized across the various continents, action medeor follows meticulously coordinated structures and processes to ensure effective planning and implementation. This allows us at the end to review each project in terms of goal achievement and overall outcome.



Improving maternal and infant healthcare in Guatemala

Guatemala has one of the highest maternal mortality rates in Latin America. In the past, limited access to basic healthcare services, shortages of trained and properly equipped midwives and lack of information among monthers-to-be led to complications during pregnancy and birth.

The municipalities in the rural area of the Department of Totonicapán have little, if any, access to basic public healthcare services. Add to that the fact that indigenous women and young people in particular are rarely if ever taught about issues of sexual and reproductive health and rights, such as family planning, use of contraceptives and the prevention of sexually transmitted diseases and HIV/Aids. These are the very factors, however, that contribute profoundly to the high levels of diseases and death among mothers in the project region. Not only that, but in many cases access to contraceptives and sex education for the young people is hobbled by traditional values. Many adolescent girls unintentionally become pregnant at a young age. These teen pregnancies pose numerous health risks, not to mention the financial and social consequences they entail. For many young women, early pregnancies mean less chance of an education, development and a brighter future.

A project carried out jointly with our partner organization Pies de Occidente in the years 2009 through 2013 to improve the health and rights of women achieved much already. However, there is need for further, more intensive and continuing education, particularly for traditional midwives, as many of

Key project data:

Municipalities of San Andrés Xecul. Project region:

San Francisco El Alto and

Momostenango, in the Totonicapán

Department, Guatemala

February 2014 – November 2017 Project period:

Total funding: 590,726 euros

them are illiterate. The women in this project region must be better informed about danger signals in pregnancy, during and in the weeks following childbirth, and about available family planning methods. It is also important to involve men in these awareness-raising events. The follow-on project, funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) and the Walter and Hannelore Lappe Foundation, achieved much, not only in terms of upskilling 365 midwives, but in many other aspects too, including awareness-raising events for pupils and parents. What is more, the issues of sexual and reproductive health and rights are now part of the country's syllabus.



Opening of a midwifery school in Sierra Leone

The health system in Sierra Leone is marked by a shortage of qualified health workers in every field. Only 311 midwives and as few as 190 doctors, including five gynecologists, are available for 5.3 million people. The country's maternal and child mortality rates are among the worst in the world.

In 2014 the country's already overburdened health system was hit hard by the Ebola outbreak. The virus killed 3,800 people, with more than 12,000 contracting the disease. But Sierra Leone's poor infrastructure and its shortage not only of medical professionals, but of medicines were central factors leading to high maternal and infant mortality rates even before the Ebola outbreak. In response to this, the government launched an initiative in 2010 that gives particular focus to scaling up maternal and child healthcare services and to training qualified midwives, especially after the Ebola crisis. It also includes considerations such as the presence of a midwife in every public health facility. Further government plans involve the establishment of a midwifery school in each of the country's four regions and training 200 qualified midwives a year.

Sierra Leone has two national schools of midwifery, in Freetown and Makeni. Between them, they train an average of 100 midwives a year. Both institutions lack capacities to meet the minimum requirement of around 3,000 midwives

Key project data:

Sierra Leone, Bo (southern region) Project region:

Project period: January 2017 – December 2020

1.3 million euros Total funding:

by 2020. Their locations mean that midwives are currently trained primarily for the west and north of the country. In order to cater for the southern and eastern provinces of Sierra Leone, action medeor has partnered with the local organization Caritas Bo to set up an additional midwifery school. Having agreed on using an existing building, the facilities were extensively renovated, before teachers were recruited. In November 2017 fifty students started the two-year midwifery training program, with a further 50 candidates due to be admitted each year. The project is funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) and supported by private sponsor Stefan Quandt.



HIV/Aids prevention and medical care in DR Congo

UNAIDS estimates that around four percent of the population in DR Congo are infected with the HIV virus. Conflict-driven violence is fuelling its spread, compounded by a lack of knowledge about the disease and its prevention. Joining in a project with its partner organization AFPDE, action medeor seeks to change this.

Sexual violence against women and girls is rampant in eastern DR Congo, one of the poorest regions in the world. It also puts the victims at a higher risk of contracting HIV. To make matters worse, the region is an endemic malaria zone, with children and pregnant women most at risk of infection.

In response to this, local organization AFPDE and action medeor have made it their goal, through HIV/Aids and malaria awareness-raising measures and medical care, to strengthen those affected and to equip them with the information, skills and commodities they need to fight HIV/ Aids and malaria. Project activities to date have proved successful, with 18,000 people so far having sought voluntary testing at 15 health centers and now know their HIV status, with appropriate prevention or treatment strategies in place and psychosocial support available for the infected. In an effort to help reduce the spread of the virus and to develop self-help skills, action medeor also promotes and supports a program set up to prevent mother-to-child transmission of HIV and to initiate income-generating measures for 200 people living with HIV.

Key project data:

South Kivu region: Uvira, Kiliba, Project region:

Sange, Luberizi, Luvungi and

Kamanyola

December 2015 - December 2018 Project period:

Total funding: 607,173 euros

In addition, 10,000 mosquito nets are distributed to prevent malaria, while 28 village heads are trained to educate villagers about transmission routes, prevention and treatment options. Particular focus is given to pregnant women and children below the age of five, who are put on prophylactic malaria regimens and are treated at no cost if they are sick. These initiatives reach around 200,000 people in total. The project receives 75 percent of its funding from the German Federal Ministry for Economic Cooperation and Development (BMZ).





been instrumental in this. It is a huge step toward improving healthcare in rural communities.

John Bitoro | University of Health Sciences in Mwanza, Tanzania

Pharmaceutical advisory services

The strength of a country's health system depends not least on whether and to what extent people have access to medicines. Medicines should be available to all people at all times in adequate amounts, in the appropriate dosage forms, with assured quality, evidence of clinical efficacy and safety, and at a price the individual and the community can afford. All factors that may jeopardize the quality of medicines must be eliminated. To ensure all this, there needs to be qualified professionals in every sector of the pharmaceutical industry—from the manufacturer and wholesaler through to pharmacies, hospitals and health centers. Not forgetting, of course, the relevant ministries and authorities.

A central issue, particularly in developing countries, is the regulation of the pharmaceutical market. Poverty and precarious living conditions heighten the risk of people getting ineffective if not harmful products. The progress made across several countries in recent years is remarkable. But more needs to be done to ensure practical application of the international standards in every segment of the population and every area. Substandard medicines, after all, pose a direct threat to public health as much as to the health of each individual.

A primary objective of action medeor, therefore, is to promote the supply of quality medicines to all people and thereby to improve public health. Our efforts here center on the training and development of specialists. Working with senior experts, who largely volunteer their time, our pharmaceutical advisory team covers a wide range of aspects related to procurement, production, medicine management, quality control and drug safety.



Over the last year the work of action medeor in this area pivoted around the support of quality control laboratories with initiatives such as a training program for a national pharmaceutical laboratory in Nepal. Another dimension of our engagement with pharmaceutical advisory services is the improvement of drug manufacture in the countries of the South. In 2017 this involved a review, carried out for the East African Community, of all manufacturers in Tanzania, Uganda and Rwanda, and developing concrete measures to improve the production conditions.

Strengthening East African pharmaceutical companies

Up to 30 percent of the East African pharmaceutical market is supplied by local manufacturers. The quality of their drugs varies widely. In the worst case, medicines are not sufficiently effective or may even be harmful. The German Society for International Cooperation (GIZ) engaged action medeor to conduct a study with the aim to harmonize the quality standards.

In light of the differences in quality, not only of the individual production sites, but also of the quality management systems, the East African Community (EAC) launched a fiveyear plan for pharmaceutical manufacturers to ensure all companies meet the rules of Good Manufacturing Practice (GMP) applicable in the East African Community. Within the framework of this plan, action medeor was commissioned, in a one-year project, to visit and advise all drug manufacturers with a view to developing concrete measures to improve the production conditions. To this end, action medeor joined with a team of internationally experienced auditors and the relevant supervisory authorities in the country to inspect a total of 26 drug manufacturers in Tanzania, Uganda and Rwanda.

Combining the results of these individual consultations, action medeor set out a GMP roadmap in close collaboration with local stakeholders, that proposes a set of specific ac-

tions aimed at improving the manufacture of pharmaceutical products. The steps and measures it contains will need to be introduced and executed at corporate level in the next three to five years to bring the varying standards of the manufacturing sites up to the internationally accepted WHO standards of Good Manufacturing Practice. The project is implemented with the involvement of the relevant supervisory authorities and all pharmaceutical companies in Tanzania, Uganda and Rwanda. It provides not only a comprehensive baseline and overview of the current situation, but presents an informed outlook, and will play an important part in strengthening the local economy, while improving public health outcomes.

Key project data:

Tanzania, Uganda, Rwanda Project region:

March 2017 - February 2018 Project period:

Total funding: 303,841 euros



Training laboratory staff in Nepal

As many less developed countries, Nepal faces a shortage of health personnel, especially in the pharmaceutical sector. The spread of substandard and falsified medicines is pronounced in countries where the manufacturing, import and supply of drugs is not highly regulated.

The Nepalese National Medicine Laboratory (NML) is in charge of analyzing the quality of medicines in Nepal. But the NML lacks the resources and capacities needed, for example, to carry out tests on each batch of a drug before its import and post marketing. Both tests are important contributing factors to ensuring the quality and safety of medicines available to the public.

Commissioned by the National Metrology Institute of Germany, action medeor organized a training program in 2017 to strengthen the capacities of the chemical and pharmaceutical laboratory technicians at NML. The six-month project involved the analysis of specific drug samples collected from the Nepalese market. In a first step, however, staff at the laboratory were given thorough training by experts in the field, who remained on hand with help and advice throughout the project. The product selected for this project was a specific drug used to treat certain stomach problems by decreasing the amount of acid in the stomach and was chosen after NML tests had repeatedly yielded out-of-specification

samples of the product were analyzed each month in three different laboratories, including NML and a WHO prequalified laboratory.

The project enabled NML to benchmark itself against a WHO prequalified laboratory that works to the highest standards. The expertise acquired by NML staff in taking and preparing samples and in the use of specific analytical methods can now also be applied to other procedures and products.

Key project data:

Project region: Kathmandu, Nepal

Project period: February 2017 – December 2017

Total funding: 36,000 euros



Selection of projects in 2017

Himmenitarian Aid Africa OR Congo Emergency relief for Euroradian relugues and host families on DR Congo Healthcare and divising water supply for Burundian relugues and host families on DR Congo Healthcare and divising water supply for Burundian relugues and localis Liberia Liberia Liberia Soier power system for the Dr. Down Mirmen maternity hospital in Sasstown Liberia Charactery supplient for the Dr. Down Mirmen maternity hospital in Sasstown Liberia Liberia Liberia Liberia Liberia Liberia Liberia Charactery supplient for the Dr. Down Mirmen maternity hospital in Sasstown Constitution of the Dr. Down Mirmen maternity hospital in Sasstown Constitution of Sasstown Liberia Charactery and Constitution of Mirmen Constitution of Mirmen in Down Mirmen Mirmen in Down Mirmen Constitution of Improvement of healthcare in Mispalashiu South South Constitution of Improvement of healthcare in Mispalashiu Ospital Charactery Constitution of Improvement of access to assessal and reproductive health and rights in Kathmandu Mirmen Constitution of M		Continent	Country	Project focus	
Discovery system for the Dr. Down Nimene maternity hospital in Sasstown Liberia Liberi	Humanitarian Aid	Africa	DR Congo	Emergency relief for Burundian refugees	
Liberia Solar power system for the Dr. Drano Nimene maternity toegila in Sasstown Liberia Laboratory equipment for the Dr. Drano Nimene maternity toegila in Sasstown Sierra Leone Further training of healthcare providers in dealing with infectious diseases and prevention Sierra Leone Provider of the International Control of the International Control of the International Control of the International Control of International Control of International Control of International Control of International Control Science (International Control of International Control of Int			DR Congo	Healthcare and drinking water supply for Burundian refugees and host families	
Liberia Laboratory equipment for the Dr. Domo Nimena hospital in Sasstown			DR Congo	Healthcare and drinking water supply for Burundian refugees and locals	
Sierra Leone Further training of healthcare providers in dealing with infectious diseases and prevention Serva Leone Emergency relief for landside victims in Bio Somalia Somalia Phase I: Reconstruction and improvement of healthcare in the Banadir region Phase I: Reconstruction and improvement of healthcare in the Banadir region Somalia South Sudan Phase I: Provision and stabilization of basic and mother/child healthcare in Mogadishu Supply of medicines to eleven health facilities in South Sudan Improvement of Society of WASH ywater, sanitation and bygicine) facilities in schools Repair of WASH ywater, sanitation and bygicine) facilities in schools Philippines Training of freswers Philippines Safe schools for all, disaster prevention Syria Improvement of healthcare in Idea (Provisional Administrational Philippines Safe schools for all, disaster prevention Matthew in Landredle Improvement of Access to sexual and reproductive health and rights Medical aid and reconstruction differ Hurricane Matthew in Landredle Improvement of Access to sexual and reproductive health and rights Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical and psychosocial care for HIV patients OR Coop Medical material medical readment of material and reliable for HIV patients OR Coop Medical and psychosocial readment of material psychosocial psychosocial psychosocial psychosocial psychosocial psychosocial psychosocial psychosocial psycho			Liberia	Solar power system for the Dr. Domo Nimene maternity hospital in Sasstown	
Sierra Leone Sonala Phase I. Provision and stabilization to basic and mother-child healthcare in the Banadir region Phase II. Provision and stabilization to basic and mother-child healthcare in Mogadishu South Sudan Nepal Phase III. Provision and stabilization to basic and mother-child healthcare in Mogadishu Nepal Nepal Improvement of access to sexual and reproductive health and rights in Kathmandu Nepal Setup of WASH (water, sanitation and hygiene) facilities in schools Nepal Setup of WASH (water, sanitation and hygiene) facilities in schools Philippines Safe schools for all, disaster prevention Syria Philippines Safe schools for all, disaster prevention Syria Medical aid and reconstruction after Hurricane Matthew in Lamardelle Improvement of healthcare in Idilia Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Development Cooperation Africa America America Arcia America DR Congo Medical and spychosocolal care for IHI y patients DR Congo Medical and surflyACS awareness and malaria prevention DR Congo Medical and reproductive health and rights DR Congo Medical and reproductive health and rights DR Congo Medical and spychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical and psychosocolal care for IHI y patients DR Congo Medical a			Liberia	Laboratory equipment for the Dr. Domo Nimene hospital in Sasstown	
Somalia Phase I: Reconstruction and improvement of healthcare in the Banadir region Phase II: Provision and stabilization of basic and mother/child healthcare in Migadishu South Sudan Supply of medicines to deven health facilities in South Sudan Improvement of access to sexual and reproductive health and rights in Kathmandu Nepal Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene) facilities in schools Setup of WASH (water, sanitation and hyginene facilities in schools III setup of WASH (water, sanitation and hyginene facilities in schools III setup of WASH (water, sanitation of WASH (water) sanitation and hyginene facilities in schools III setup of WASH (water) sanitation and hyginene facilities in schools III setup of WASH (water) sanitation and hyginene facilities in schools III setup of WASH (water) sanitation of WASH (water) san			Sierra Leone		
Somalia South Sudan South Sudan South Sudan South Sudan South Sudan Asia Nepal Asia Nepal Mopal Setup of WASH (water, sanitation and hygiene) facilities in South Sudan Nepal Setup of WASH (water, sanitation and hygiene) facilities in schools Setup of WASH (water, sanitation and hygiene) facilities in schools Setup of WASH (water, sanitation and hygiene) facilities in schools Training of Ifesewers Philippines Safe schools for all, disaster prevention Syria Improvement of Reathbrace in Idials Medical and and reconstruction after Hurricane Matthew in Lamardelle Improvement Cooperation Africa Konya Improvement of access to sexual and reproductive health and rights Development Cooperation Africa Konya Improvement of access to sexual and reproductive health and rights Development Cooperation Africa Konya Improvement of access to sexual and reproductive health and rights Development Cooperation Africa Konya Improvement of access to sexual and reproductive health and rights Development Cooperation Africa Konya Improvement of access to sexual and reproductive health and rights Development Cooperation DR Congo Mother and child health (provention and medical treatment of malaria) DR Congo Prevention and treatment of malaria as part of the mother and child health initiative Educational program on infectious diseases and support of the clinic Sierra Leone Sierr			Sierra Leone		
South Sudan Asia Napal Improvement of access to secus and reproductive health and rights in Kathmandu Napal Improvement of access to secus and reproductive health and rights in Kathmandu Napal Setup of WASH (weets, satisfation and hylogiene) facilities in schools Philippines Training of lifesavers Philippines Training of lifesavers Philippines Safe schools for all, disaster prevention Syria Improvement of healthcare in Idilb America Hait Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Philippines Training of lifesavers Philippines Safe schools for all, disaster prevention Philippines Philippines Safe schools for all, disaster prevention Philippines P			Somalia	Phase I: Reconstruction and improvement of healthcare in the Banadir region	
Asia Nepal Improvement of access to sexual and reproductive health and rights in Kathmandu Nepal Setup of WASH (water, sanitation and hygiene) facilities in schools Philippines Training of lifesavers Training of lifesavers Training of lifesavers Philippines Safe schools for all, disaster prevention Mark Wash			Somalia	Phase II: Provision and stabilization of basic and mother/child healthcare in Mogadishu	
Nepal Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and hyglene) facilities in schools Setup of WASH (water, sanitation and indifferent will be water Setup of WASH (water, sanitation and indifferent will be water Setup of WASH (water, sanitation and indifferent maker Setup of WASH (water, sanitation and indifferent maker Setup of WASH (water, sanitation and indifferent maker Setup of WASH (water, sanitation and water Setup of WASH (water, sanitation and water Setup of WASH (water, sanitation and water, sanitation and water Setup of WASH (water, sanitation and water, sanitation and water Setup of WASH (water, sanitation and wate			South Sudan	Supply of medicines to eleven health facilities in South Sudan	
Nepal Setup of WASH (water, sanitation and hyglene) facilities in schools Philippines Training of Uliseswere Philippines Training of Uliseswere Philippines Safe schools for all, disaster prevention Syria Improvement of healthcare in Idilb America Halti Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction aid material prevention material and supported for Hurricane Matthew in Lamardelle Medical aid and reconstruction and medical treatment of materials prevention Bo		Asia	Nepal	Improvement of access to sexual and reproductive health and rights in Kathmandu	
Philippines Safe schools for all, disaster prevention Syria Improvement of healthcare in Idib America Halt Medical aid and reconstruction after Furricane Matthew in Lamardelle Improvement of access to sexual and reproductive health and rights Development Cooperation Africa Kenya Improvement of access to sexual and reproductive health and rights DR Congo Medical and psychosocial care for HIV patients DR Congo Mother and child health (prevention and medical treatment of malaria) DR Congo Prevention and treatment of malaria as part of the mother and child health initiative Liberia Educational program on infectious diseases and support of the clinic Sierra Leone Support of Gila's hospital in Bo Sierra Leone Setup and operation of midwifery school building Somalia Improvement of roid security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Togo Empowering at-risk youths Togo Training at schools: Prevention of teerage pregnancies and sexual assault Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security in the rare desert America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Perevention of violence against girls and women, sexual and reproductive health and rights of indigenous communities Halti Trade school training with health focus Colombia Reduction of violence against girls and women, sexual and reproductive health and rights of indigenous communities Firmary healthcare and sexual and reproductive health and rights of indigenous communities Pharmaceutical Advisory Services Arica Malawi Subdy on the availability and affordability of medicines East Africa Malawi Subport of a pharmaceutical PhD student Tanzania Support of a pharmaceutical PhD student Tanzania Support of a pharmaceutical PhD student Tanzania Support of a pharmaceutical Quality Control Laboratory			Nepal	Setup of WASH (water, sanitation and hygiene) facilities in schools	
Philippines Safe schools for all, disaster prevention Syria Improvement of healthcare in Idib America Haiti Medical aid and reconstruction after Hurricane Matthew in Lamardelle Medical aid and reconstruction after Hurricane Matthew in Lamardelle Development Cooperation Africa Kenya Improvement of access to sexual and reproductive health and rights DR Congo Medical and psychosocial care for HIV patients DR Congo DR Congo Malaria and HIV/AIDS awareness and malaria prevention DR Congo Prevention and treatment of malaria as part of the mother and child health initiative Liberia Educational program on infectious diseases and support of the clinic Sierra Leone Support of Gila's hospital in Bo Sierra Leone Setup and operationg of a midwifery school in Bo Sierra Leone Renovation of midwifery school building Somalia Improvement of food security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Training at schools: Prevention of teenage pregnancies and sexual assault Togo Promotion of early childroad education and improvement of furtrition, health, hygiene and security Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Gustemala Pewention of violence against girls and women, exxual and reproductive health and rights Haiti Trade school training with health locus Colombia Malaria Prevention of violence against girls and women, exxual and reproductive health and rights Finanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Support of a pharmaceutical PhD student Tanzania Support of a pharmaceutical PhD student Tanzania Support of the National Pharmaceutical Quality Control Laboratory			Nepal	Setup of WASH (water, sanitation and hygiene) facilities in schools	
Syria Improvement of healthcare in Idlib			Philippines	Training of lifesavers	
America Haiti Medical aid and reconstruction after Hurricane Matthew in Lamardelle			Philippines	ines Safe schools for all, disaster prevention	
Development Cooperation Africa Kenya Improvement of access to sexual and reproductive health and rights DR Congo Medical and psychosocial care for HIV patients DR Congo Malaria and HIVA/IDS awareness and malaria prevention DR Congo Mother and child health (prevention and medical treatment of malaria) PR Congo Prevention and treatment of malaria as part of the mother and child health initiative Liberia Educational program on infectious diseases and support of the clinic Sierra Leone Support of Glia's hospital in Bo Sierra Leone Setup and operationg of a midwifery school in Bo Sierra Leone Setup and operationg of a midwifery school building Somalia Improvement of food security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert America Guatemala Primary healthcare at community level in two rural areas Guatemala Primary healthcare at community level in two rural areas Guatemala Primary healthcare at community level in two rural areas Colombia Reduction of violence against girls and women, sexual and reproductive health and rights Haiti Trade school training with health focus Reduction of violence ball and reproductive health and rights Tranzania Product divel path and rural areas Pharmaceutical Advisory Services Africa Malavi Study on the availability and affordability of medicines Services East Africa East Africa Cast Africa Cast African Community (EAC) roadmap for improved local drug manufacture East Africa Cast African Community (EAC) roadmap for improved local drug manufacture			Syria		
DR Congo Medical and psychosocial care for HIV patients DR Congo Malaria and HIVAIDS awareness and malaria prevention DR Congo Mother and child health (prevention and medical treatment of malaria) DR Congo Mother and child health (prevention and medical treatment of malaria) DR Congo Prevention and treatment of malaria as part of the mother and child health initiative Liberia Educational program on infectious diseases and support of the clinic Sierra Leone Support of Gila's hospital in Bo Sierra Leone Setup and operationg of a midwifery school in Bo Sierra Leone Renovation of midwifery school building Improvement of food security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert Guatemala Primary healthcare at community level in two rural areas Guatemala Primary healthcare at community level in two rural areas Guatemala Primary healthcare at and sexual and reproductive health and rights Halti Trade school training with health focus Pharmaceutical Advisory Services Tanzania Support of a pharmaceutical Phol student Tanzania Support of a pharmaceutical Phol student Tanzania Support of the National Pharmaceutical Quality Control Laboratory		America	Haiti	Medical aid and reconstruction after Hurricane Matthew in Lamardelle	
DR Congo Malaria and HIV/AIDS awareness and malaria prevention DR Congo Mother and child health (prevention and medical treatment of malaria) DR Congo Prevention and treatment of malaria as part of the mother and child health initiative Liberia Educational program on infectious diseases and support of the clinic Sierra Leone Support of Gila's hospital in Bo Sierra Leone Setup and operationg of a midwifery school in Bo Sierra Leone Renovation of midwifery school building Somalia Improvement of food security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Training at schools: Prevention of teenage pregnancies and sexual assault Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Study on the availability and affordability of medicines Fanzania Product development at a Tanzanian drug manufacture Tanzania Pharmaceutical Pho student Tanzania Support of the National Pharmaceutical Quality Control Laboratory	Development Cooperation	Africa	Kenya	Improvement of access to sexual and reproductive health and rights	
DR Congo Mother and child health (prevention and medical treatment of malaria) DR Congo Prevention and treatment of malaria as part of the mother and child health initiative Liberia Educational program on infectious diseases and support of the clinic Sierra Leone Support of Gila's hospital in Bo Sierra Leone Setup and operationg of a midwifery school in Bo Sierra Leone Renovation of midwifery school building Somalia Improvement of food security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Training at schools: Prevention of teenage pregnancies and sexual assault Togo Promotion of early childhoot education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Frimary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a midwifery school in Bo Silvary of the National Pharmaceutical Plo Student Tanzania Support of a midwifery school in Bo Tanzania Product development at a Tanzanian drug manufacturer East Africa Community (EAC) roadmap for improved local drug manufacture			DR Congo	Medical and psychosocial care for HIV patients	
DR Congo Prevention and treatment of malaria as part of the mother and child health initiative Liberia Educational program on infectious diseases and support of the clinic Sierra Leone Support of Gila's hospital in Bo Sierra Leone Setup and operation of a midwifery school building Somalia Improvement of food security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Empowering at-risk youths Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Primary healthcare at community level in two rural areas Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Colombia Reduction of vulnerability of internally displaced persons and returnees Tanzania Support of a pharmaceutical PD student Tanzania Product development at a Tanzaniania drug manufacture Tanzania Product development at a Tanzaniania drug manufacture Tanzania Pharmaceutical PD student Tanzania Pharmaceutical PD student Tanzania Pharmaceutical PD student Tanzania Pharmaceutical PD student Tanzania Pharmaceutical Doubles Paramaceutical Quality Control Laboratory Tanzania Pharmaceutical Doubles Paramaceutical Quality Control Laboratory Tanzania Paramaceutical Quality Control Laborato			DR Congo	Malaria and HIV/AIDS awareness and malaria prevention	
Liberia Educational program on infectious diseases and support of the clinic Sierra Leone Support of Gila's hospital in Bo Sierra Leone Setup and operationg of a midwifery school in Bo Sierra Leone Renovation of midwifery school building Improvement of food security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Improvement of food security in the Thar desert Pakistan Improvement of sod security in the Thar desert Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Flariania Study on the availability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Support of a pharmaceutical PhD student East Africa Community (EAC) roadmap for improved local drug manufacture East Africa Support of the National Pharmaceutical Quality Control Laboratory			DR Congo	Mother and child health (prevention and medical treatment of malaria)	
Sierra Leone Setup and operationg of a midwifery school in Bo Sierra Leone Renovation of midwifery school building Somalia Improvement of food security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Healthcare for pregnant women and children and independent malaria prevention Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Primary healthcare at community level in two rural areas Pharmaceutical Advisory Pharmaceutical Advisory Services Africa Malawi Study on the availability and affordability of medicines Support of a pharmaceutical PhD student East Africa Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			DR Congo	Prevention and treatment of malaria as part of the mother and child health initiative	
Sierra Leone Setup and operationg of a midwifery school in Bo Sierra Leone Renovation of midwifery school building Improvement of food security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Training at schools: Prevention of teenage pregnancies and sexual assault Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East Africa Community (EAC) roadmap for improved local drug manufacture			Liberia	Educational program on infectious diseases and support of the clinic	
Sierra Leone Renovation of midwifery school building Improvement of food security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Training at schools: Prevention of teenage pregnancies and sexual assault Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Furiary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Africa Malawi Study on the availability and affordability of medicines Services Tanzania Product development at a Tanzanian drug manufacture Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East Africa Community (EAC) roadmap for improved local drug manufacture			Sierra Leone	Support of Gila's hospital in Bo	
Somalia Improvement of food security and strengthening the resilience of women and children Tansania Construction of personnel quarters at Endulen hospital Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Training at schools: Prevention of teenage pregnancies and sexual assault Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical PhD student Tanzania Pharmaceutical Training East Africa East Africa Community (EAC) roadmap for improved local drug manufacture East Africa Support of the National Pharmaceutical Quality Control Laboratory			Sierra Leone	Setup and operationg of a midwifery school in Bo	
Tansania Construction of personnel quarters at Endulen hospital Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Training at schools: Prevention of teenage pregnancies and sexual assault Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Primary healthcare and sexual and reproductive health and rights Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa Support of the National Pharmaceutical Quality Control Laboratory			Sierra Leone	Renovation of midwifery school building	
Togo Healthcare for pregnant women and children and independent malaria prevention Togo Empowering at-risk youths Togo Training at schools: Prevention of teenage pregnancies and sexual assault Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa Support of the National Pharmaceutical Quality Control Laboratory			Somalia	Improvement of food security and strengthening the resilience of women and children	
Togo Empowering at-risk youths Togo Training at schools: Prevention of teenage pregnancies and sexual assault Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture			Tansania	Construction of personnel quarters at Endulen hospital	
Togo Training at schools: Prevention of teenage pregnancies and sexual assault Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Togo	Healthcare for pregnant women and children and independent malaria prevention	
Togo Promotion of early childhood education and improvement of nutrition, health, hygiene and security Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Study on the availability and affordability of medicines Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East Africa Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Togo	Empowering at-risk youths	
Asia Pakistan Improvement of food security in the Thar desert Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Togo	Training at schools: Prevention of teenage pregnancies and sexual assault	
Pakistan Sanitary and hygiene supplies for 35 schools in the Thar desert America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Product development at a Tanzaniandrug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa Support of the National Pharmaceutical Quality Control Laboratory			Togo	Promotion of early childhood education and improvement of nutrition, health, hygiene and security	
America Guatemala Sexual and reproductive health and rights of indigenous communities Guatemala Primary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Africa Malawi Study on the availability and affordability of medicines Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory		Asia	Pakistan	Improvement of food security in the Thar desert	
Guatemala Primary healthcare at community level in two rural areas Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Pakistan	Sanitary and hygiene supplies for 35 schools in the Thar desert	
Guatemala Prevention of violence against girls and women, sexual and reproductive health and rights Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory		America	Guatemala	Sexual and reproductive health and rights of indigenous communities	
Haiti Primary healthcare and sexual and reproductive health and rights Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Tanzania Study on the availability and affordability of medicines Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Guatemala	Primary healthcare at community level in two rural areas	
Haiti Trade school training with health focus Colombia Reduction of vulnerability of internally displaced persons and returnees Pharmaceutical Advisory Services Africa Malawi Study on the availability and affordability of medicines Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Guatemala	Prevention of violence against girls and women, sexual and reproductive health and rights	
Pharmaceutical Advisory Services Africa Malawi Study on the availability and affordability of medicines Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East Africa Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Haiti	Primary healthcare and sexual and reproductive health and rights	
Pharmaceutical Advisory Services Africa Malawi Study on the availability and affordability of medicines Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Haiti	Trade school training with health focus	
Services Tanzania Product development at a Tanzanian drug manufacturer Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Colombia	Reduction of vulnerability of internally displaced persons and returnees	
Tanzania Support of a pharmaceutical PhD student Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory		Africa	Malawi	Study on the availability and affordability of medicines	
Tanzania Pharmaceutical training East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Tanzania	Product development at a Tanzanian drug manufacturer	
East Africa East African Community (EAC) roadmap for improved local drug manufacture Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Tanzania	Support of a pharmaceutical PhD student	
Asia Nepal Support of the National Pharmaceutical Quality Control Laboratory			Tanzania	Pharmaceutical training	
		East Africa		East African Community (EAC) roadmap for improved local drug manufacture	
worldwide Cooperation of pharmaceutical networks		Asia	Nepal	Support of the National Pharmaceutical Quality Control Laboratory	
		worldwide		Cooperation of pharmaceutical networks	

Period	Project partners	Co-funding/funding providers	Total funding* 2017 (EUR)
June 2015 – February 2017	AFPDE	FBS / Lappe / ADH	7,924
October 2016 – February 2017	AFPDE	AA	75,314
March 2017 – December 2018	AFPDE	AA, Fürsorge- und Bildungsstiftung	1,103,930
August 2016 – June 2017	GerLib Clinic	ADH / Quandt	36,926
August 2016 – June 2017	GerLib Clinic	ADH	14,781
August 2016 – June 2017	Caritas Bo	ADH	1,099
September 2017 – October 2017	Caritas Bo	Eigenmittel	5,023
August 2014 – July 2017	WARDI	ESÜH / BMZ	156,031
August 2017 – May 2018	WARDI	ADH, HDL, Ein Herz für Kinder, FBS	286,981
June 2017 – February 2018	CUAMM, CCM, MHW	AA	639,686
August 2016 – April 2018	PHECT	ADH	48,738
July 2015 – July 2017	ECCA	ADH	50,302
September 2017 – August 2018	ECCA	ADH / RTL	59,056
January 2015 – June 2017	PLS	ADH / HDL / RISA	33,659
March 2017 – April 2018	CREST, ASD	ADH / Telekom	53,401
December 2016 – July 2018	Orient	State Chancellery of NRW	302,847
December 2016 – March 2018	FEJ	ADH / ZWST	60,899
April 2015 – March 2018	AICHM	BMZ	95,798
January 2010 – December 2017	Pharmakina	Own funds	16,917
December 2015 – December 2018	AFPDE	BMZ	157,396
August 2016 – July 2017 AEO/CNA		Own funds	14,747
September 2017 – August 2018	AEO/CNA	RTL	54,286
October 2015 – August 2017	GerLib Clinic	GIZ	55,000
November 2015 – August 2017	Gila´s Klinik	GIZ	65,743
January 2017 – December 2020	Caritas Bo	BMZ, Quandt	245,656
 January 2017 – September 2017	Caritas Bo	Quandt	217,064
January 2016 – June 2019	WARDI	SEWOH / BMZ	199,112
October 2015 – March 2017	Catholic Archdiocese of Arusha	Own funds / private donation	30,994
 January 2016 – February 2017	2AD	RTL	856
 March 2016 – December 2019	PSAS	BMZ	176,285
August 2016 – August 2017	PAFED	Own funds	10,002
September 2017 – December 2018	PAFED	Own funds / RTL	52,363
September 2016 – August 2018	PVDP, arche noVa	BMZ	268,110
September 2017 – May 2018	PVDP	RTL	28,978
 January 2014 – November 2017	PIES de Occidente	BMZ / Lappe Stiftung	92,113
October 2016 – September 2019	ASECSA, UCIIS	BMZ	220,483
November 2017 – October 2020	ASOGEN, PIES de Occidente	BMZ	21,490
December 2015 – November 2018	FEJ	BMZ	123,616
September 2016 – August 2017	FEJ	UWW	21,049
April 2015 – December 2018	Taller Abierto	BMZ	162,712
April 2017 – October 2017	University of Blantyre, Malawi	Own funds	5,099
September 2017 – November 2017	Zenufa,	Own funds	2,411
· 	MUHAS	Own funds	2,411
April 2018 – October 2020			
September 2015 – May 2018	KSP, RUHI, PC	ALRA	31,845
March 2017 – February 2018	NIMI	GIZ	211,078
December 2016 – February 2018	NML -	PTB	30,027



>> The ongoing political conflict makes it extremely difficult to deliver effective health services. Thanks to the help of action medeor we can keep units such as obstetrics, pediatrics and surgery stocked with medicines and medical supplies and so provide our patients with the care they need.

New campaign to raise awareness

"Help the Helpers", the latest social media campaign of action medeor, was launched last year to attract greater and more widespread attention among the public to disaster zones around the world and to communicate the message that the hands of medical workers are tied without adequate supplies of medicines and medical supplies. This cuts to the core of the aid that action medeor delivers all across the world with funds from donations. The spot has since attracted more than 1.5 million views online alone.

Raising the profile of our aid organization and continually working to attract new donors is a vital task and falls within the remit of our Marketing and Communications team and the Press Office. Because projects and relief operations cannot be realized without the generous support of our donors. The use of media also allows us to report to existing sponsors about the work of our aid organization. By inviting subscriptions and regular donations, we seek to ensure that we can plan projects with greater long-term certainty and enables us to respond guickly to disasters. Over the last year action medeor was represented at numerous events, info booths and network meetings, while our work was promoted through leaflets, letters to donors, pro bono advertisements in magazines and newspapers, and discounted billboard advertising in North Rhine-Westphalia. Online tools used to promote ongoing projects and our spot included newsletters and advertisements.

Our media work online, on television and radio, and in print media gave us extensive coverage in 2017. Primary focus was the aid efforts in Yemen, Northern Iraq, South Sudan and Syria. As our ambassador, Anke Engelke also attracted guite some media attention, for example with her appearance on the the German TV game show 'Who Wants to Be a Millionaire?'.

The above measures all reflect ethical fundraising practices to which action medeor is committed as a member of VENRO, the umbrella organization of development and humanitarian aid nongovernmental organizations (NGOs) in Germany, and the German Fundraising Association. In all our



activities we take responsible, effective and transparent stewardship of donated funds very seriously, as demonstrated by the certificate from the German Donations Council (Deutscher Spendenrat), an umbrella association of charitable donation organizations. Relative to the total budget, expenditures for communications, fundraising and educational activities made up a share of 13.24 percent in 2017 (2016: 13.19 percent). The share of spending on administration came to 8.27 percent (2016: 10.57 percent).

Helping—made easy

The enthusiasm of our supporters in the previous year was once again nothing short of impressive, as were the helping hands behind them: The volunteer-organized deposit bottle fundraiser in supermarkets showed that every penny counts and that even small amounts can make a big change.

The first fundraiser of this initiative, organized by action medeor trainees starting in 2012, invited customers to donate their bottle deposits in participating supermarkets. Today the initiative has significantly expanded thanks to action medeor volunteers who now empty the collection boxes, keep in contact with store managers and launch appeals to other supermarkets to get involved. The success is astounding—the fundraisers are now supported by some 20 supermarkets, including Rewe, Edeka and 'real' outlets, and since 2012 has raised donations of 73,000 euros.

Similarly, we are more than grateful to the many action groups, service clubs and school classes whose eclectic fundraising activities have contributed enormously to ensuring better healthcare for people worldwide. The matching campaign for every donation of over 1,000 euros that involved five schools and a private sponsor in the Lower Rhine region is just one example. It raised the tidy sum of almost 32,000 euro, which will go toward projects in Paraguay, Nepal and Northern Iraq.

There are many more examples of the invaluable support received in 2017. One is the initiative by the Hüls carolers, who donated their proceeds to a maternal and child health project in Kenya. Meanwhile, the scouts of the Tribe of "Noah" in Nettetal once again took to the streets as part of the "Thinking Day", asking passers-by to empty their wallets and purses, arrange the coins on some sticky tape and use it for a good deed. Another example of commitment and dedication: Young and old helpers of the Uerdingen Heritage Society 'Uerdinger Bürgerwehr' have joined with master baker Bernhard Daamen since 2003 to bake cookies for the around 1,000 guests at the action medeor charity gala-a wonderful campaign, now with a fine tradition.



If you would like to organize your own fundraising event please visit www.medeor.de

Volunteers set up boxes in grocery stores to collect bottle return

slips. Shown here are Marlene Esser (I) and Marlies Kohlbecher with Edeka manager Gerhard Handick in Korschenbroich.

Corporate commitment takes many forms

Several businesses united with action medeor in one common goal, that is to improve healthcare. The social engagement programs on their CSR agendas were as varied as the businesses themselves.

action medeor is very grateful for the support of so many businesses. All of them usually find a program or initiative that fits and aligns with them and their employees. Team-Experience is a corporate event that made its debut in the last year. As participants, staff from 20 companies experienced professional teambuilding and donated a total of 11,000 euros to action medeor. Initiators of this event were XPAD GmbH, the Lower Rhine Climbing Forest, and the event agency SpecialTimes, all part of the Lower Rhine Business Owners Initiative for action medeor.

Our long-standing partner Jungheinrich AG made a generous cash contribution toward the establishment of our Tanzanian branch in Makambako, while its employees once again donated the cent amounts of their salaries, which were matched in total by the company and used to help fund a large shipment of relief supplies for South Sudanese refugees in Uganda. Zentiva Pharma GmbH continued to support a project centered on improving maternal and child health in Haiti, while FedEx and United Way Worldwide funded the equipment of institutions in Romania for the disabled and special-needs people. For some five years now, the North Rhine Chamber of Pharmacists (AKNR) has led successful fundraising campaigns under the banner of "Partnering together as an emergency dispensary". The Lions Club Ratinger Tor, meanwhile, joined with Fortuna Düsseldorf in asking fans to donate their cups, whereas the Düsseldorf Symphony Orchestra closed its season with an appeal for donations. Connected through our location, Hitachi High-Technologies Europe GmbH became involved with our aid organization for the first time, while Messe Düsseldorf provided a free booth at MEDICA. Several other generous donations were gratefully received, including from Constantia Flexibles, APCOA PARKING Group, Vodafone GmbH.



Inspiring a change in perspective

People are forced to leave their homes for many reasons. Under the title "Fleeing, Why?" action medeor invited those interested to a series of events held at the Tönisvorst base. This is one of several examples of development work undertaken by action medeor in the last year.

The number of people worldwide that are forced from their homes as a result of persecution, conflict and hunger has never been higher. While many are seeking refuge in Europe, the majority are internally displaced within their own countries. action medeor has campaigned for years to fight the causes of flight in these countries. In an effort to raise awareness of what drives people to leave their homes, action medeor organized a month of events themed "Fleeing. Why?". The series kicked off with the opening of an exhibition of photographs taken by Iraqi photographer Qassim Mohamed, who documented the lives of others during his own flight. The photos taken on his cellphone are moving. Each delivers a very personal message and highlights the uncertainty facing the refugees every single day. Quotes from refugees accompanying the photos point up their various reasons for fleeing. The exhibition was followed by readings from authors Lutz van Dijk and Christian Eloundou as well as a panel discussion with refugees, representatives of the Tönisvorst Refugee Relief organization, Tönivorst mayor Thomas Goßen, action medeor President Siegfried Thomassen, and action medeor staff.

In the previous year, action medeor reached around 1,800 people with presentations, events and exhibitions that aimed to highlight global disparities, inspire a change in perspective, and so help bring about social change and sustainable development. In the hope of raising awareness of "global health" particularly among schoolchildren, action medeor offers presentations, tours of the medicines warehouse and workshops, and provides relevant teaching material. Our development work is rounded out by temporary exhibitions on issues such as "Hunger makes you sick", "Safe drinking water" and "How does medical aid work?". All exhibitions are available for loan at any time.



Legacies and endowments for a stake in shaping the future

Many today recognize responsible action as a fundamental principle. Increasingly, there is a deep desire in people to leave the next generation with a legacy that reflects their own values in life and to give back to society. This can easily be combined with taking care of loved ones.

In an effort to promote greater awareness among the public, action medeor has been a member of the "My legacy does good. The Apple Tree Principle" initiative, which joins 23 organizations in encouraging people to leave a charitable gift in their wills, since 2015. As well as providing a variety of information material, the initiative features a photo exhibition in which eleven well-known personalities are portrayed and interviewed by photographer Bettina Flitner. In 2017 the exhibition was hosted in Bad Nauheim, Passau, Erfurt and Dresden. Many donors and sponsors took the opportunity at their relevant locations to reach out personally to action medeor to discuss this important and sensitive issue, action medeor has offered free expert advice on last wills and testaments for many years now and together with an inheritance lawyer runs regular information events in Tönisvorst.

A further option to help shape the future is to support the action medeor Foundation with endowments, where only the interest income from the funds is used for projects, and not the capital sum. The Foundation will shift its focus in the future on the training and development of medical professionals. In 2017, fixed assets rose to almost 2 million euros (2016: around 1.9 million euros). Under the umbrella of the action medeor Foundation benefactors also have the option at any time to create their own endowment fund earmarked for a specific country or project. Benefactor loans, which are repaid in full at the end of the loan period, are equally as important, as the interest raised goes toward helping those in need. In all, the action medeor Foundation has, to date, received loans to the amount of 525,000 euros.



For any gueries on the Foundation or legacies, please contact:

Linda Drasba

Telephone: +49 2156 9788-173 Email: linda.drasba@medeor.de



2017: Snapshots of the year



Advisory Committee member and Federal Government Commissioner for Human Rights Policy and Humanitarian Aid Bärbel Kofler visited our aid organization to find out more about the aid provided to the many millions of people in East Africa suffering from drought and hunger. "Hunger makes people weak and sick. We therefore must intensify our efforts to bring relief to East Africa and to ensure that no more people in the 21st century die of hunger," said Ms. Kofler.

Loud cheering after the home game of Fortuna Düsseldorf hosting Union Berlin in April 2017, and nowhere more so than at action medeor. Organized by the Lions Club Ratinger Tor, fans were asked to donate their cups to action medeor. The total raised came to 3,660 euros.





The third Apple Blossom Run was not only a highlight on the sports calendar, but a resounding success all-round. Total donations came to a whopping 10,368 euros and went toward emergency aid for East Africa. The majority of donations was made up of entry fees from the 1,500 runners who enjoyed a route through the local apple orchards. The organizers of the Apple Blossom Run, including the town of Tönisvorst and local sports clubs, are delighted with this fantastic result.

The NRW Krefeld-Kempen-Viersen trade association once again supported the work of action medeor with its "Emergency Kits for People" fundraiser. As a result, packages filled with medical equipment and medicines worth 1,000 euros can be sent out providing around 1,000 people with basic medical care. The donation boxes and information material were distributed to the retailers by action medeor volunteers.



Around fourty members and supporters of the Lower Rhine Business Owners Initiative (UI) came together to celebrate the third anniversary of UI and to receive an update on all the latest news of action medeor. Over the past three years, UI has grown into a dynamic network that includes many business personalities and not only supports social responsibility, but relates it directly to the sponsored projects.

All out for action medeor: At her sixth appearance on the the VIP game show 'Who Wants to Be a Millionaire?', Anke Engelke won 500,000 euros for our aid organization, bringing the total to a phenomenal 2.25 million euros. The prize money from the "RTL - Wir helfen Kindern" foundation will be used to fund projects including hospitals in Malawi.

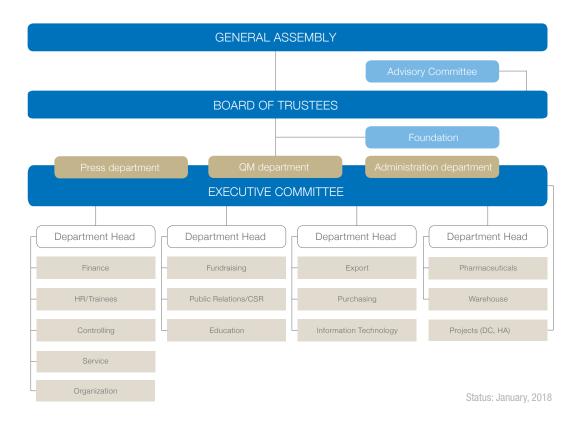


Hanni von Kameke, granddaughter of the founder of Jungheinrich AG, has been involved with action medeor since 2013. One of the projects supported by her is the construction of staff accommodation for the Endulen Hospital in the north of Tanzania. In September 2017 Hanni von Kameke personally travelled to Tanzania to see just how invaluable her support is to the hospital.

Appropriate to the occasion, the 19th Christmas gala on the second Sunday of Advent was held as flurries of snow swept through the region. Presenter Steffi Neu, the orchestra of the Viersener Erasmus-von-Rotterdam high school, the Ghanian ensemble ADESA and the Kempen Girls' Choir Choram under the direction of Christian Gössel brought an afternoon of beautifully blended entertainment. In all 50,274.15 euros were collected in aid of emergency and disaster relief operations run by action medeor. As always, a big thank you also goes to Sparkasse Krefeld, Volksbank Krefeld and Alexianer Krefeld GmbH as sponsors of the event.



Organisation und Personal



The General Assembly

The General Assembly is the supreme organ of the organization and is responsible for aspects such as adoption of the annual accounts, discharge of the Board of Trustees and the Executive Committee, and election of the Board of Trustees. As of December 31, 2017, the General Assembly comprised 105 persons.

The Board of Trustees

Duties of the voluntary Board of Trustees include approval of the budget and the annual accounts. The Board of Trustees meets every two months. There are three committees appointed by the Board of Trustees, focused on human resources, finance and controlling, and medicines and pharmaceuticals. These committees act in an advisory capacity to the Board of Trustees. Members of the Board of Trustees include Siegried Thomassen (President), Dr. Thomas Menn (Vice President), Dr. Stefan Derix, Prof. Dr. Marlis Hochbruck and Dr. Ulrich Viefers.

The Advisory Committee

The Advisory Committee is elected by the Board of Trustees. It is made up of at least five and at most twelve members. Members are elected for a period of three years and

appoint the chairman/woman from among their number. The Advisory Committee advises the Board of Trustees in the execution of its duties and responsibilities. Members of the Advisory Committee include: Stefan Glimm (Chairman), Dr. Manfred Körber (Deputy Chairman), Dietmar Brockes, Marlis Fertmann, Heinz-Joachim Kersting, Dr. Ullrich Kindling, Dr. Bärbel Kofler, Dr. Marcus Optendrenk, Udo Schiefner, Uwe Schummer and Dr. Werner Weinholt.

The Executive Committee

Acting in a full-time capacity, the Executive Committee manages the organization on its own authority. It is appointed and dismissed by the Board of Trustees and reports to the Board of Trustees on all important matters. The CEO of the Executive Committee is Bernd Pastors (Human Resources, Organization, Finance, Controlling, Marketing and Communications, Purchasing and Export), who is joined on the board by Christoph Bonsmann (Pharmaceuticals, Development Cooperation, Humanitarian Aid and Warehouse).

The staff

In 2017, action medeor employed 78 full-time staff, with 40 volunteers supporting the work of the aid organization in speaking engagements and as pharmaceutical experts.

Report of the Advisory Committee

Following its restructuring in mid-2016, the Advisory Committee now has eminent and dedicated personalities from politics, business, the church, media, the military, and the charitable sector serving as its members. A primary objective of the Advisory Committee is to raise the profile of action medeor in all relevant social groups through its own networks and to actively promote the aid organization not only across, but beyond, North Rhine-Westphalia. Independent experts from business, politics and the ministries are invited as guests to the biannual Committee meetings held alternately in Berlin and NRW for the purpose of sharing new and fresh ideas that will help action medeor to grow and

to optimize its access to funding. In its advisory capacity, the Committee works closely with the Board of Directorsparticularly in the future strategic positioning of the 'global emergency dispensary'.

Stefan Glimm

Chairman of the Advisory Committee

Tönisvorst, June 2018



Guest speaker Anke Reiffenstuel from the Humanitarian Aid Department of the Ministry of Foreign Affairs addressed the challenges of humanitarian aid in the Middle and Far East at the premises of the permanent representation of North Rhine-Westphalia.

Oversight and transparency

action medeor is a member of the German Donations Council (Deutscher Spendenrat) and holder of the Donation Certificate. The certificate is issued as evidence of transparency and ethical stewardship of donations. It is the only audit process in Germany with external auditors conducting the quality audits required for the Donation Certificate.

As part of the Transparent Civil Society Initiative (Initiative Transparente Zivilgesellschaft) action medeor complies with the stipulated criteria of disclosing items/facts such as its constitution, the names of its key decision-makers and information about sources and application of funds as well as its personnel structure.

All action medeor staff are committed to upholding defined anti-corruption principles based on the guidelines of Transparency International for the prevention of corrupt practices in national and international work.

Dr. Anke Freckmann serves as ombudswoman for action medeor and can be contacted at anke.freckmann@gmx. de by anyone suspecting irregularities at action medeor, its partners or in projects supported by action medeor.

Anke Engelke: Spread the word in Germany that it's all worth it!

As ambassador of action medeor since 2013, the actress regularly travels to action medeor projects in order to keep up to date with their progress. Her journeys so far have taken her to Benin, Togo and Tanzania. As part of her prize money won at "Who Wants to Be a Millionaire?" has gone to hospitals in Malawi, her latest trip in September 2017 introduced her to this small country in East Africa.

The itinerary included visits to health facilities that are now properly equipped thanks to generous support, but also to hospitals in dire need of further aid. In her many talks with staff Anke Engelke learned of the challenges facing them in their daily work. Malaria is a major problem. As well as the right treatment, in-patients need critical infusions to counter the dehydration resulting from the fever. But that's where the difficulty lies: many times, the hospitals' medical teams have to do without essential medicines and infusion solutions. The little income generated by the smaller hospitals often is not enough to procure much needed medicines. This is where the support of the action medeor branch in Malawi comes in.

For the sixth time now, Anke Engelke took the questions chair for action medeor at "Who Wants to Be a Millionaire?" and brought the total prize money to now 2.25 million euros.

The donations from the "RTL - Wir helfen Kindern" founda-

tion have already been put toward many projects, including in Tanzania, Togo, Pakistan and Nepal. On her trip to Malawi Anke Engelke once again saw at first hand how the donations from the RTL foundation are put to use.

Also on the program was a visit to the action medeor medicines warehouse in Lilongwe and to the hospital and elementary school in Madisi; the latter is run by Franciscan nun Veronika and sister Klara, whose big hearts are matched only by their spirit. A common denominator of all our partners is admirable dedication, coupled with a deep conviction that it is possible to turn something little into a big deal. Bottom line of the trip, as summarized by Anke Engelke in her journal: "We say good-bye. So impressed. Got it all right. Won money, distributed it well, solid investments, everybody's happy. Remember: Spread the word in Germany that it's all worth it!"



Report of the Board of Trustees

In April 2017 the first international conference in Tönisvorst marked an important step toward harmonizing the processes of all action medeor branches in Tanzania and Malawi more closely with the Tönisvorst base. While more formal dialogs centered on aspects of financial accounting, quality assurance and procurement, the conference was a welcome opportunity for personal exchange, in contrast to the typical communication-not counting the odd trip-via email, Skype and telephone. The decision was made, and welcomed by all, to establish the conference as a regular annual or biannual platform for exchange and debate.

On another note, the decision to refurbish a section of the action medeor building due to the structure's aging fabric dating back to 1976 and the concomitant energy losses was taken to the next level in close dialog with the Executive Committee. These modernization measures will also create additional workspace to accommodate the ever growing staff of action medeor. Demolition is scheduled to commence in August 2018, with renovations due to be completed by the first quarter of 2019. The building committee set up to this end will include members of the Board of Trustees.

The permanent representative office of action medeor in Berlin has been headed by action medeor Vice President Dr. Thomas Menn working in an honorary capacity medeor since 2017. This decision has paid off, as it now makes it easier to

participate in network and other meetings in the region, while giving action medeor greater visibility in the capital.

Given the many and varied activities in this and in other countries last year, the importance of good corporate governance cannot be stressed strongly enough here. Even and especially as a non-profit organization action medeor has pledged itself to upholding the principles of ethical conduct.

On behalf of the Board of Trustees, may I therefore extend a big thank you to all our members, the Advisory and Executive Committees, all our paid and voluntary staff, our partners, and to our ambassador Anke Engelke for all your hard work and dedication.

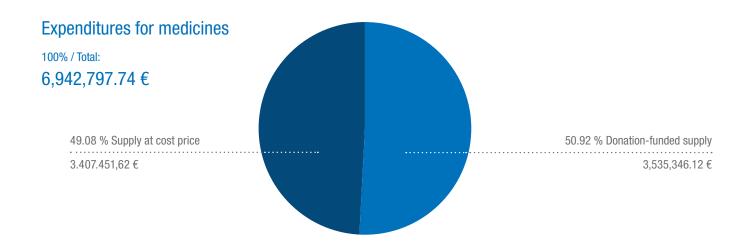
Siegfried Thomaßen

President

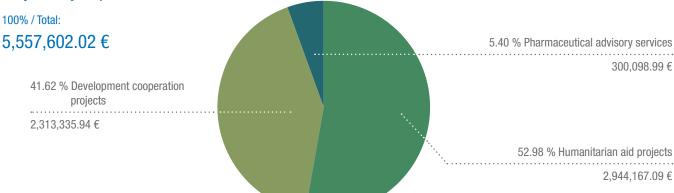
Tönisvorst, June 2018



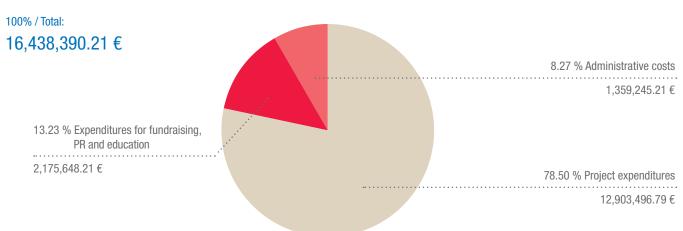
Communicative exchange in Tönisvorst: The first international action medeor conference was designed to strengthen the collaboration between the various local offices.



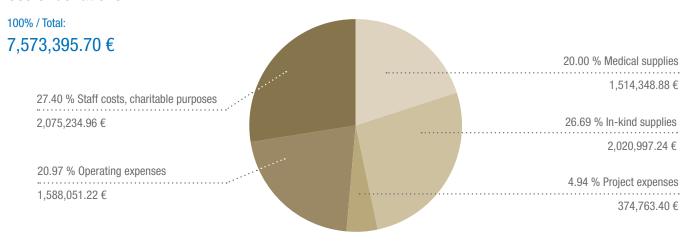
Relief efforts: Projects by department

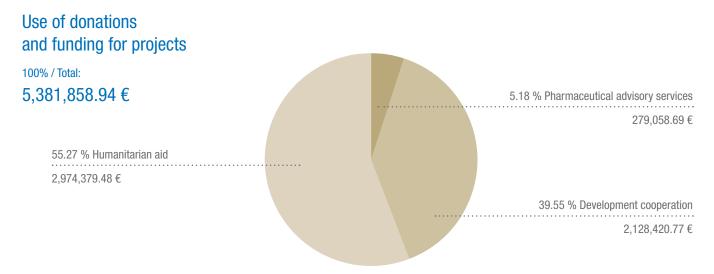


Total relief efforts

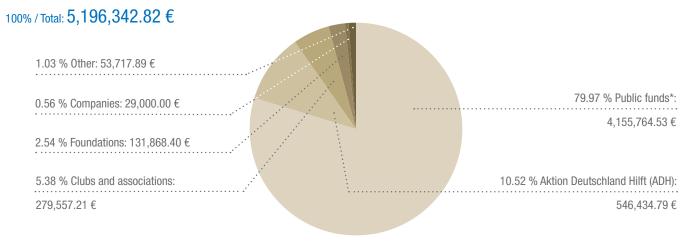


Use of donations





Use of third-party donations and funding for projects



^{*} Funding providers: BMZ, AA, GIZ, State Chancellery of North Rhine-Westphalia

Balance sheet as of December 31, 2017

Deutsches Medikamenten-Hilfswerk action medeor e.V.

A55	ETS (in EUR)	2017		
Α	Fixed assets			
	I. Intangible assets	106,901.73		60,163.93
	II. Tangible assets	2,514,204.29		2,686,302.09
	III. Financial assets	180,857.96	2,801,963.98	169,905.13
В	Current assets			
	I. Stocks			
	1. Raw materials and supplies	2,608,757.86		3,248,262.34
	2. Advance payments	17,416.30	2,626,174.16	0.00
	II. Accounts receivable and other assets			
	1. Accounts receivable	328,665.96		313,185.97
	2. Due from affiliated companies	962,659.42		1,008,430.65
	3. Other assets	191,233.46	1,482,558.84	147,291.22
	III. Cash in hand and at bank			
	1. Cash in hand	1,474.69		2,297.79
	2. Cash at banks	4,907,931.84	4,909,406.53	5,046,215.30
С	Prepayments and accrued income		19,121.50	2,814.14
			11,839,225.01	12,684,868.56
LIAE	BILITIES (in EUR)	2017	2017	12,684,868.56 2016
L IAE A	BILITIES (in EUR) Net assets as of 1/1/2017	9,336,656.21		2016
	· '			2016
_	Net assets as of 1/1/2017			2016 9,478,755.84
_	Net assets as of 1/1/2017 Change in reserves:	9,336,656.21		2016 9,478,755.84 1.00
_	Net assets as of 1/1/2017 Change in reserves: Legacy funds	9,336,656.21		2016 9,478,755.84 1.00 -200,000.00
_	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes	9,336,656.21 -4.00 -200,000.00		2016 9,478,755.84 1.00 -200,000.00 16,986.59
	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations	9,336,656.21 -4.00 -200,000.00 18,042.23		2016 9,478,755.84 1.00 -200,000.00 16,986.59 30,635.21
	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations Profit from business operations	9,336,656.21 -4.00 -200,000.00 18,042.23 19,798.42		2016 9,478,755.84 1.00 -200,000.00 16,986.59 30,635.21 10,277.57
_	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations Profit from business operations Profit from asset management	9,336,656.21 -4.00 -200,000.00 18,042.23 19,798.42	2017	2016 9,478,755.84 1.00 -200,000.00 16,986.59 30,635.21 10,277.57 9,336,656.21
A	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations Profit from business operations Profit from asset management as of 12/31/2017	9,336,656.21 -4.00 -200,000.00 18,042.23 19,798.42	9,173,061.40	2016 9,478,755.84 1.00 -200,000.00 16,986.59 30,635.21 10,277.57 9,336,656.21
A	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations Profit from business operations Profit from asset management as of 12/31/2017 Special item—Donations for fixed assets	9,336,656.21 -4.00 -200,000.00 18,042.23 19,798.42	9,173,061.40	2016 9,478,755.84 1.00 -200,000.00 16,986.59 30,635.21 10,277.57 9,336,656.21 31,949.00
A	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations Profit from business operations Profit from asset management as of 12/31/2017 Special item—Donations for fixed assets Accrued liabilities	9,336,656.21 -4.00 -200,000.00 18,042.23 19,798.42 -1,431.46	9,173,061.40	2016 9,478,755.84 1.00 -200,000.00 16,986.59 30,635.21 10,277.57 9,336,656.21 31,949.00
A	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations Profit from business operations Profit from asset management as of 12/31/2017 Special item—Donations for fixed assets Accrued liabilities Other provisions	9,336,656.21 -4.00 -200,000.00 18,042.23 19,798.42 -1,431.46	9,173,061.40 28,655.00	2016 9,478,755.84 1.00 -200,000.00 16,986.59 30,635.21 10,277.57 9,336,656.21 31,949.00 207,195.53 2,816.12
B C	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations Profit from business operations Profit from asset management as of 12/31/2017 Special item—Donations for fixed assets Accrued liabilities Other provisions Provisions for taxation	9,336,656.21 -4.00 -200,000.00 18,042.23 19,798.42 -1,431.46	9,173,061.40 28,655.00	2016 9,478,755.84 1.00 -200,000.00 16,986.59 30,635.21 10,277.57 9,336,656.21 31,949.00 207,195.53 2,816.12
A B C	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations Profit from business operations Profit from asset management as of 12/31/2017 Special item—Donations for fixed assets Accrued liabilities Other provisions Provisions for taxation Unused donations / project funds	9,336,656.21 -4.00 -200,000.00 18,042.23 19,798.42 -1,431.46	9,173,061.40 28,655.00	2016 9,478,755.84 1.00 -200,000.00 16,986.59 30,635.21 10,277.57 9,336,656.21 31,949.00 207,195.53 2,816.12 2,370,881.80
A B C	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations Profit from business operations Profit from asset management as of 12/31/2017 Special item—Donations for fixed assets Accrued liabilities Other provisions Provisions for taxation Unused donations / project funds Liabilities	9,336,656.21 -4.00 -200,000.00 18,042.23 19,798.42 -1,431.46 122,693.12 2,860.58	9,173,061.40 28,655.00	2016 9,478,755.84 1.00 -200,000.00 16,986.59 30,635.21 10,277.57 9,336,656.21 31,949.00 207,195.53 2,816.12 2,370,881.80
A B C	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations Profit from business operations Profit from asset management as of 12/31/2017 Special item—Donations for fixed assets Accrued liabilities Other provisions Provisions for taxation Unused donations / project funds Liabilities 1. Advances received	9,336,656.21 -4.00 -200,000.00 18,042.23 19,798.42 -1,431.46 122,693.12 2,860.58	9,173,061.40 28,655.00	2016 9,478,755.84 1.00 -200,000.00 16,986.59 30,635.21 10,277.57 9,336,656.21 31,949.00 207,195.53 2,816.12 2,370,881.80 200,574.54 88,676.34
A B C D	Net assets as of 1/1/2017 Change in reserves: Legacy funds Reversal of reserves for charitable purposes Profit from objective-related operations Profit from business operations Profit from asset management as of 12/31/2017 Special item—Donations for fixed assets Accrued liabilities Other provisions Provisions for taxation Unused donations / project funds Liabilities 1. Advances received 2. Accounts payable	9,336,656.21 -4.00 -200,000.00 18,042.23 19,798.42 -1,431.46 122,693.12 2,860.58 267,786.10 106,384.39	9,173,061.40 28,655.00 125,553.70 1,733,122.58	

Accounting and valuation methods

The annual financial statements comprising the balance sheet and the profit and loss statement of our registered organization were drawn up in compliance with the generally accepted accounting principles with due regard to the legal provisions applicable to all commercial traders as laid down in Sections 242 ff and Sections 264 ff of the German Commercial Code (HGB).

The balance sheet is presented in account form and structured as prescribed in Section 266 HGB. It takes account of the particularities of the organization as a charitable donation entity in accordance with Section 265 HGB. The profit and loss statement is structured using the total cost method under Section 275 (1) HGB.

The annual financial statements have been audited by an independent auditor in accordance with the requirements of Sections 316 ff HGB. The audit was conducted as a voluntary audit under Section 12 (3)a of the action medeor Articles of Association applying the accounting standards for the "Audit of Societies" (IDW PS 750) and the IDW accounting practice statements for societies (IDW RS HFA 14) and for charitable donation organizations (IDW RS HFA 21).

Intangible assets are capitalized at acquisition cost and amortized on a straight-line basis over their expected useful life, typically three years, in accordance with Section 253 (3) HGB and Section 7 (1) sentence 1 of the German Income Tax Act (EStG).

Based on Section 255 (1) HGB, tangible assets are stated at acquisition cost less planned depreciation on a straight-line basis in consideration of their average expected useful life. The depreciation rate for the building is 2 percent and 4 percent, respectively, and for the paved courtyard and grounds, between 5.26 percent and 10 percent per year. Low-value assets worth more than 150.00 euros but less than 1,000.00 euros were combined in a collective item in the reporting year in line with Section 6 (2)a EStG and depreciated at an annual rate of 20 percent.

Financial assets of the organization primarily include a 100 percent share in the non-profit action medeor International Healthcare gGmbH at 150,000.00 euros and a 100 percent share in the non-profit action medeor Medical Aid Organization Ltd. at 1,000 euros as well as shares in the Ökumenische Entwicklungsgenossenschaft e.V. to the amount of 12,225.56 euros. Stocks of current assets are all stated at acquistion cost applying the lower of cost or market principle under Section 253 (3) HGB and divide into medicines, equipment, packaging material and handcraft.

Accounts receivable and other assets are reported at their nominal value and itemized.

Investments held as fixed assets are carried at acquisition cost applying the lower of cost or market principle under Section 253 (3) HGB. Cash in hand and at banks is stated at its nominal value.

In accordance with Section 250 (1) HGB, prepayments and accrued income include amounts paid before the balance sheet date to cover costs that will be charged against income after the balance sheet date.

Under Section 253 (1) sentence 1 HGB, accrued liabilities are stated at their expected settlement amount based on the principles of sound business judgment and take account of all recognizable risks and contingent liabilities.

Unused donations and project funds concern liabilities arising from monetary or in kind donations not yet disbursed. In accordance with Section 253 (1) sentence 2 HGB, the monetary liabilities (unrestricted and restricted donations) are carried as liabilities at their repayment amounts at the balance sheet date. In kind donations not yet disbursed are stated at their fair value. Unrestricted monetary and in kind donations are donations not restricted to a specified purpose. Unrestricted donations include donations from greeting cards to the amount of 1,359.45 euros and incoming resources from legacies. Restricted donations are gifts for a specified purpose.

In bookkeeping terms, restricted donations are treated as used once the amounts are credited to the relevant receivables account of the recipient. These are shown at the balance sheet date as customer credit balance under other liabilities where not yet used in full for medicines and equipment supplies as of December 31, 2017.

Based on Section 250 (2) HGB, deferred income includes payments received for work performed only after the balance sheet date.

Wages and salaries include the salaries of the governing bodies (two Executive Committee members and three department heads) to the amount of 639,914.42 euros.

for the year ended December 31, 2017

Deutsches Medikamenten-Hilfswerk action medeor e.V.

(in EUR)	2017	2017	2016
1. Sales revenues	3,407,451.62		3,067,349.66
2. Income from the use of donations	7,573,395.70		8,459,401.18
3. Income from third-party grants for projects	5,381,858.94		4,228,397.72
4. Other income	114,895.92	16,477,602.18	79,157.48
5. Cost of raw materials and supplies		-5,265,712.82	-5,694,697.60
6. Gross profit/loss		11,211,889.36	10,139,608.44
7. Staff costs			
a. Wages and salaries	-2,673,105.03		-2,642,864.82
b. Social security and other pension costs	-539,622.43		-525,808.76
c. Voluntary social security costs	-41,312.09	-3,254,039.55	-29,904.12
Depreciation of intangible assets and tangible assets		-309,740.79	-306,316.22
9. Other operating expenses		-7,608,897.05	-6,573,083.96
10. Operating income		39,211.97	61,630.56
11. Other interest and similar income		29,859.35	10,788.60
12. Interest and similar expenses		-31,230.67	-12,207.77
13. Financial result		-1,371.32	-1,419.17
14. Taxes on income		-1,431.46	-2,312.12
15. Earnings after taxes		36,409.19	57,899.27
16. Transfer from reserves		200,000.00	200,000.00
17. Profit from objective-related operations		18,042.23	16,986.59
18. Profit from business operations		19,798.42	30,635.21
19. Profit from asset management		-1,431.46	10,277.57

Explanatory notes to the profit and loss statement

The profit and loss statement was prepared with due regard to the legal provisions applicable to all commercial traders as laid down in Sections 238 ff and Sections 264 ff of the German Commercial Code (HGB).

It is structured using the total cost method under Section 275 (1) HGB.

Sales revenues comprise the supply of medicines and equipment and the provision of pharmaceutical advisory services at cost price.

Income from the use of donations is generated when costs financed by donations are treated as a reduction of "unused donations". These costs include the dispensing of medicines and equipment, the cost of fundraising, public relations, educational activities, project execution, pharmaceutical advisory services, and the management of donations. Other operating expenses include administrative costs and expenses related to the execution of development cooperation and humanitarian aid projects, pharmaceutical advisory services, fundraising and public relations and educational activities. The costs for the transportation of medicines and equipment to the destination countries amounted to 473,507.49 euros. The expenses for supplements and information material for fundraising campaigns totalled 709,457.91 euros. Based on preliminary calculations for the 2017 calendar year, the share of expenditures for administration and marketing will range at 21.50 percent (2016: 23.76 percent).

Interest and similar income primarily result from asset management operations.



Further information on our 2016 financial reporting: www.medeor.de/Service/Jahresberichte

Audit certificate

Our audit has not led to any objections.

In our opinion, based on the findings of our audit, the financial accounting complies with the legal requirements and the supplementary provisions of the Statute and gives a true and fair view of the net assets, financial position and results of operations of the association in accordance with German principles of proper accounting. The management report is consistent with the financial statements, complies with the legal requirements and as a whole provides a suitable view of the position of the Verein Deutsches Medikamenten-Hilfswerk "action medeor" e.V. and suitably presents the opportunities and risks of future development.

Krefeld, June 4, 2018



RSM GmbH Wirtschaftsprüfungsgesellschaft Steuerberatungsgesellschaft

Steinborn Wirtschaftsprüfer ppa. Kinalzik Wirtschaftsprüfer

Balance sheet as of December 31, 2017

action medeor Foundation

ASSETS (in EUR)		2017	2017	2016
Α	Long-term restricted assets			
	1. Financial assets		800.00	800.00
	2. Securities		1,825.926.37	1,774,318.76
В	Short-term restricted assets			
	1. Cash at banks	759,683.48		713,982.38
	2. Other receivables	10,449.93	770,133.41	19,383.33
			2,596,859.78	2,508,484.47
LIAB	SILITIES (in EUR)	2017	2017	2016
Α	Net assets			
	1. Endowment			
	Basic assets	457,583.16		457,583.16
	Endowment contributions	1,513,199.82	1,970,782.98	1,478,149.82
	2. Funds carried forward			
	from basic assets	89,763.67		84,315.41
	from endowment contributions	98,234.65	187,998.32	89,582.47
В	Accrued liabilities		2,499.00	4,998.00
С	Other liabilities		435,579.48	393,855.61
			2,596,859.78	2,508,484.47

Explanatory notes

In the 2017 fiscal year, the action medeor Foundation received endowment contributions worth 35,050 euros, bringing the total of endowment contributions to 1,513,199.82 euros.

In 2017 two lenders loaned a further 45,000 euros to the Foundation, so that total loans now stand at 430,000 euros. The annual result for fiscal 2017 amounted to 14,100.44 euros and was posted to the relevant endowment contribution funds carried forward.



Further information on our 2016 financial reporting: www.medeor.de/Service/Jahresberichte

Profit and loss statement

for the year ended December 31, 2017

action medeor Foundation

(in EUR)	2017	2017	2016
1. Donations	725.00		900.00
Interest and similar income	39,234.57	39,959.57	48,627.44
3. Bank charges	-1,123.19		-452.05
Losses from disposals	-4,788.13		-3,461.43
5. Audit costs	-2,499.00		-2,499.00
6. Other expenses	-470.72		-4,225.17
7. Statutory expenditures	-16,300.00		-18,462.14
8. Other taxes	-678.04	-25,859.13	-895.60
9. Profit / loss for the year		14,100.44	19,532.05
10. Transfer to revenue reserves		-14,100.44	-19,532.05
		0.00	0.00

Explanatory notes

The annual result of the action medeor Foundation for fiscal 2017 decreased by 5,431.61 euros on 2016. Statutory expenditures, i.e. aid provided from the income of the Foundation, reduced by 2,162.14 euros on the previous year. The President of the Foundation, Bernd Pastors, performs his duties on a voluntary basis, as do the other members of the board.



The Foundation's Executive Committee (I to r): Bernd Pastors (CEO), Dr. Ulrich Viefers and Dr. Thomas Menn, Elisabeth Bienbeck Ketelhohn, Siegfried Thomaßen (Chairman) and Gregor Kathstede.

Balance sheet as of December 31, 2017

action medeor International Healthcare gGmbH

ASSETS (in EUR)	2017	2017	2016
A Fixed assets			
I. Intangible assets	3,564,83		4,078.49
II. Tangible assets	196,962.71	200,527.54	174,154.53
B Current assets			
I. Stocks		288,879.97	323,853.00
II. Accounts receivable and other assets			
1. Accounts receivable	133,857.65		353,124.40
2. Other assets	57,866.38	191,724.03	47,968.88
III. Cash in hand and at banks		211,844.25	93,892.75
C Prepayments and accrued income		14,642.37	23,623.96
		907,618.16	1,020,696.01
LIABILITIES (in EUR)	2017	2017	2016
A Capital stock			
I. Subscribed capital	150,000.00		150,000.00
II. Capital reserve	0.00		0.00
III. Profit / loss carried forward	16,222.76		24,271.58
VI. Net income for the year	6,036.76	172,259.52	-8,048.82
B Special item – Donations for fixed assets		5,653.48	6,970.61
C Accrued liabilities			
I. Provisions for taxation	10,176.21		1,659.06
II. Other provisions	17,526.10	27,702.31	11,121.31
D Unused donations / project funds		66,469.29	19,508.98
E Liabilities			
I. Advances received	43,396.18		43,736.84
II. Accounts payable	206,455.75		246,029.13
III. Due to shareholders	360,759.94		485,569.83
IV. Other liabilities	24,921.69	635,533.56	39,877.49
		907,618.16	1,020,696.01

Explanatory notes

action medeor International Healthcare gGmbH employed 13 staff in Dar es Salaam and a further five staff in Masasi and three staff in Makambako (new base in Southwest Tanzania).

Once again in fiscal 2017, winning the tender meant that action medeor International Healthcare gGmbH was able to provide Zanzibar with a significant volume of business.

Profit and loss statement

for the year ended December 31, 2017

action medeor international Healthcare gGmbH

(in EUR)	2017	2017	2016
1. Sales revenues	1,702,442.47		1,618,197.65
2. Income from the use of donations	140,298.20		158,379.76
3. Other operating income	75,506.46	1,918,247.13	71,960.30
4. Cost of materials			
a. Cost of purchased materials	-1,216,222.21		-1,276,787.56
b. Cost of purchased services	-3,454.82	-1,219,677.03	-2,512.17
5. Staff costs			
a. Wages and salaries	-241,821.42		-228,240.26
b. Social security and other pension costs	-71,926.98	-313,748.40	-81,289.82
6. Depreciation		-9,394.19	-13,764.11
7. Other operating expenses		-329,992.63	-237,306.98
8. Other interest and similar income		1,536.79	1,954.63
9. Interest and similar expenses		-8,930.30	-8,965.69
10. Taxes on income		-32,004.61	-9,674.57
11. Net income for the year		6,036.76	-8,048.82

Explanatory notes

In 2017, action medeor International Healthcare gGmbH reported total revenue of 1.90 million euros, meaning that medicines and equipment were up by almost 6 percent on the previous year. In the 2017 fiscal year, action medeor International Healthcare gGmbH therefore reported pre-tax profit of 38,041.37 euros.



Further information on our 2016 financial reporting: www.medeor.de/Service/Jahresberichte

Status report: Business and the general environment

Once more in the past year, the work of action medeor focused heavily on medical aid for refugees in Syria and Northern Iraq. Additional relief and medical care was provided for the thousands of people in East Africa suffering from famine and on the brink of starvation. Large aid shipments also went to hospitals in South Sudan and Yemen.

Thanks to our large medicines warehouse in Tönisvorst, but also to our subsidiaries in Dar es Salaam, Tanzania, and Lilongwe/Malawi, we well as our many competent local partners, the organization was able to provide effective relief quickly and reliably. Next to emergency and disaster relief, action medeor continues to act as a non-profit supplier of medicines and medical equipment for many small project partners in Africa, Asia and Latin America, meaning that around half of all relief packages in 2017 each had a value of less than 5,000 euros.

At around 7 million euros, medical relief and equipment supplies in 2017 remained at a decent level despite the fact that many of our partners in the south now source the necessary medicines locally. This is a welcome development that needs to be encouraged and supported. Specifically, we must continue to foster a mindset of quality and availability of medicines in our partner countries. To that end, the procurement of medicines through local structures in Tanzania and Malawi will be given even greater priority. In Tanzania, action medeor has been a reliable partner in this area for more than a decade now. Yet the challenge remains to extend the care to rural areas. With this in mind, a further distribution base was set up in Masasi in the south of Tanzania over the last three years, with the aim to further improve the supply of medicines to health facilities in these rural regions. The Masasi center was exceptionally well-received, to the point that it was decided to open yet another base in Makambako in the rural southwest in 2018.

The successful action medeor concept focused on improving medicine supplies in Tanzania was now also applied to the neighboring Malawi. After formal establishment in 2013, the first two years were spent on the development and execution of its organizational structure, before the first health posts were supplied toward the end of 2015. 2017 brings to a close the second full fiscal year of action medeor Medical Aid Organization Malawi. Many more health posts have since become aware of and gladly accepted the offer. Next to church-run health posts, the Government of Malawi now

use action medeor Malawi as their source, after repeated critical bottlenecks in the supply. A constant challenge for action medeor Malawi is that of ensuring an uninterrupted ongoing supply of essential medicines in view of the fact that there may be months between order and delivery, while licensing and customs restrictions are tough to navigate. What is more, the Malawian currency has a low purchasing power, as medicines are almost exclusively imported and therefore purchased in USD or Euro.

Institutional support for action medeor projects once again improved and diversified. Funds from the German Federal Ministry for Economic Cooperation and Development (BMZ) for "private sector projects" and special initiatives totaled around 1,680,000 euros, thus increasing by almost 10 percent on the prior year figure. Other fund providers in 2017 were the Ministry of Foreign Affairs (AA) at around 1.7 million euros and the BMZ instrument "Development-oriented Emergency and Transitional Aid", at around 47,000 euros.

At around 6.97 million euros, restricted and unrestricted donations remained at a high level in 2017. Along with many unrestricted individual donations, action medeor continues to receive project-specific donations through the German relief coalition Aktion Deutschland Hilft, RTL-Stiftung—Wir helfen Kindern e.V., Gesellschaft für Internationale Zusammenarbeit GmbH, the State Chancellery of North Rhine-Westphalia and the German Welfare and Education Foundation "Fürsorgeund Bildungsstiftung". Donations in kind totaled 1.65 million euros and were used specifically to provide medical aid to refugees in Syria and Northern Iraq.

Economic situation

At around 16.4 million euros, total revenue was up by around 0.6 million euros on the previous year. Operating profit through objective-related operations, business operations and asset management, allowing for departmental costing, amounted to 36,000 euros in 2017 and was added to equity. Net assets decreased by 164,000 euros in total through a reversal of reserves of 200,000 euros for charitable purposes.

Opportunities, risks and forecast

The development of our objective-related operations continues to be challenging. Local medicines and pharmaceutical products are steadily growing in range and, thankfully, are also improving in quality, enabling our subsidiaries in Tanzania and Malawi to extend their aid activities. As studies have revealed, the number of donors in Germany has gone down marginally, though total donations remain relatively constant. This is a trend is also noticeable at action medeor. With the age-related decrease in regular donors, fewer donors are donating higher amounts. While this ensures a steady total of donations, it also increases the importance of private sponsors, but also businesses, making significant donations to secure the financing of projects and donation-funded relief supplies over the long term.

Outlook for 2018

Medical relief

Next to regular supplies to healthcare partners, the medical aid we provide from our base in Tönisvorst is required particularly in emergency and disaster situations. As always, this makes it vital that we maintain a good stock of relief supplies at our 4,000 m² warehouse at all times. The expansion of local procurement centers in Tanzania and Malawi, the qualification of medicines regulatory authorities, and the training and development of pharmaceutical staff help to strengthen our local partners. With increasing availability of basic medicines in our partner countries, action medeor is directing its focus more on the other needs and challenges of the health posts.

Health projects

Increasingly complex trouble spots across the world require project work that not only tackles the emergencies and disasters, but continues on with the work and through transitional and development work designed to strengthen the country's health structures ensures sustainable development. The conditions for humanitarian aid workers worldwide, however, are ever more difficult. Faced with this tension, the Humanitarian Aid and Development Cooperation project teams of action medeor work with great expertise on developing and strengthening of local partner organizations, while implementing effective and sustainable health projects. The project scope continued to widen in 2017, requiring complete restructuring of the internal risk management framework.

Pharmaceutical advisory services

In 2018, the pharmaceutical advisory services sector will focus particularly on the training and development of pharmaceutical staff. The successful work in Tanzania in terms of improving the training of pharmacy technicians and assistants will be carried on, as will the support of Masters students. In addition, focus will be given to widening out the development and information for pharmacists, doctorsto-be and students in specialized degree programs (Global and Public Health).

Communications and fundraising

Activities in the online environment and centered on attracting new donors through mailing campaigns will be expanded to further increase the number of active donors. At the same time, efforts will be made to win more businesses as sponsors, while looking after major supporters. Raising the profile of action medeor also remains important and will be intensified particularly through media work and networking.

ECONOMIC PLAN for 2018	in EUR
Monetary and in kind donations	8,600,000.00
Funding	3,500,000.00
Unused donations in 2017	1,700,000.00
Total	13,800,000.00
Cost of aid shipments	4,000,000.00
Projects	5,850,000.00
Pharmaceutical advisory services	600,000.00
Marketing, communications, and education	1,650,000.00
Administration	1,700,000.00
Total	13,800,000.00

The work of action medeor would not be possible without our many different sponsors and donors. On behalf of our team and all our local project partners, we at action medeor extend our deepest gratitude to you for your invaluable support in the last year!

A heartfelt thank you also to the following foundations, charitable organizations and public investors:



































... and to the network partners of action medeor:









































Our Guidelines

Mission. medeor – I help, I heal

As a non-governmental medical aid organization and part of civil society, our foundation is our donors, volunteers, full-time staff, and our global partners.

We provide ...

people in need with access to medicines and ensure continuous medical care.

... support and promote

local health care structures.

... enable

our partners and local people to improve medical care for themselves and those around them and so help to build stronger local communities and stable structures.

... fiaht

worldwide against diseases due to poverty, HIV/Aids, malaria and tuberculosis, as well as neglected tropical diseases.

... help

in emergency and disaster situations, both promptly and over the long term.

... educate

and raise awareness of health issues to prevent diseases.

... qualify

professional staff and help through transfer of knowledge to equip local partners with pharmaceutical and medical skills.

... campaign

for solidarity and support from the public highlighting the link between poverty and disease.

... change

opinions by educating people and by informing and sensitizing the public to health issues, but also with regard to common development objectives and sustainable living.

... pool

our resources with those of other organizations and networks in an effort to influence local, European and international policies on health and development issues.

Values. Our principles

Solidarity and charity are our driving force. We work to secure human rights and the right to health.

Independence and responsibility

We help others to help themselves and act responsibly both within our organization and outside.

Neutrality

We provide help and support, regardless of age, gender, ethnic origin, sexual orientation or political and religious views.

Respectful cooperation as equals

We respect the dignity and culture of our partners.

Transparency

We work on the basis of transparency and open communication in our organization and on the outside, and regularly give an account of our work.

Participation

We exemplify and promote participative cooperation both in our work with local partners and in our own organization. We believe that everyone stands to benefit.

Effectiveness and efficiency

Our actions and operational processes are focused on maximum effect at minimum cost.

Protecting resources

Our structures and processes are constantly adapted in a continual improvement process to ensure sustainable operations. Our aim is to leave as small a carbon footprint as possible.

Staff

We believe in staff development to ensure our team is able to deal with the human and professional demands. We expect from them that they continuously improve their knowledge and skills.

If you are interested in our work or have questions about your donation, please contact us.

We can also help you plan a private or corporate fundraising campaign and provide relevant information material.

Deutsches Medikamenten-Hilfswerk action medeor e.V.

St. Töniser Straße 21 47918 Tönisvorst Germany Telephone: 0049 / (0) 21 56 / 97 88-100 Fax: 0049 / (0) 21 56 / 97 88-88 Email: info@medeor.de

action medeor **Medical Aid Organization**

Area 4, Plot 150 off Paul Kagame Road P.O. Box 1656 | Lilongwe, Malawi Telephone: 00265 / (0) 175 02 80 Fax: 00265 / (0) 175 02 81 Email: director@medeor.mw.org

action medeor International Healthcare Tanzania

Telephone: 0049 / (0) 30 / 639 028 07

Fax: 0049 / (0) 30 / 639 028 09

Email: thomas.menn@medeor.de

action medeor

Berlin branch

12487 Berlin

Sterndamm 66 C

Uhuru Street, Buguruni-Malapa P.O. Box 72305 | Dar es Salaam, Tanzania Telephone: 00255 / (0) 22 286 31 36 Fax: 00255 / (0) 22 286 30 07 Email: medeortz@medeortz.co.tz

action medeor Würzburg office

An der Steig 12 97334 Sommerach Telephone: 0049 / (0) 93 81 / 7 16 97 87 Fax: 0049 / (0) 93 81 / 4 8 44 Email: medeor-wuerzburg@medeor.de

action medeor **Foundation**

St. Töniser Straße 21 47918 Tönisvorst Germany Telephone: 0049 / (0) 21 56 / 97 88-100 Fax: 0049 / (0) 21 56 / 97 88-88 Email: info@medeor.de

Make a difference!

Sparkasse Krefeld BIC: SPKRDE33

IBAN: DE78 3205 0000 0000 0099 93

Volksbank Krefeld BIC: GENODED1HTK

IBAN: DE12 3206 0362 0555 5555 55









Online donations www.medeor.de/spenden



