

ANNUAL REPORT



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## Dear friends and supporters of action medeor,

Most people had never heard of Ebola before. This all changed dramatically last year, when this virus, which often causes a deadly infection, claimed the lives of more than 10,000 people in a short space of time. Next to Sierra Leone and Guinea, the outbreak affected primarily Liberia. While the international community was still reluctant to step in and help, action medeor had already begun to send the first aid packages containing protective equipment and medicines to the Gerlib Clinic in Monrovia. Aside from caring for the patients, the challenge here was to protect medical staff from catching the virus.

A key step in fighting the epidemic was to build an isolation ward with 44 beds to prevent further risk of infection. Thanks to the Else Kröner-Fresenius Foundation we were able to set up the urgently needed treatment places in cooperation with our partner organization I.S.A.R. in Monrovia. As the number of new cases is now falling, our local partners still need our help to ensure that any further epidemics can be countered more readily and effectively in the future. In concrete terms, this means training more health workers, providing better equipment for the health posts, and putting in place an early warning system.

In the last year, our attention was directed particularly to the escalating conflicts in the Middle East. For four years now, the Syrian people have had to suffer violence and terror. Around half of the population has taken to fleeing their homes to seek shelter in places in or around their country. This situation is aggravated by armed hostilities of the IS militia in Northern Iraq, with countless people taking refuge in camps on the other side of the Turkish border, action medeor supports its partners working here by delivering large quantities of medicine, winterproof tents and blankets.

These are examples of pressing humanitarian crises where the help of action medeor as the global emergency dispensary was most urgently needed in 2014. At the same time, our organization continued to apply itself on a global scale to key issues such as improving mother and child healthcare, expanding our pharmaceutical advisory services, and fighting malaria and HIV/AIDS.

For more than 50 years now, the work of action medeor would not have been possible without the partnership and cooperation of local organizations, our full-time and voluntary supporters, and our sponsors and friends. This includes the relentless commitment of our ambassador, Anke Engelke. Our anniversary last year provided us with a great opportunity to pay tribute to this. Only in working together can we all play a part in turning our vision of health for all into a reality.

Thank you all for your commitment and dedication!

Bernd Pastors

CFO

Tönisvorst, June 2015

Mistoph Bongmenn

Christoph Bonsmann **Executive Committee Member** 



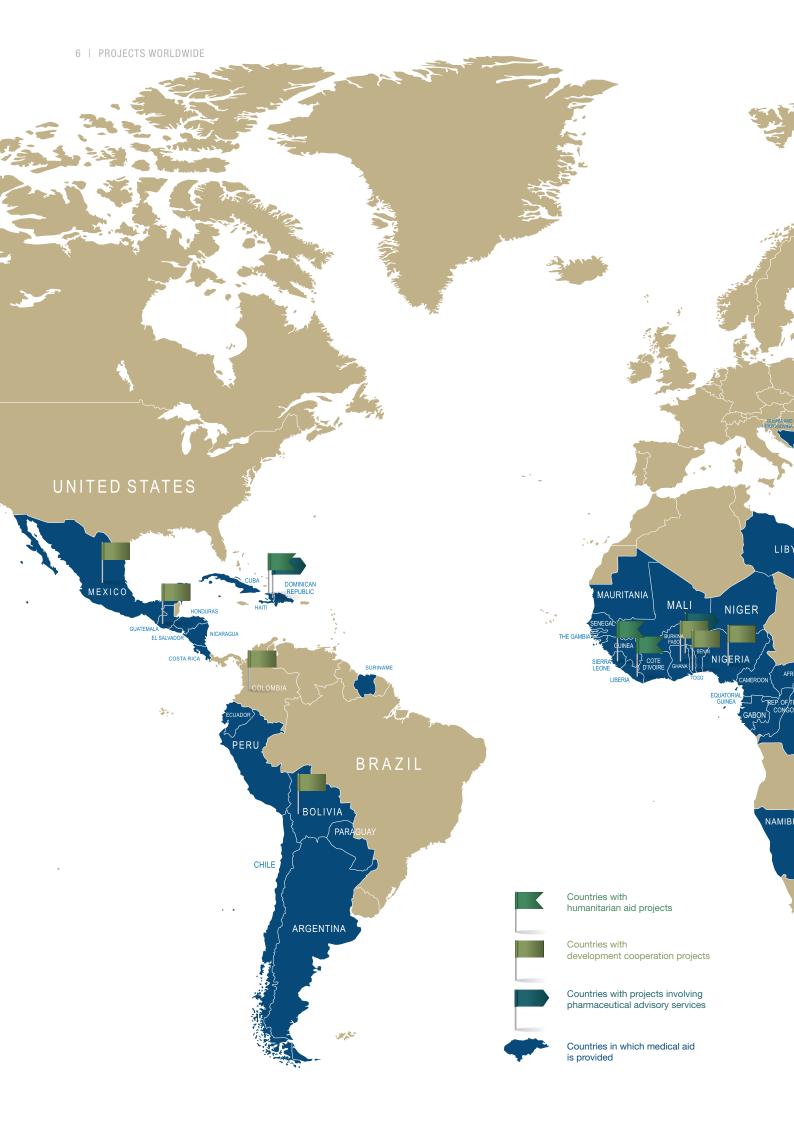


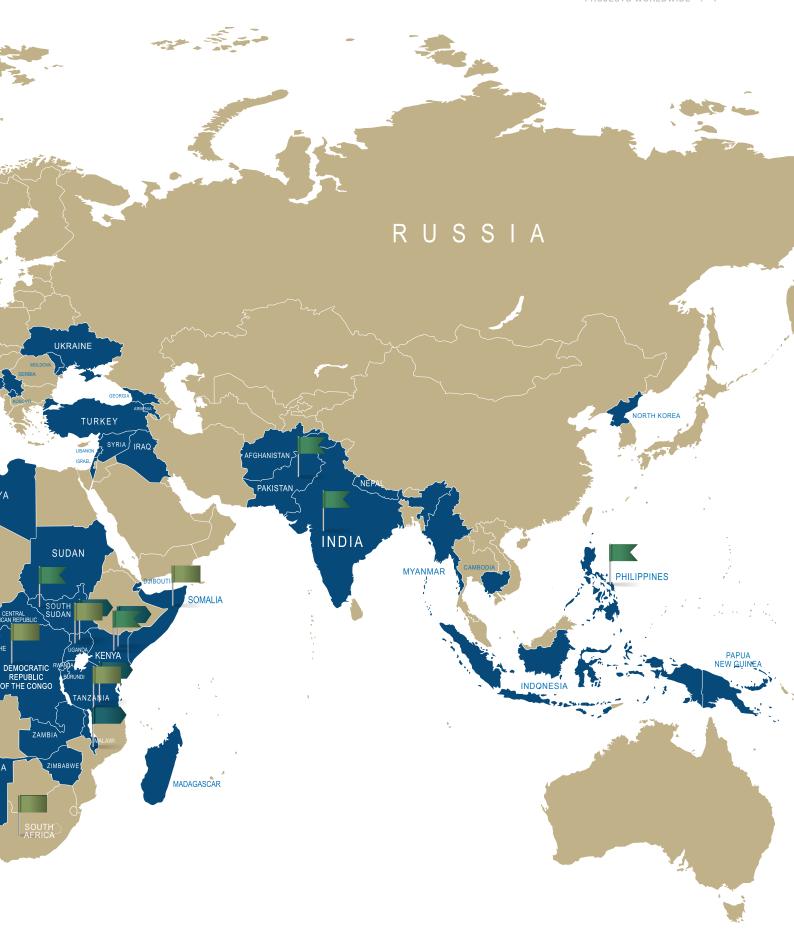
A warehouse of  $4{,}000~m^2$  stores  $220~{\text{different medicines}}$  and  $450~{\text{medical supply items}}.$ 

14,593 packages weighing 400 t in total were sent to 96 different countries.

114,400 people benefited from emergency aid and reconstruction projects.

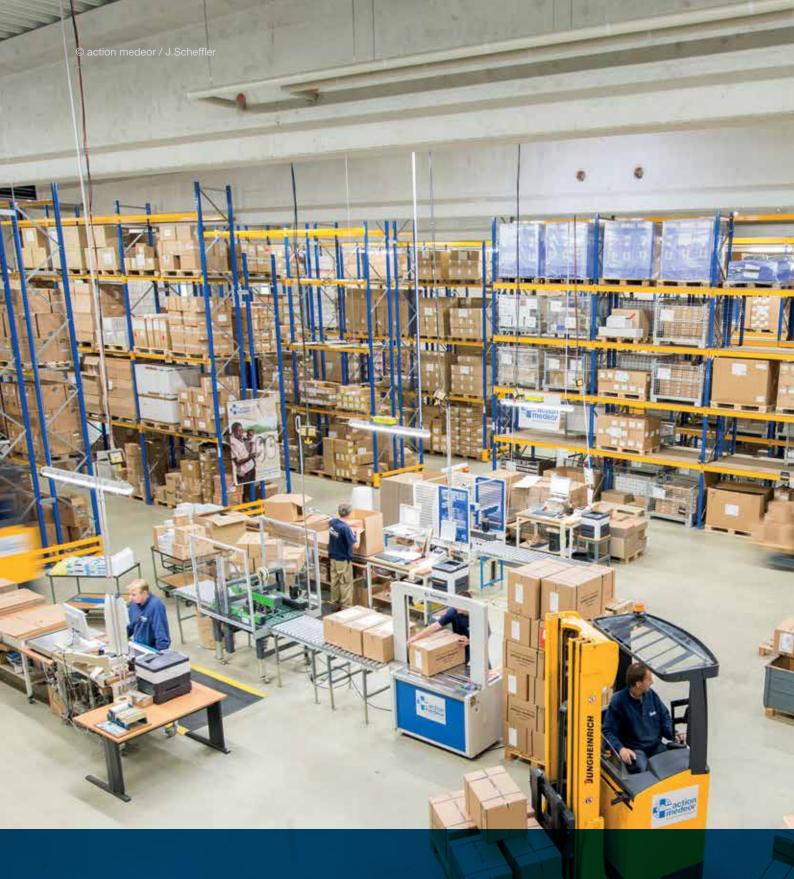
1,754,000 people were provided with access to basic healthcare.











>> The Ebola outbreak has been one of the toughest challenges yet in my work for action medeor. I am pleased that we have been able to help to such an extent already despite all the difficulties in the field.

Dirk Angemeer | Employee responsible for medical aid

Since 1964, action medeor has been supplying numerous health posts in Africa, Latin America and Asia with high-quality medicines — either at cost or financed through donations. In emergency and disaster situations, the medicines and medical supplies can be shipped to the relevant countries within 24 hours. Some 220 different medicines which the World Health Organization (WHO) believes can treat most diseases in the world are stored and stockpiled at action medeor's 4,000 m² warehouse in Tönisvorst located in the Lower Rhine region of Germany.

These "essential medicines" are produced for action medeor by pharmaceutical manufacturers worldwide. All suppliers adhere to the GMP ("Good Manufacturing Practices") standard of the WHO. Processes which affect the quality and safety of the medicines are regularly examined by action medeor pharmacists. Calls for bids for all new supplies are issued on international platforms based on the strict guidelines of the Humanitarian Aid & Civil Protection department of the European Commission (ECHO). All potential manufacturers undergo a prequalification process before they are considered as a supplier for action medeor. On a regular basis, action medeor conducts audits at its contract manufacturers together with international pharma-



ceutical experts. Compliance with official pharmaceutical guidelines is ensured by the responsible state authority, Düsseldorf District Council.

As a pharmaceutical company, action medeor holds a wholesale license under Section 52a of the German Pharmaceutical Products Act (AMG) and makes medicines available at cost to other national and international aid organizations provided that they are strictly used for statutory purposes.

# Supply of health posts in Africa, Latin America and Asia

No one should be denied vital medicine because of a lack of means. So action medeor provides access to high-quality and affordable medicines and commodities.

Next to medical aid in emergency and disaster situations, action medeor provides many health posts and hospitals in development countries with medicines. Delivering basic medical care to these facilities has a long tradition at action medeor. The medical aid organization was set up 50 years ago in 1964. With the support of a large number of dedicated volunteers in and around Tönisvorst and Krefeld, country doctor Dr. Ernst Boekels decided to help the people in developing countries with pharmaceutical samples. Medicines were collected from all over Germany and were carefully sorted before being sent from Tönisvorst to Africa, Asia and Latin America. Hospitals and mission stations in developing countries were the first to benefit. However, as many of the donated medicines failed to meet the needs of the health posts, action medeor decided in 1967 to start manufacturing its own generic medicines customized to the local requirements in these developing countries.

The collection of pharmaceutical samples was halted once the production of no longer patented medicines got underway. To this day, supplying health posts with medicines and equipment such as diagnostic devices or dressings remains central in the work of action medeor. Be it small hospitals in remote rural areas or mobile health posts, they all need the right drugs for their daily work.

Since its founding 50 years ago, our charitable aid organization has established points of contact at more than 10,000 health facilities in 140 nations worldwide. The minimum order volume is low enough that even the needs of smaller health posts can be satisfied through action medeor. Large unbreakable, space-saving and lightweight containers ensure that the products arrive safely. Transportation routes are carefully coordinated on a case-by-case basis. All medicines are provided at cost or – where health posts cannot afford to pay – are financed through donations from action medeor. In 2014 action medeor supplied health posts in 96 countries throughout Africa, Latin America and Asia. The medicines and consumables supplied were worth almost 10 million euros.



As the Syria conflict continues after more than three years of civil war, the Islamic State terror regime expands to Northern Iraq and many more people are now fleeing, Ebola in West Africa is escalating into a public health emergency of international concern.

Since the beginning of the civil war, 208 tons of medicines and medical material have been shipped to the refugee camps and to Syrians in the country. The aid provided helps to treat victims of gun violence, but also chronic diseases. The lack of medicines in the crisis area is dire. In 2014 action medeor continued repeatedly to send relief supplies into the war-torn region. These were taken by local partners to the recipients in places such as Homs, Aleppo, Damascus, Atmah and Idlib. A further 32 tons of medical supplies were delivered to various refugee camps in Northern Iraq to provide medical aid for those fleeing the atrocities committed by the Islamic State. As no vaccination or medicines are as yet available to fight the Ebola outbreak and Ebola patients currently can only be helped by providing intensive care and treatment of the symptoms, action medeor delivered 70 aid shipments with medicines designed to treat the accompanying symptoms. More shipments were made containing coveralls, aprons, face masks and shields, gloves and rubber boots to protect medical staff most at risk from catching the virus.

Drugs and medical equipment are the primary aid required in an emergency. Essential medicines, consumables and medical supplies can be shipped to the relevant countries within 24 hours. Some 220 different medicines which the WHO believes can treat most diseases in the world are stored and stockpiled at action medeor's 4,000 m² warehouse in Tönisvorst located in the Lower Rhine region of Germany. A supply of 'Emergency Health Kits' is kept in stock at all times to deliver basic medical care. A single ready-packed kit weighing 938 kg can provide medical care to an average of 10,000 people for three whole months. Each kit contains basic supplies such as antibiotics, pain medication, infusion solutions, dressings, and water purification tablets. Where used strictly for statutory purposes, action medeor also makes its medicines available at cost to other aid organizations. In 2014 these deliveries had a value of 4.5 million euro.



### A lasting partnership – anniversary of action medeor in Tanzania

Some ten years ago, the primary concern for action medeor in Tanzania was to improve access to quality medicines effectively while ensuring greater independence in local sourcing.

#### action medeor **International Healthcare gGmbH**

Value of supplied medicines:

1,151,046.11 euro

- of which donation-funded: 154,619.11 euro

Number of health

posts supplied: 331

15 Number of staff:

Intensive research led to the idea of establishing a subsidiary in Tanzania based on the action medeor model in Germany. With help from the local network of volunteers, a suitable location for a warehouse in Dar es Salaam was quickly found. Small offices and a former spare parts depot measuring some 300 m<sup>2</sup> were rented on land made available by a church and fitted with shelving and office furniture. The new establishment was headed by a Tanzanian and a German pharmacist.

It was the start of strenuous yet also exciting times for action medeor, as the organization set about establishing its very first local medicine distribution center. Though carefully explored beforehand, there was also uncertainty yet as to whether the service would eventually be as well received as hoped. The warehouse filled up fairly quickly with medicines and medical supplies, as the team took its first tentative steps toward familiarizing itself with the new financial accounting and warehousing program.

Since then, the supply of quality-assured medicines to health posts in Tanzania has expanded successfully. The setup of the first branch in Tanzania therefore has helped significantly to strengthen the local structures and effectively improve healthcare for the people. Throughout the land

almost 211 health facilities were supplied with vital aid in 2014. In addition, around 120 ADDOS could be added. AD-DOS are small, state-certified stores with trained personnel which are permitted in remote areas to dispense a limited number of basic medicines to people in need.

In the last year, a further distribution base was set up in Masasi, some 600 km south of Dar es Salaam, close to the Mozambique border. Though only a small town, Masasi is a key hub connecting the coast with the heartland and the south and north. From here, action medeor serves the surrounding community facilities which previously had often been excluded from access to medicines. The work in Dar es Salaam is carried out by a team of twelve staff, with an additional three workers in Masasi.

Word is getting out about the good and reliable work of action medeor in Tanzania. Orders are now coming in from organizations as far away as northern Mozambique and even from the Ministry of Public Health of Comoros. Last year, action medeor President Siegfried Thomaßen visited the team around national director Fritz Steinhausen and Manager Gerald Masuki in Dar es Salaam.

action medeor President Siegfried Thomaßen visits the team in Tanzania.



Similar to Tanzania, action medeor is planning to open another national branch in East Africa by the middle of 2015. Malawi has many long-standing customers of action medeor that will in future be supplied from Lilongwe. The warehouse offers 500 m2 of space, enough to stock a large range of medicines and medical products that are subject to strict quality monitoring. While improving the availability of affordable high-quality medicines in Malawi, this move means that the predominantly church-related healthcare facilities can be supplied promptly and in line with demand.

Plans are made to consolidate the procurement for Tanzania and Malawi in order to create synergies. By purchasing from regional manufacturers with audited and verified quality standards, action medeor is also helping to strengthen the local structures while increasing quality awareness in the region. The team on site received valuable support in the fitout of the warehouse from Hamburg-based intralogistics specialist Jungheinrich, a firm that for many years now has been a cooperation partner and supporter of action medeor.





>> The number of people affected by war, the consequences of war and conflicts has not been that high since World War Two. Our aid has not been this urgent and needed in so many places at once for a long time. It is distressing at times.

### **Humanitarian aid projects**

Every person in need has the right to receive aid. At the core of every humanitarian aid organization is always the desire to help people in critical humanitarian situations, be it natural or man-made disasters. The principles of impartiality, independence and neutrality are vital not only in conflict zones. All humanitarian aid by action medeor therefore is provided regardless of origin, language, religion, political views, or gender, action medeor is committed to complying with recognized international standards, including the Code of Conduct for international emergency aid organizations and the Sphere Project (Humanitarian Charter and Minimum Standards in Disaster Response).

In a humanitarian crisis, the needs and urgency are weighed by communicating with local partner organizations and those affected, potential risks are identified, and all aid and assistance is coordinated, agreed and decided with other parties involved. This ensures that all aid arrives safely and is utilized as quickly as possible on the ground. Depending on the scale of the disaster, project work involves the coordination of emergency relief measures, transition aid, disaster reduction, and long-term development cooperation. If need be, action medeor may also support the rebuilding measures through partnerships for years to come.

action medeor is a member of Aktion Deutschland Hilft (ADH), an alliance of 13 renowned German aid organizations. In emergency and disaster situations, the alliance calls for raising funds,



which it then prorates to the individual member organizations. In 2014 action medeor was allotted funds of 805,583.56 euro. The humanitarian aid is further financed through donations, endowments, and the Ministry of Foreign Affairs. In total, action medeor implemented 33 humanitarian aid projects providing relief worth approximately 2.8 million euro.

Increasingly, action medeor also supports projects that help people in high-risk regions to better cope with potential future crises.

# Setup and operation of an isolation ward to fight Ebola

In February 2014 the first cases of Ebola were reported in south-east Guinea, followed soon after by the neighboring countries of Sierra Leone and Liberia. The next months saw the worst outbreak of the virus since its discovery in 1976.

Ebola is a dangerous and very deadly disease with currently no treatment or vaccine. Ebola patients can only be helped by providing intensive care and treatment of the symptoms. Early detection is vital to increase the chances of survival.

By the end of 2014, over 20,000 people had been infected, with more than 10,000 deaths reported. Since Ebola spreads through human-to-human contact, educating people about transmission routes and preventive measures is of crucial importance. Medical staff are particularly at risk of getting infected with the virus. To protect staff, the WHO recommends strict hygiene protocols and wearing personal protective equipment. This includes coveralls, aprons, face masks and shields, gloves and rubber boots. It is particular-

ly important to isolate Ebola patients from others to prevent further spreading.

Through contact with Margret Gieraths-Nimene, head of the Gerlib Clinic in the Liberian capital of Monrovia, action medeor was informed about the situation in the country at an early stage. She reported a dramatic lack of treatment places in isolation wards resulting in patients being turned away from the few hospitals and having to stay out in the streets or at home, leading to a further spreading of the virus. Joining with the ISAR organization in Germany, action medeor set up a mobile isolation ward with 44 treatment places on the premises of the ELWA II clinic in Monrovia. The setup of this isolation ward was made possible by a







generous donation from the Else Kröner-Fresenius Foundation. Its operation was ensured by the German Society for International Cooperation (GIZ).

The ward is equipped with state-of-the-art filter and disinfection technology providing the highest possible level of safety. The patients are kept in two separate tents, one for the women and one for the men. Medicine and protective equipment ensure that staff are protected as best as possible. Used personal protective equipment is destroyed in an incinerator belonging to the ward. Recovered patients leaving the ward are given a set of new clothing and disinfectant. In late 2014 an end to the epidemic was not in sight. Today, the disease may be largely contained, but much is still needed in the way of follow-up and recovery. Health systems that were inadequate at best even before the outbreak are now further impacted by the epidemic and the loss of staff to Ebola to an extent that renders them unable to ensure adequate medical care for the people.

In the context of an official visit in March 2015 by Germany's Minister of Economic Cooperation and Development, Gerd Müller, and Health Minister Hermann Gröhe, action medeor directors Bernd Pastors and Christoph Bonsmann were on location in Liberia to be briefed about the aid provided up to this point and the measures planned to strengthen the local health system permanently.

#### Key project data:

Project region: Monrovia, Liberia

September 2014 – July 2015 Project period:

Total funding: 1,385,475 euro



# Reconstruction of four maternity clinics

In November 2013 the typhoon Haiyan and tsunami along the Philippine coast heavily damaged or destroyed numerous healthcare facilities. Structures affected include four small maternity clinics in the towns of Palo, Santa Fe, MacArthur and Alang-Alang on Leyte Island.

The resources of project partner KAKAK did not allow for reconstruction of the largely destroyed maternity clinics. Their operation as a result ground to a halt. Many hospitals in the region had also been devastated, medical teams lacked staff, and any facilities still open were overcrowded.

action medeor decided to support the swift reconstruction of the clinics based on the "building back better" principle. The objective is to build the resilience of communities and nations to disasters by strengthening national and local institutions, mechanisms and capacities for disaster risk reduction and includes the contruction of flood- and storm-proof storage facilities for medical equipment and materials, stronger roof and wall systems, and the provision of emergency generators and solar lamps.

#### **Key project data:**

Project region: MacArthur, Santa Fe, Palo and

Alangalang in the Leyte province

(Philippines)

Project period: December 2013 – December 2015

Total funding: 40,000 euro

In addition, information and awareness campaigns are organized and a vehicle provided for the maternity clinics to help, for instance, take emergencies to the hospital. The aim is to ensure the quickest possible access for pregnant women and mothers to urgently needed healthcare and so to prevent complications during pregnancy, birth and aftercare. In 2014, 119 babies were safely delivered at the Palo clinic



## **Community-based** disaster prevention

Pakistan is highly prone to natural disasters. More than 25 million people have been affected since the flood of the century in 2010. Yet the state institutions are unable to ensure comprehensive disaster management.

In an effort to put people in a position to protect themselves and their livelihoods, action medeor is supporting 34 flood-prone village communities in the Mirpurkhas district with preventive safety measures. Evacuation centers as well as 150 flood-proof houses along with 50 water systems and 600 sanitary facilities are constructed to improve the living conditions of people in these communities and adapt them to potential risks. Agriculture and animal husbandry are promoted in the hope to minimize losses caused by any future flooding. This includes training animal health workers, but also workshops for small farmers focused on smart agriculture and livestock farming. The women are taught how to plant vegetable gardens and preserve food.

In each of the 34 villages a village committee is set up to take responsibility and handle the organization of all project activities. Education and training events on issues such as village organization, involvement of women, first aid, and

#### **Key project data:**

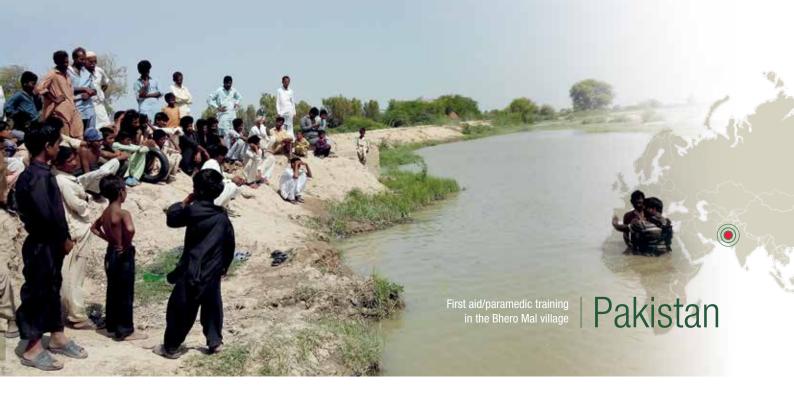
Project region: 34 villages in the Mirpurkhas

district, Sindh province (Pakistan)

Project period: September 2013 - August 2016

Total funding: 608,080 euro

disaster prevention are designed to reduce dependence on external help. Two or three volunteers from each village are trained in first aid and medical emergency measures, as evacuation drills are conducted for all villagers. All 80 first aiders and paramedics are given a first aid kit with all necessary dressing and treatment materials. These measures are aimed to help the people to cope better with any future emergency situations.





### **Development cooperation**

"No person should suffer or die from treatable or preventable diseases". Determined to turn this vision into a reality, all our projects center around people that are particularly vulnerable to health problems. This generally means women and children, socially and financially disadvantaged people, or ethnic minorities. Those most in need largely live in countries that have poor health structures, are torn apart by conflicts or affected by natural disasters. Our aim here is to help effectively improve their healthcare and living conditions.

Development cooperation projects are often complex and run for several years, impacting on different levels of healthcare. Project work extends from the setup of infrastructure and the training of medical staff to education on issues such as HIV/AIDS, malaria and tuberculosis, or sexual and reproductive health and rights. Our work rests on the pillars of partnership and cooperation with local charitable organizations. They are the voice of the locals, enjoy their trust, know their needs, and actively involve the people in the planning and implementation of the projects. In their implementation, action medeor draws alongside these partners in an effort to help them reach previously defined targets. Through training and education focused on project administration, impact monitoring, lobbying or fundraising partners are enabled to improve the organizational aspects of their work.

To ensure sustainability of the health projects, people in the projects act as disseminators. Their role is to pass on to their communities what they have learned and thereby help to spot symptoms



early on to prevent illnesses. As a result, the people enjoy improved health services and themselves become broadcasters of knowledge.

In 2014 action medeor supported 20 healthcare projects in Asia, Africa and Latin America worth 972,936.72 euro. Next to donations and endowments, 67 percent of the project cost were funded by the German Federal Ministry for Economic Cooperation and Development (BMZ).

## **HIV/AIDS:** Breaking stigmas

Around four percent of the people in the Congo are infected with HIV (source: UNAIDS). The migration of refugees and the violence of the civil war have contributed on a massive scale to spreading the virus. Relevant knowledge about the illness – how to protect yourself, for instance – often is inadequate at best in the region.

Joining with our local project partner APED, action medeor is engaged in fighting HIV in the northeast region of the Democratic Republic of the Congo. The aim here is to raise awareness for HIV/AIDS among the people living in the three communities of Kalehe, Bunyakiri and Minova. To this end, education events are organized for the whole village, but primarily for the younger generation, women and girls in childbearing years. For the latter especially it is important to know how to prevent HIV from being passed on to their child, but also where pregnant women can get the help they need. A further objective of the project is to establish a service for voluntary testing and advice. By knowing their own serologic status, people are better able to take measures that prevent a further spreading of the illness.

#### **Key project data:**

Project region:

Bunyakiri, Minova and Kalehe in

the South Kivu province (DR Kongo)

Project period: November 2013 – October 2016

**Total funding:** 544,994 euro



### Promoting health for grandmothers

One in five children in Uganda is an AIDS orphan. Uganda's grandmothers carry a heavy legacy of the HIV/AIDS epidemic – with the parent generation gone, it is left to them to take responsibility and look after their grandchildren.

In many cases, however, they themselves suffer from poor health. Especially in rural areas where grandmothers often live in poverty, escaping the notice of international development programs, health facilities are few and far between or poorly equipped. Medical staff here are inadequately trained and medicines for age-related illnesses such as high blood pressure or diabetes are scarce.

In order to improve the healthcare for grandmothers, action medeor joined with its local partner organization Phoebe Education Fund for HIV/AIDS Orphans (PEFO) to conduct special health camps for older women. At the outset, the healthcare professionals of eight health centers in the project area along with 40 members of village health teams received further training in geriatrics. Finally, a community health insurance scheme was set up, with each of the 600

#### **Key project data:**

Butagaya, Budondo and Mafubira Project region:

Sub-County in the Jinja District

(Uganda)

Project period: November 2013 – October 2014

Total funding: 20,000 euro

women in the project contributing on a monthly basis. The funds are used to refinance in part the health camps, but also to pay for the transfer of more complicated cases to larger hospitals.



For almost 50 years now, Colombia has been gripped by a civil war where abuse and brutality are a part of daily life. Guerilla, paramilitary units and army are fighting each other at the expense of the civilian population. More than 20,000 people have already met their death. The worst affected tend to be young people and women.

The number of women raped, sexually harassed or abused, even in their own families, is alarming. It is important to find a way out of the spiral of violence in a culture where violence has become a way of life for families as a result of the armed conflict.

In cooperation with the local Taller Abierto organization, women in three communities of the Valle del Cauca Department are trained to be health promoters, while regular education events are held. 45 women in all pass on to other women, but also men, what they have learned about issues such as preventing sexual assault, rights of women, and individual health protection. In working together, the goal is to bring about behavioral changes in dealing with violence.

The project was made possible thanks to the backing of the San-Pedro-Claver Foundation of the Aachen diocese. A four-year follow-up project is due to start in April 2015, aiming to expand current measures to a wider geographic area.

#### Key project data:

Project region: Cali, Candelaria and Jamundí in

the Valle del Cauca Department

(Colombia)

Project period: July 2014 – January 2015

Total funding: 17,000 euro



### Water quality and hygiene

Where people are forced to use contaminated ground and river water for lack of alternatives, diseases such as diarrhea rapidly spread. Young children and pregnant women are especially vulnerable to these water-related infections.

Diarrheal diseases among children can be reduced by almost a half with simple measures such washing hands properly. If the health situation of these people is to improve with lasting effect, focus needs to be given ultimately to better water quality and increased hygiene. In 37 villages in the Thatta district of southeast Pakistan, action medeor has installed 50 water filters for drinking and cooking purposes. The basis of each watering place is a membrane filter system called PAUL (Portable Aqua Unit for Livesaving) financed by the German Lions aid organization (HDL). Every day, the system filters up to 1,200 liters of natural water, removing dirt particles and bacteria for a drinkable quality.

The distribution of these water filters is underpinned by education measures looking at water-related diseases and their prevention through appropriate physical and household hygiene. In addition, locals were involved in building simple handwashing facilities called "tippytaps" which help to put the knowledge they gain into practice right away.

#### **Key project data:**

37 villages in the Thatta district, Project region:

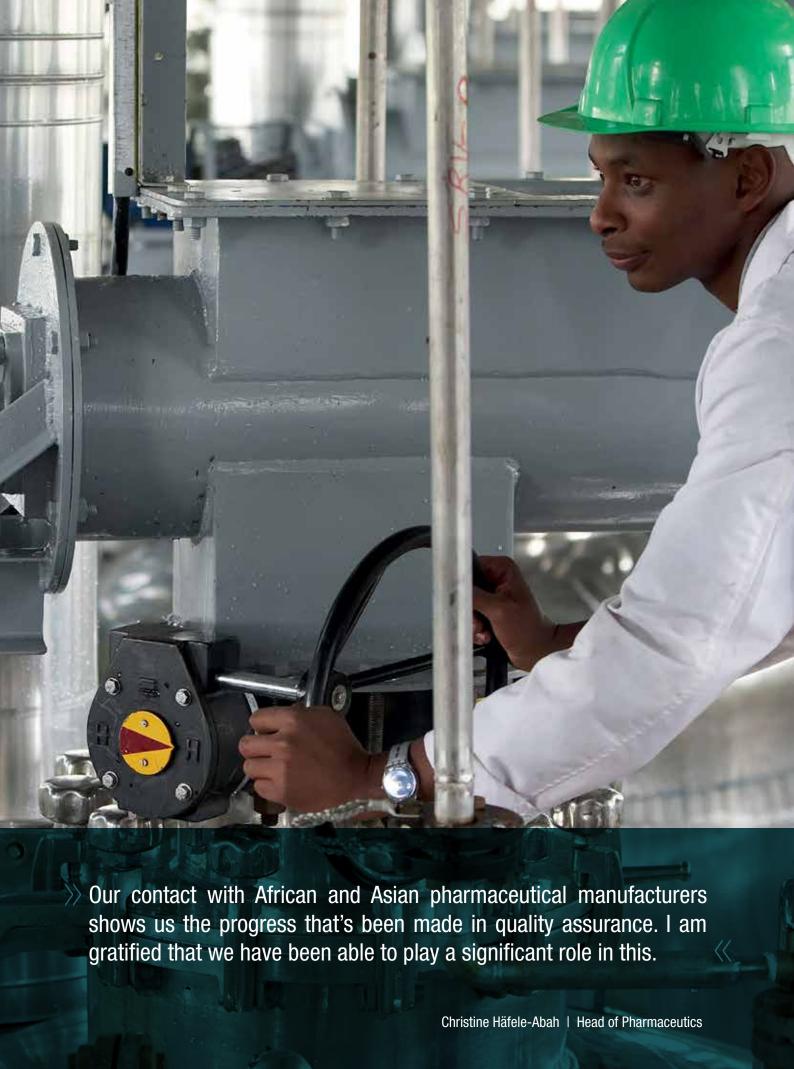
Sindh province (Pakistan)

Project period: June 2013 - December 2014

Total funding: 48,540 euro

The project was backed by the Liaquat University of Medical and Health Sciences in Hyderabad with a study on the acceptance and effect of PAUL. Initial results show that not only are the water filters readily used by the villagers, they have also helped reduce the frequency of water-related disesases.





### Pharmaceutical advisory services

Today, a growing number of essential medicines are produced by local companies in Africa, and there has been a significant improvement in quality standards in recent years. Yet manufacturers and the regulatory environment still face many challenges. Not least of which is a lack of technical, financial and human resources.

Focused on improving access to medicines, action medeor supports efforts made in this respect with pharmaceutical training, advice and instruction on pharmaceutical manufacturing, the design and construction of modern production facilities for essential medicines, and the upgrading of development and control laboratories. By providing pharmaceutical advisory services, action medeor aims to strengthen the local workforce effectively and for the long run. Supported by the German Society for International Cooperation (GIZ), action medeor conducts training programs on issues related to "good pharmaceutical manufacturing practices" for employees in pharmaceutical companies. In these training initiatives attention is also given to addressing specific challenges and difficulties in a local context.

In order to enable the development of medicines, action medeor involves itself in the support of pharmaceutical research and education, cooperating in long-term partnerships with universities in Dar es Salaam (Tanzania) and Kusami (Ghana) to help train pharmacists. Regular inspection of East African manufacturers and advisory services to help them advance progressively toward achieving international production and quality standards strengthen the regulatory environment.



This includes the exchange with African authorities and guidance in licensing matters through to clinical studies.

In 2014 action medeor ran pharmaceutical projects and training programs with local partners worth more than 185,000 euro. In these efforts, action medeor was able to draw on the expertise of its own pharmacists and on the know-how of a well-developed network of external experts.

### Rebuilding of pharmacies

A year on from the devasting Typhoon Haiyan, access to medicines, medical supplies and hygiene products continues to be severely limited particularly for the poor population on the Philippine islands of Leyte and Samar.

#### **Key project data:**

Villages in East Samar and Leyte Project region:

(Philippines)

Project period: May 2014 - May 2016

Total funding: 150,000 euro

Typhoon Haiyan made landfall on the islands of Leyte and Samar on November 7, 2013, devastating the social and economic infrastructure for millions of people across a 600-kilometer stretch of land. To this day, many health facilities remain in shambles, the few hospitals that are still functioning are stretched beyond their limits. Access to medicines could not be fully restored yet for all the affected regions.

Thanks to donations from the German Lions aid organization (HDL), action medeor is helping in the east of Samar and Leyte Islands to rebuild two hospital pharmacies, four regular pharmacies, and 20 so-called mini-pharmacies. The latter are small kiosks that sell over-the-counter medicines (such as vitamins, cough medicine, antipyretic agents) and hygiene products along with contraceptives at affordable prices. The mini-pharmacies will be set up in villages with a population of 2,000 to 5,000 people. A focal point of this project is the provision of pharmaceutical advisory services.



## Workshop on manufacture and approval of sterile preparations

Medicines authorities are responsible for protecting public health. This includes the inspection of pharmaceutical manufacturers, but also the approval of medicines and monitoring their safety in use.

The East African Community as the regional intergovernmental organization of the Republics of Burundi, Kenya, Rwanda, the United Republic of Tanzania and Uganda has made great efforts in recent years to bring its Medicines Evaluation and Registration program in line with the internationally recognized standards of Good Manufacturing Practice (GMP). Keen to support these efforts, action medeor provided training for staff at its Medicines Regulatory Authorities.

A workshop to that effect, which was also open to East African manufacturers of sterile pharmaceutical preparations, dealt with aspects such as the manufacture of sterile pharmaceutical preparations. Focus was given to hygiene, microbiological testing and other quality controls and processes aimed at ensuring that medicines are sterile (free from bacteria or other living microorganisms) and are not contaminated with pyrogens (microbial substances that cause fever). In practical group work, the participants worked on checklists and questionnaires used for the inspection of manufacturers and learned how to evaluate the documentation of manufacturers. In addition, clarity was provided on the responsibilities of manufacturers and authority officials to produce and authorize medicines that are safe, effective and of good quality.

#### Key project data:

**East African Community** Project region:

(Burundi, Kenya, Rwanda,

Tanzania, Uganda)

Project period: October 2013 - April 2014

Total funding: 60.000 euro



# Our projects at a glance

|                                  | Continent | Country   | Project focus   |  |  |
|----------------------------------|-----------|---|---|--|--|
| Humanitarian Aid                 | America   | Haiti   | Healthcare and nutritional therapy for children and their families affected by the 2010 earthquake              |  |  |
|                                  | -         | Haiti   | Healthcare and education for children and their families affected by the 2010 earthquake                        |  |  |
|                                  |           | Haiti   | Health improvement for children through access to medical care, food security and sanitary facilities           |  |  |
|                                  |           | Haiti   | Renovation and equipment of the St. Joseph primary school and mobile clinics                                    |  |  |
|                                  |           | Haiti   | Healthcare and nutritional therapy for children and their families affected by the 2010 earthquake              |  |  |
|                                  | _         | Haiti   | Student sponsorships  |  |  |
|                                  | Asia      | India   | Improvement of access to the health system and food security for Yanadi families                                |  |  |
|                                  |           | Philippines                                       | Disaster risk reduction at schools  |  |  |
|                                  |           | Pakistan  | Distribution of relief packages in Tharparkar   |  |  |
|                                  | _         | Pakistan  | Capacity Development – Improvement in sustainability and local ownership of partner organization PVDP           |  |  |
|                                  | -         | Pakistan  | Improvement of preventative healthcare and information  |  |  |
|                                  |           | Pakistan  | Improvement of the drinking water quality and of hygiene awareness  |  |  |
|                                  |           | Pakistan  | Restoration and promotion of resilient livelihoods through community-based disaster prevention                  |  |  |
|                                  |           | Pakistan  | Humanitarian aid and mobile healthcare in the Thar Desert   |  |  |
|                                  | -         | Philippines                                       | Distribution of relief packages and medical care for typhoon survivors  |  |  |
|                                  |           | Philippines                                       | Distribution of relief packages for typhoon survivors   |  |  |
|                                  |           | Philippines                                       | Reconstruction and community-based disaster risk reduction in the Philippines                                   |  |  |
|                                  |           | Philippines                                       | Reconstruction of maternity clinics in Leyte, Philippines   |  |  |
|                                  |           | Philippines                                       | Rebuilding of mini-pharmacies   |  |  |
|                                  |           | Philippines                                       | Medical care and education  |  |  |
|                                  | Africa    | South Sudan                                       | Emergency relief for 60 female headed households and women with disabilities                                    |  |  |
|                                  |           | South Sudan                                       | Improvement of sanitation in Kuda Payam   |  |  |
|                                  |           | Liberia   | Setup and operation of an Ebola isolation ward in Monrovia  |  |  |
|                                  |           | Sierra-Leone                                      | Ebola prevention and support for households under quarantine in Bo and 15 communities                           |  |  |
|                                  |           | Somalia   | Reconstruction of health infrastructure and improvement of healthcare in the Banadir region                     |  |  |
|                                  |           | Kenya   | Improvement of healthcare in semi-arid regions in northwest Kenya   |  |  |
| Development Cooperation          | Africa    | DR Congo  | Medical and psychosocial care for HIV patients  |  |  |
|                                  |           | DR Congo  | Malaria and HIV/AIDS awareness and distribution of mosquito nets  |  |  |
|                                  |           | DR Congo  | HIV/AIDS awareness and tests, and setup of test centers   |  |  |
|                                  |           | Tanzania  | Medical equipment for materinity units  |  |  |
|                                  |           | Togo  | Improvement of the sexual and reproductive health and rights of young trainees and sex workers                  |  |  |
|                                  |           | Togo  | Fighting malaria and HIV/AIDS   |  |  |
|                                  |           | Uganda  | Improvement of healthcare for grandmothers  |  |  |
|                                  |           | Ghana   | Improvement of mother and child health in Hohoe through further training for traditional midwives               |  |  |
|                                  | America   | Bolivia   | Improvement of the sexual and reproductive health and rights of young people                                    |  |  |
|                                  |           | Guatemala   | Improvement of the sexual and reproductive health and rights of indigenous communities                          |  |  |
|                                  |           | Guatemala   | Training of health promoters and use of traditional medicinal plants  |  |  |
|                                  |           | Guatemala   | Improvement of the health of mothers and newborn babies: Awareness and further training for midwives            |  |  |
|                                  |           | Guatemala   | Improvement of basic healthcare   |  |  |
|                                  |           | Colombia  | Improvement of sexual and reproductive health and prevention of gender-based violence                           |  |  |
|                                  |           | Colombia  | Prevention of gender-based violence and sexually transmitted diseases   |  |  |
|                                  |           | Mexico  | Construction of a health center with maternity unit, training of promotors and midwives                         |  |  |
| Pharmaceutical Advisory Services | Africa    | Ghana   | Feasibility study for an analytics and bioequivalence laboratory  |  |  |
|                                  |           | Kenya   | Training for the state boards of the East African Community: "Good Manufacturing Practices" and "Good Regulator |  |  |
|                                  |           | Kenya   | Joint audits / quality assurance at local manufacturers   |  |  |
|                                  |           | Tanzania  | Pharmaceutical training support at four schools   |  |  |
|                                  |           | Tanzania  | Product development of HIV/AIDS medicines   |  |  |
|                                  |           | Uganda Support of local pharmaceutical production |   |  |  |
|                                  |           | Malawi  | Setup of local distribution base  |  |  |
|                                  | America   | Haiti   | Promotion of quality assurance in the pharmaceuticals sector (mini-lab)   |  |  |

|              | Period                         | Project partners                | Co-funding/funding providers       | Total funding 2014 (euro) |
|--------------|--------------------------------|---------------------------------|------------------------------------|---------------------------|
|              | February 2012 – March 2015     | FEJ                             | Stiftung RTL                       | 183,656                   |
|              | March 2012 – May 2014          | CSDI                            | Stiftung RTL                       | 57,333                    |
|              | February 2013 – February 2015  | OSAPO                           | Stiftung RTL, ADH                  | 259,961                   |
|              | May 2013 – February 2014       | CSDI                            | Rhein-Zeitung/HELFT UNS LEBEN      | 6,612                     |
|              | October 2013 – March 2015      | FEJ                             | Rhein-Zeitung/HELFT UNS LEBEN      | 11,086                    |
|              | January 2012 – December 2014   | Don Bosco Mondo                 | Stiftung RTL                       | 12,833                    |
|              | May 2012 – May 2014            | GARDS                           | Oedt-Stiftung                      | 3,151                     |
|              | November 2014 – October 2015   | ASB, CDRC, CREST                | ADH, Deutsche Telekom              | 115,000                   |
|              | December 2014                  | PVDP                            |                                    | 22,500                    |
|              | September 2014 – December 2014 | PVDP                            | ADH                                | 17,484                    |
|              | June 2011 – February 2014      | PVDP                            | ADH                                | 17,518                    |
|              | June 2013 – December 2014      | PVDP, Hyderabad University      | ADH, Hilfswerk der Deutschen Lions | 14,927                    |
|              | September 2013 – August 2016   | PVDP                            | BMZ/ESÜH                           | 242,662                   |
|              | April 2014 – October 2014      | PVDP                            | AA -                               | 140,175                   |
|              | November 2013 – January 2014   | CBHP                            | ADH                                | 14,430                    |
|              | November 2013 – February 2014  | PCDR                            | ADH                                | 17,311                    |
|              | March 2014 – August 2015       | CDRC, PCDR, CPRS, STPRC         | ADH                                | 379,824                   |
|              | December 2013 – July 2015      | KAKAK                           | ADH                                | 33,910                    |
|              | May 2014 – May 2016            | NPF                             | Hilfswerk der Deutschen Lions, ADH | 83,609                    |
|              | April 2014 – June 2014         | FPOP                            | ADH                                | 23,539                    |
|              | October 2014 – January 2015    | FOFCOD                          | ADH                                | 26,822                    |
|              | March 2014 – February 2015     | FOFCOD                          | ADH                                | 90,117                    |
|              | August 2014 – July 2015        | GerLib/MoHSW                    | EKFS/GIZ                           | 459,076                   |
|              | December 2014 – June 2015      | Hilfe Direkt Sierra Leone       | Stiftung RTL, Stiftung Stern e.V.  | 26,064                    |
|              | August 2014 – July 2017        | WARDI                           | ESÜH/BMZ                           | 262,944                   |
|              | May 2012 – December 2014       | AIC, Difäm                      | ADH, Difäm                         | 135,036                   |
|              | January 2010 – December 2015   | Pharmakina                      |                                    | 35,058                    |
|              | November 2012 – October 2015   | AFPDE                           | BMZ                                | 92,389                    |
|              | November 2013 – October 2016   | APED                            | BMZ                                | 162,960                   |
|              | August 2012 – May 2014         | Catholic Archdioceses of Arusha | FedEx Express                      | 25,430                    |
|              | November 2012 – November 2015  | PSAS                            | BMZ                                | 97,137                    |
|              | January 2013 – December 2015   | 2 AD                            | Stiftung RTL, Lappe-Stiftung       | 55,732                    |
|              | December 2013 – November 2014  | PEFO                            |                                    | 12,333                    |
|              | June 2014 – August 2014        | ATBAWA                          | Meeting Bismarck                   | 7,982                     |
|              | August 2013 – April 2017       | CSRA                            | BMZ                                | 86,020                    |
|              | January 2014 – April 2017      | PIES de Occidente               | BMZ/Lappe-Stiftung                 | 180,948                   |
|              | January 2013 – December 2014   | Menachor                        |                                    | 11,384                    |
|              | October 2013 – March 2016      | Ak'tenamit                      | BMZ                                | 70,595                    |
|              | January 2014 – December 2015   | ASECSA                          |                                    | 24,748                    |
|              | July 2014 – January 2015       | Taller Abierto                  | San-Pedro-Claver-Stiftung (Aachen) | 15,323                    |
|              | July 2010 – February 2014      | Taller Abierto                  | BMZ                                | 2,799                     |
|              | October 2011 – August 2015     | Madre Tierra Mexico             | BMZ/Lappe-Stiftung                 | 92,251                    |
|              | November 2013 – February 2014  |                                 | GIZ                                | 35,544                    |
| y Practices" | November 2013 – April 2014     | _                               | GIZ                                | 52,224                    |
|              | April 2014 – December 2014     | _                               |                                    | 2,446                     |
|              | April 2014 – December 2016     | KSP                             | GIZ, Bayer, Boehringer, Merck      | 63,070                    |
|              | April 2011 – April 2015        | MUHAS                           | , 5a, 5, 550goi, motor             | 2,089                     |
|              | February 2014 – December 2014  | KPI                             |                                    | 13,360                    |
|              | January 2014 – October 2014    | AMM                             |                                    | 6,853                     |
|              | November 2013 – February 2014  | University of Port-au-Prince    | Lappe-Stiftung                     | 2,458                     |

### 2014: Snapshots of the year

### January through June

The work of action medeor is financed through public funds and donations made by individuals, businesses and foundations. As part of our communications strategy, action medeor reports on health projects, emergency and disaster aid, and healthcare facilities in poor countries as a way to publicize each case of need and how funds are used to provide aid.

#### PR and press

PR and press releases in 2014 were defined by the many disasters in the year, but focused also on the 50th anniversary of action medeor. Next to aid for people in the Balkans, Gaza and Syria, reports primarily centered on Ebola emergency relief efforts. At press conferences held in Tönisvorst and Berlin, action medeor joined with partners and Liberian Ambassador Ethel Davis to give an account of the situation in the areas affected by Ebola and the aid required. Television teams paid regular visits to the medicines warehouse in Tönisvorst to give viewers an idea of what goes on behind the scenes of our aid organization. Overall, TV, radio and print coverage increased significantly on the previous years.

Local and regional media featured lengthy reports on the anniversary of action medeor and related events. The festive ceremony and the summer party in September both deserve special mention, as does the benefit concert at the Tonhalle Düsseldorf with our ambassador Anke Engelke. Other topics covered by regional media included the launch of the Lower Rhine Business Owners Initiative, the cooperation with the North Rhine Chamber of Pharmacists, and the in-house exhibition at action medeor. Local press additionally brought articles on events such as the Christmas gala, diverse talks, exhibitions, and donation ceremonies. All news were also posted on Facebook and Twitter.

In order to reach as many supporters as possible, action medeor makes use of all reasonably affordable communications channels. This includes letters, brochures, website, information booths, and, for the first time this year, the new action medeor magazine. The magazine is published every quarter, each issue focusing on a different topic. Sponsors that donate a regular fixed amount automatically receive the magazine by mail.



#### New Year's reception at the North Rhine **Chamber of Pharmacists**

In the context of its partnership with action medeor, the North Rhine Chamber of Pharmacists (AKNR) initiates fundraising campaigns under the banner of "Partnering together as an emergency dispensary" asking its members for support. The New Year's reception with AKNR President Lutz Engelen and Health Minister Barbara Steffens marked the start of our cooperation, with Anke Engelke reporting about her involvement in the work of action medeor.

#### Art exhibition at action medeor

Birds, elephants, lions, giraffes, zebras, fish - Tanzanian Tinga Tinga art depicts Africa's wildlife in brilliant colors and all its rich variety. Many visitors, including various interested school classes, were inspired by the paintings - which illustrated daily life in a village, the practices of traditional healers, and scenes of sorcery and witchcraft.





#### Creative competition at Tönisvorst schools

Joining with the Protestant and Catholic churches in Tönisvorst, action medeor invited schools to participate in a special creative competition. More than 500 students designed sleeves for donation cans, flyers and posters. Each class then chose the best work from their group and sent it to action medeor. The judging panel was deeply impressed with the great response and the magnificent results!

#### Rita Süssmuth visits action medeor

On World Health Day (April 7), action medeor had the honor of a visit from Prof. Dr. Rita Süssmuth accompanied by a member of the German Bundestag, Uwe Schummer. On a tour of our organization, both were able to learn more about the aid work of action medeor. Prof. Dr. Süssmuth was particularly impressed with our partnership approach to providing pharmaceutical advisory services and our health projects.





#### Launch of Lower Rhine **Business Owners Initiative**

The Lower Rhine Business Owners Initiative was set up under the banner of "Business owners practicing social responsibility". It sees itself as an independent group of entrepreneurs with the desire to provide aid worldwide by supporting the work of action medeor as donors, sponsors or disseminators. By modeling their commitment, they also seek to get staff, business partners and customers involved.

#### In-house exhibition at action medeor

In honor of its 50th anniversary, action medeor organized its first in-house exhibition on June 27. Tagged "innovative and professional aid", cooperation partners presented new products and innovative technologies used in projects and disaster situations. Talks given were underpinned by an illustrative exhibition component.



### 2014: Snapshots of the year

### July through December



#### Fortuna Family Day in Düsseldorf

"1:0 against malaria" is the initiative of Fortuna Düsseldorf 1895 e.V. and a clear statement of its commitment to help fight one of the deadliest diseases in the world. As every year, Fortuna Düsseldorf invited action medeor on July 27, 2014 to join in the Family Day organized at the Esprit Arena. The action medeor booth set up on the grounds gave visitors the chance to learn more about our work.

#### Festivities to celebrate 50 years of action medeor in Tönisvorst

450 invited guests from politics and associations joined friends and staff to celebrate 50 years of action medeor with a festive ceremony in Tönisvorst. Germany's Health Minister Hermann Gröhe paid tribute to the development of the medical aid organization. Volunteers who have been with our organization since day one took the opportunity to say a few words, as did donors and partners from various projects.





#### Summer party at action medeor

On September 7, our medical aid organization opened its doors to the interested public in Tönisvorst and surroundings. Various talks were given highlighting issues such as promoting mother and child health in Guatemala, but also bringing to mind the forgotten crises in places such as Somalia. The day ended with partners from Haiti, Togo and Tanzania delivering reports of our joint efforts and the situation in their countries.

#### Benefit concert with the Düsseldorf Philharmonic Orchestra and Anke Engelke

On October 30, Anke Engelke was joined by the Düsseldorf Philharmonic Orchestra under the baton of Martin Fratz to host an exclusive evening at the Tonhalle Düsseldorf in honor of action medeor. A short welcoming speech was delivered by Minister-President Hannelore Kraft as patroness of the evening. More than 30,000 euro were raised for emergency and disaster aid.





#### Marketing Club Krefeld at action medeor

Representing the club committee of Marketing Club Krefeld, Olaf Dors invited his members to a visit at action medeor. CEO Bernd Pastors talked to the visitors about the work that goes on "behind the scenes" in a disaster situation and what is needed to deliver aid quickly and professionally - often under intense pressure. Following this, the guests were given first-hand experience of our activities on a tour of our medicines warehouse.

#### Traditional Christmas benefit gala at Krefeld Seidenweberhaus

The Christmas benefit gala has become a fixture in the diaries of many people in the region. In its 16th year, guests were treated once again to a diverse program that included classical music and international sounds. WDR2 presenter Steffi Neu led the audience through the evening. Nearly 15,000 euro were collected in aid of global emergencies and disasters.



#### Fundraising and donor relations

In order for our broad base of supporters that enable the work of action medeor to expand further, we need to attract new donors and partners. One approach is to appeal to potential sponsors in downtown areas to gain their regular support. Working with the dedicated team of Talk2Move, we were able to add 1,200 new donors to our list, many of whom have agreed to sponsor action medeor on a longterm basis.

An ever increasing number of donors use the Internet, as an information medium or to make a donation directly on our website. Technology is advancing at a fast pace and so it is increasingly important that websites can also be used conveniently on mobile devices. Once again, the online team of action medeor introduced many improvements in 2014, including a new "Better giving" donation shop.

In the fight against Ebola, action medeor decided with partners to set up a complete isolation ward for infected patients in Monrovia, Liberia. A substantial amount of money was needed to this end, and quickly. Our aid organization was able once again to rely on its loyal donors to raise part of the funds. The significant financial challenge was met in the end with help from additional supporters. The Else Kröner-Fresenius Foundation contributed 700,000 euro to the funding for the mobile isolation ward. Entrepreneur Stefan Quandt donated 1 million euro toward the campaign against Ebola and future improvements to the health structures.

#### **Educational work**

As part of our commitment to developmental education, action medeor raises awareness for the living conditions and problems of people in development countries. Changing exhibitions provide information on health-related issues, but also on general development targets and a sustainable lifestyle. Staff and volunteers working for action medeor give talks on the global work carried out by action medeor. School classes and other interested groups have the opportunity to visit our 4,000 m<sup>2</sup> medicines warehouse and "look over the shoulders" of staff working at the warehouse to see what goes into our medical aid packages for a rural first aid post or how to put together large shipments on pallets.

### Broad backing for action medeor

### Support through campaigns and initiatives

Since its founding in 1964, the work of our medical aid organization has been supported by a great many people.

#### Creative fundraisers

Countless committed individuals, kindergartens, school classes and parish communities raise money through creative fundraising campaigns. Here are a few representative examples of these activities – along with a big thank you to everyone!

Paddling for a good cause: When she saw the images of Typhoon Haiyan in the Philippines on TV, swimming instructor Andrea Niderprüm of the "Early Learning in Water" initiative was keen to help. And so on Carnival Monday, parents were able to let their babies paddle for a good cause at the Hospital of the Holy Ghost in Kempen. A whopping 1,000 euro were raised as a result.

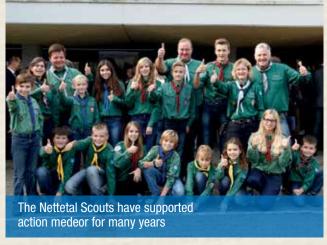
Sponsored run at south Krefeld school: Once again, Annika Heuberger was able to motivate colleagues and pupils at the school to take part in a sponsored run. Collecting 9,716.63 euro, their sponsors were well surprised at the number of laps run. Everyone knew it was for a good cause, to raise funds for vital medicines.

Scouts raise money at ceremony: The Scouts of the Tribe of "Noah" in Nettetal have raised money for action medeor on several occasions. With a banner stuck to the ground in the pedestrian area they asked passers-by to donate their coins Using the same approach at the 50th anniversary celebrationsof action medeor, they came up with 1,122.10 euro. The proud Scouts were excited to take the stage and present the guests at the ceremony with the result of their laudable effort.

Running to save lives: Staff at the Krefeld branch of Gerl Dental participated in the 1st Krefeld Corporate Run held under this banner. Racing in aid of action medeor, they were able to run up 500 euro in donations.

Deposit bottle fundraiser at Rewe and Real: What can you do with 25 cents? Answer: Supply 20 liters of clean drinking water to the people in Haiti at risk for cholera, for instance. Initially, it was the REWE store in Vorst along with the 'real' store in St. Tönis that set up a collection box for deposit refund slips. They are now joined by the REWE stores in Süchteln, Grefrath, Kempen, Vorst and St. Tönis and the Esch supermarket in Lobberich. Thanks to the many small donations amounting to 5,289.24 euro, action medeor was able to support a number of water projects in 2014.













### Donating to health

Set up in 2001, the action medeor Foundation provides action medeor e.V. with solid backing based on many dedicated donors and benefactors. It supports the activities of the organization on an ongoing basis across generations to create an enduring legacy. Foundation assets rose further still in 2014 to now around 1.3 million euro (around 1.19 million euro in 2013). Under the umbrella of the action medeor Foundation, a further endowment fund was set up in 2014 - these can be created at any time in one's own name with funds earmarked for a specific purpose. The interest generated from another new endowment fund will be used in future to improve healthcare at the Charity Clinic in Cebu City in the Philippines.

In addition, the Felix Wiemens Memorial Award was presented for the first time to three pharmaceutical students of the university in Dar es Salaam, Tanzania. These awards are given annually by the Felix Wiemes Foundation Fund. Benefactor loans in 2014 rose by a further 73,000 euro to 228,000 euro.

Together, the individual lenal in Nigeria. The individual loans themselves remain intact and are repaid in full at the end of the loan period.

### Legacies left to action medeor

Increasingly, people choose to leave part of their legacy to a good cause. In many cases, these are individuals who have already supported action medeor with donations for many years to help provide better healthcare for people in development countries. Legacies play a significant role in allowing action medeor to deliver aid.

In 2014 action medeor received 83,506 euro from several legacies (2013: 508,150 euro). As charitable organizations are exempt from legacy tax, each legacy is used in full to support the work of action medeor.



For any queries on the Foundation or legacies, please contact: Linda Drasba Telephone: +49 / (0) 2156 / 9788-173 Email: linda.drasba@medeor.de

# **Donations and sponsoring**

## Companies get involved

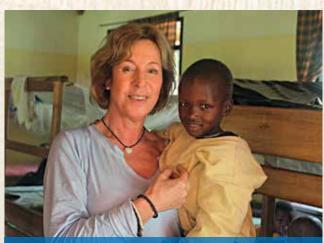
Many companies today engage in corporate social responsibility as a matter of course. In this context, they often also play a part in international projects. In the effort to improve medical care for people in the poorest countries worldwide, action medeor receives invaluable support from the region, but also from national and international companies.

Jungheinrich AG has been active for action medeor since 2011, providing monetary and in kind donations such as used for the equipment of the warehouses in Tönisvorst, Tanzania and, most recently, in Malawi. Under the banner of "Small contribution. Big effect.", employees additionally donate the cent amounts of their monthly salaries to our cause. The total raised is doubled by Jungheinrich and donated to our organization, together with the tax relief which the company receives on its donation. In all, this alone generated more than 26,000 euro in 2014, which was used to provide care for refugees from Syria and Northern Iraq and to help fight the consequences of the Ebola outbreak. Jungheinrich shareholder Hanni von Kameke personally traveled to Tanzania to get an idea of the work of action medeor and is financing the fitout of the St. Elisabeth Hospital in the Tanzanian town of Arusha.

FedEx Express Europe and United Way Worldwide are equally valued supporters of action medeor. Their involvement in the last year provided for medical equipment at the St. Elisabeth Hospital in Tanzania, resulting in a significant improvement of patient care. Their support will continue in 2015.

Since 2014, the Düsseldorf Philharmonic Orchestra has been the exclusive cultural partner of the action medeor medical aid organization. The musicians gave their debut performance in celebration of the new cooperation at a grand benefit concert and together with Anke Engelke brought in donations to the tune of 32,349 euro.

The Lower Rhine Business Owners Initiative is an alliance of regional business owners set up with the purpose of supporting aid projects organized by action medeor. In its first year of existence, the dedicated initiative managed to generate monetary and in kind donations worth around 40,000 euro. Christian Hülsemann and Carl-George Schacht are the initiative spokesmen. In 2014 car dealer Hülsemann and vehicle rental firm CarConnection GmbH were joined in their initiative by Krefeld marketing agency Reiber, Krefeld-based construction logistics firm Van Eyk BauLogistik GmbH, T + P Engineering from Viersen, and 4 • 2 • 3 BT GmbH in Erfstadt.



Hanni von Kameke, granddaughter of Dr. Friedrich Jungheinrich, visited action medeor projects in Tanzania



The Düsseldorf Philharmonic Orchestra and action medeor have cemented their ties in an official cultural partnership.



# **Needs-based in kind donations**

## A key factor in medical aid



Arrival of the FedEx and United Way Worldwide funded aid for the St. Elisabeth hospital in Arusha





The in kind donations made by a great many companies are a valuable contribution to improving the medical care of people in need, which could not otherwise be financed with monetary donations alone. In emergency and disaster situations especially, in kind donations enable action medeor to offer aid on an even bigger scale.

In June 2014 the WHO called on the international community to help fund medical aid for the Palestinians affected by the Gaza conflict. In October, four 40-foot containers with more than 150,000 bottles of vital infusion solutions from Fresenius Kabi Germany were shipped to the people in Gaza. In order to finance the transport of this substantial in kind donation, Fresenius Kabi Germany decided to absorb part of the transportation costs. An excellent example of a life-saving in kind donation. As is the generous help provided by pharmaceutical company Bayer, which supported the fight against Ebola very unbureaucratically as the need arose. The people in West Africa have been battling the devastating Ebola outbreak since the spring of 2014. Bayer made antibiotics worth 1.15 million euro available to help treat the life-threatening bacterial infections resulting from Ebola. The medicines were sent to clinics in Monrovia and health posts in the rural areas of Liberia. Further in kind donations of protective equipment were put to equally good use. Düsseldorf company AHS Alto Hospital Service supplied action medeor with protective work coats and gloves to help prevent infection.

In 2014 action medeor joined in a partnership with Banco Farmaceutico and International Health Partners (IHP) to launch the EURMED network (www.eurmed.eu) with the shared objective of ensuring the efficient and effective use of product donations to address the needs of underserved communities around the world. EURMED serves the European healthcare industry by overseeing a system for the needs-based allocation of donated products to aid organizations serving people in need across the world. By channeling product donations through EURMED, donor companies are able to donate specifically and on a needs basis. The formal launch of EURMED in London in November 2014 was attended by HRH The Prince of Wales. With the number of disasters and global crises reaching a new level in 2014, EU-RMED offers a modern tool that enables a response to the growing demand for medicines and medical products, giving people in need access to vital medical care.

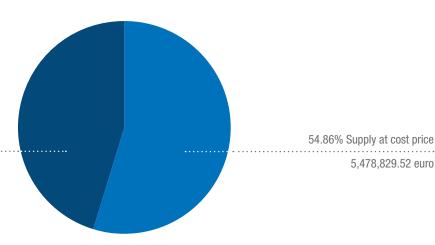
### **Expenditures for medicines**

100% / Total:

9,987,147.88 euro

45.14% Donation-funded supply

4,508,318.36 euro



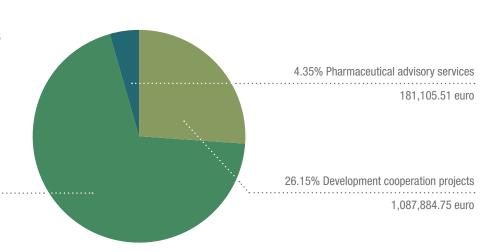
## Expenditures for aid projects by department

100% / Total:

4,159,669.22 euro

69.50 % Humanitarian aid projects

2,890,678.96 euro



5,478,829.52 euro

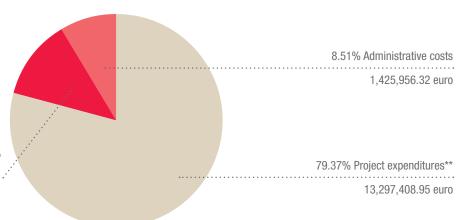
## Total expenditures\*

100% / Total:

16,753,482.03 euro

12.12% Expenditures for communications, fundraising and education

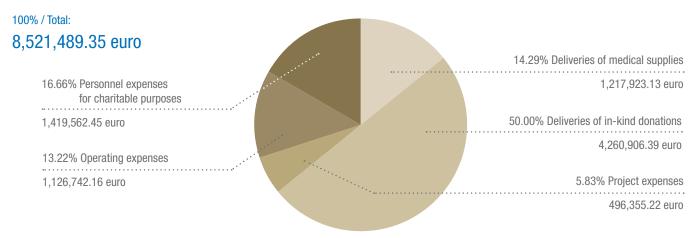
2,030,116.76 euro



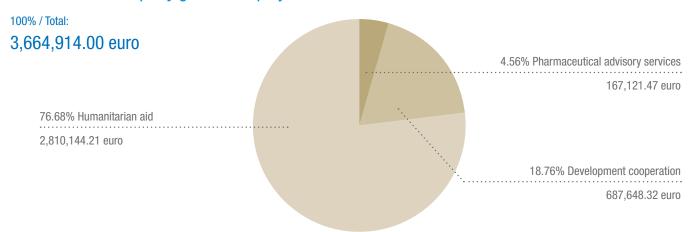
\* including staff costs

<sup>\*\*</sup> includes project funding (13,213,355.81 euro) and project oversight (84,053.14 euro)

#### Income from the use of donations for



### Income from third-party grants\* for projects



<sup>\*</sup> third-party funders: BMZ, GIZ, AA, Helft uns Leben, Bayer AG, Boehringer Ingelheim, Merck KGaA and donors

action medeor places great emphasis on the transparent and responsible utilization of donations. Relative to the total budget, expenditures for communications, fundraising and educational activities made up a share of 12.12 percent. In this context, action medeor uses a diversity of information carriers and media including press releases, advertising, fundraising letters, brochures and flyer, website and social media, but also personal approach through street campaigns, information stands and talks in schools. Every action is taken in the most cost-effective manner. Where possible, advertising is done at no cost or on exceptionally favorable terms. Please refer to the action medeor website for a detailed list of service providers that cooperate with action medeor.

action medeor is a member of the German Donations Council (Deutscher Spendenrat), an umbrella association of charitable donation organizations.



## Deutsches Medikamenten-Hilfswerk action medeor e.V.

|      | ETS (in euro)  | 2014   | 2014  | 2013   |
|------|--|--|---|--|
| Α    | Fixed assets   |  |   |  |
|      | I. Intangible assets   | 73,168.58  |   | 62,928.58  |
|      | II. Tangible assets  | 3,003,405.69   |   | 3,162,776.78   |
|      | III. Financial assets  | 118,444.01   | 3,195,018.28  | 116,743.14   |
| В    | Current assets   |  |   |  |
|      | I. Stocks  |  |   |  |
|      | 1. Raw materials and supplies  | 3,651,444.01   |   | 2,380,652.52   |
|      | 2. Advance payments  | 75,560.19  | 3,727,004.20  | 36,108.04  |
|      | II. Accounts receivable and other assets   | -  |   |  |
|      | 1. Accounts receivable   | 636,549.67   |   | 392,224.11   |
|      | 2. Due from affiliated companies   | 286,552.79   |   | 289,263.99   |
|      | 3. Other assets  | 184,116.01   | 1,107,218.47  | 440,203.21   |
|      | III. Receivables from large projects   | <del>.</del>   | 526,998.00  | 547,191.01   |
|      | IV. Investments  |  | 0.00  | 56,599.00  |
|      | V. Cash in hand and at bank  |  |   |  |
|      | 1. Cash in hand  | 5,358.33   |   | 4,226.60   |
|      | 2. Cash at bank  | 4,640,758.64   | 4,646,116.97  | 3,990,912.93   |
|      | 2. Gasii at baiik  | 1,0 10,1 00.0 1  | 1,0 10,1 10101  |  |
| С    | Prepayments and accrued income   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 8,048.20<br>13,210,404.12   | 9,360.46<br><b>11,489,190.37</b>   |
|      |  | 2014   | 8,048.20  | 9,360.46   |
|      | Prepayments and accrued income   |  | 8,048.20<br>13,210,404.12   | 9,360.46<br><b>11,489,190.37</b>   |
| LIAI | Prepayments and accrued income  BILITIES (in euro)   |  | 8,048.20<br>13,210,404.12   | 9,360.46<br><b>11,489,190.37</b>   |
| LIAI | Prepayments and accrued income  BILITIES (in euro)  Net assets   | 2014   | 8,048.20<br>13,210,404.12   | 9,360.46<br><b>11,489,190.37</b><br>2013   |
| LIAI | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014   | 9,877,761.48   | 8,048.20<br>13,210,404.12   | 9,360.46<br><b>11,489,190.37</b><br>2013<br>9,731,008.55   |
| LIAI | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds   | 9,877,761.48<br>-224,998.00  | 8,048.20<br>13,210,404.12   | 9,360.46<br><b>11,489,190.37</b><br>2013<br>9,731,008.55<br>225,000.00   |
| LIAI | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds  Reversal of reserves for charitable purposes   | 9,877,761.48<br>-224,998.00<br>-200,000.00   | 8,048.20<br>13,210,404.12   | 9,360.46  11,489,190.37  2013  9,731,008.55  225,000.00  -200,000.00   |
| LIAI | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds  Reversal of reserves for charitable purposes  Profit from objective-related operations   | 9,877,761.48<br>-224,998.00<br>-200,000.00<br>95,282.78  | 8,048.20<br>13,210,404.12   | 9,360.46  11,489,190.37  2013  9,731,008.55  225,000.00  -200,000.00  101,662.35   |
| LIAI | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds  Reversal of reserves for charitable purposes  Profit from objective-related operations  Profit from asset management   | 9,877,761.48<br>-224,998.00<br>-200,000.00<br>95,282.78  | 8,048.20 13,210,404.12 2014   | 9,360.46  11,489,190.37  2013  9,731,008.55  225,000.00  -200,000.00  101,662.35  20,090.58  |
| A    | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds  Reversal of reserves for charitable purposes  Profit from objective-related operations  Profit from asset management  as of 12/31/2014   | 9,877,761.48<br>-224,998.00<br>-200,000.00<br>95,282.78  | 8,048.20 13,210,404.12 2014 9,560,990.89                                      | 9,360.46  11,489,190.37  2013  9,731,008.55  225,000.00  -200,000.00  101,662.35  20,090.58  9,877,761.48  |
| A    | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds  Reversal of reserves for charitable purposes  Profit from objective-related operations  Profit from asset management  as of 12/31/2014  Special item – Donations for fixed assets  | 9,877,761.48<br>-224,998.00<br>-200,000.00<br>95,282.78  | 8,048.20 13,210,404.12 2014 9,560,990.89                                      | 9,360.46  11,489,190.37  2013  9,731,008.55  225,000.00  -200,000.00  101,662.35  20,090.58  9,877,761.48  |
| A    | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds  Reversal of reserves for charitable purposes  Profit from objective-related operations  Profit from asset management  as of 12/31/2014  Special item – Donations for fixed assets  Accrued liabilities   | 9,877,761.48<br>-224,998.00<br>-200,000.00<br>95,282.78  | 8,048.20 13,210,404.12  2014  9,560,990.89 16,083.00                          | 9,360.46  11,489,190.37  2013  9,731,008.55  225,000.00  -200,000.00  101,662.35  20,090.58  9,877,761.48  15,168.00   |
| B C  | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds  Reversal of reserves for charitable purposes  Profit from objective-related operations  Profit from asset management  as of 12/31/2014  Special item – Donations for fixed assets  Accrued liabilities  Other provisions   | 9,877,761.48<br>-224,998.00<br>-200,000.00<br>95,282.78  | 8,048.20 13,210,404.12  2014  9,560,990.89 16,083.00  103,910.71              | 9,360.46  11,489,190.37  2013  9,731,008.55  225,000.00  -200,000.00  101,662.35  20,090.58  9,877,761.48  15,168.00   |
| B C  | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds  Reversal of reserves for charitable purposes  Profit from objective-related operations  Profit from asset management  as of 12/31/2014  Special item – Donations for fixed assets  Accrued liabilities  Other provisions  Unused donations / project funds   | 9,877,761.48<br>-224,998.00<br>-200,000.00<br>95,282.78  | 8,048.20 13,210,404.12  2014  9,560,990.89 16,083.00  103,910.71              | 9,360.46  11,489,190.37  2013  9,731,008.55  225,000.00  -200,000.00  101,662.35  20,090.58  9,877,761.48  15,168.00   |
| B C  | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds  Reversal of reserves for charitable purposes  Profit from objective-related operations  Profit from asset management  as of 12/31/2014  Special item – Donations for fixed assets  Accrued liabilities  Other provisions  Unused donations / project funds  Liabilities  | 2014<br>9,877,761.48<br>-224,998.00<br>-200,000.00<br>95,282.78<br>12,944.63                         | 8,048.20 13,210,404.12  2014  9,560,990.89 16,083.00  103,910.71              | 9,360.46  11,489,190.37  2013  9,731,008.55  225,000.00  -200,000.00  101,662.35  20,090.58  9,877,761.48  15,168.00  131,758.86  954,772.74                   |
| B C  | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds  Reversal of reserves for charitable purposes  Profit from objective-related operations  Profit from asset management  as of 12/31/2014  Special item – Donations for fixed assets  Accrued liabilities  Other provisions  Unused donations / project funds  Liabilities  1. Accounts payable                                 | 2014<br>9,877,761.48<br>-224,998.00<br>-200,000.00<br>95,282.78<br>12,944.63                         | 8,048.20 13,210,404.12  2014  9,560,990.89 16,083.00  103,910.71              | 9,360.46  11,489,190.37  2013  9,731,008.55  225,000.00  -200,000.00  101,662.35  20,090.58  9,877,761.48  15,168.00  131,758.86  954,772.74                   |
| B C  | Prepayments and accrued income  BILITIES (in euro)  Net assets  as of 1/1/2014  Legacy funds  Reversal of reserves for charitable purposes  Profit from objective-related operations  Profit from asset management  as of 12/31/2014  Special item – Donations for fixed assets  Accrued liabilities  Other provisions  Unused donations / project funds  Liabilities  1. Accounts payable  2. Due to affiliated companies | 2014<br>9,877,761.48<br>-224,998.00<br>-200,000.00<br>95,282.78<br>12,944.63<br>176,358.52<br>187.99 | 8,048.20 13,210,404.12  2014  9,560,990.89 16,083.00  103,910.71 2,885,893.68 | 9,360.46  11,489,190.37  2013  9,731,008.55  225,000.00  -200,000.00  101,662.35  20,090.58  9,877,761.48  15,168.00  131,758.86  954,772.74  134,794.32  0.00 |

### 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 euro but less than 1,000.00 euro 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 GmbH at 100,000.00 euro and shares in the Ökumenische Entwicklungsgenossenschaft e.V. to the amount of 11,527.01 euro. Stocks of current assets are all stated at acquistion cost applying the lower of cost or market principle under Section 254 (3) HGB and divide into medicines, equipment, packaging material and handcraft.

Accounts receivable and other assets are reported at their nominal value and itemized. As of April 21, 2015, 186,587.95 euro of the accounts receivable had not yet been settled.

Investments held as current assets are carried at acquisition cost applying the lower of cost or market principle under Section 254 (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/project funds concern liabilities arising from unrestricted 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 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 11,508.90 euro and incoming resources from legacies. Restricted donations are gifts for a specified purpose and contributions arising from "sponsorship campaigns".

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, 2014. Based on Section 250 (2) HGB, deferred income includes payments received for work performed only after the balance sheet date.

Payment of staff is based on the pay scale for the civil service sector (TVöD) and for wholesale and foreign trade. Pharmacists are paid in line with the pay scale for pharmaceutical employees. Wages and salaries include the salaries of the governing bodies (two Executive Committee members and two department heads) to the amount of 389,450.01 euro.

# **Profit and loss statement**

## for the year ended December 31, 2014

## Deutsches Medikamenten-Hilfswerk action medeor e.V.

| (in euro)   | 2014          | 2014          | 2013          |
|---|---------------|---------------|---------------|
| 1. Sales revenues   | 4,508,318.36  |               | 4,254,961.73  |
| 2. Income from the use of donations                       | 8,521,489.35  |               | 5,924,125.79  |
| 3. Income from third-party grants for projects            | 3,664,914.00  |               | 2,554,941.63  |
| 4. Other income   | 115,950.63    | 16,810,672.34 | 72,678.01     |
| 5. Cost of raw materials and supplies                     |               | -7,606,512.17 | -4,963,568.62 |
| 6. Gross profit/loss                                      |               | 9,204,160.17  | 7,843,138.54  |
| 7. Staff costs  |               |               |               |
| a. Wages and salaries                                     | -1,977,531.41 |               | -2,015,006.35 |
| b. Social security and other pension costs                | -399,314.45   |               | -410,235.15   |
| c. Voluntary social security costs                        | -37,450.98    | -2,414,296.84 | -34,281.79    |
| Depreciation of intangible assets     and tangible assets |               | -295,786.50   | -284,299.53   |
| 9. Other operating expenses                               |               | -6,410,750.34 | -4,982,024.05 |
| 10. Operating income                                      |               | 83,326.49     | 117,291.67    |
| 11. Other interest and similar income                     |               | 63,068.94     | 38,552.06     |
| 12. Interest and similar expenses                         |               | -38,168.02    | -34,090.80    |
| 13. Net income  |               | 108,227.41    | 121,752.93    |
| of which  |               |               |               |
| 14. Profit from objective-related operations              |               | 95,282.78     | 101,662.35    |
| 15. Profit from asset management                          |               | 12,944.63     | 20,090.58     |

### 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 public relations, 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, and educational and public relations activities. The costs for the transportation of medicines and equipment to the destination countries amounted to 708,601.07 euro. The expenses for supplements and information material for fundraising campaigns totalled 520,538.57 euro. Based on preliminary calculations for the 2014 calendar year, the share of expenditures for communications, fundraising and education and for administration will range at 20.63 percent (2013: 20.36 percent).

Interest and similar income primarily result from asset management operations.



Further information on our 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 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, May 6, 2015



RSM Verhülsdonk GmbH

Wirtschaftsprüfer

Annette Dieckmann Wirtschaftsprüfer

# Balance sheet as of December 31, 2014

## action medeor Foundation

| ASSETS (in euro) |                              | 2014       | 2014         | 2013         |
|------------------|------------------------------|------------|--------------|--------------|
| Α                | Long-term restricted assets  |            |              |              |
|                  | Financial assets             |            | 800.00       | 800.00       |
| В                | Short-term restricted assets |            | 958,143.12   | 0.00         |
|                  | 1. Securities                |            |              |              |
|                  | 2. Cash at banks             | 0.00       |              | 1,000,011.91 |
|                  | 3. Other receivables         | 536,678.95 |              | 343,587.32   |
|                  | 3. Sonstige Forderungen      | 14,887.58  | 551,566.53   | 22,504.28    |
|                  |                              |            | 1,510,509.65 | 1,366,903.51 |
| LIAE             | BILITIES (in euro)           | 2014       | 2014         | 2013         |
| Α                | Net assets                   |            |              |              |
|                  | 1. Endowment                 |            |              |              |
|                  | Basic assets                 | 457,583.16 |              | 457,583.16   |
|                  | Endowment contributions      | 700,894.74 | 1,158,477.90 | 647,794.74   |
|                  | 2. Funds carried forward     |            |              |              |
|                  | from basic assets            | 83,555.97  |              | 73,383.18    |
|                  | from endowment contributions | 30,112.18  | 113,668.15   | 21,182.73    |
| В                | Accrued liabilities          |            | 2,499.00     | 2,499.00     |
| С                | Other liabilities            |            | 235,864.60   | 164,460.70   |
|                  |                              |            | 1,510,509.65 | 1,366,903.51 |

### **Explanatory notes**

In the 2014 fiscal year, the securities under short-term assets were reallocated to long-term assets, as current security holdings are invested for the medium to long term due to the problematic nature of the interest rates.

The action medeor Foundation received a further six endowment contributions worth 53,100 euro, bringing the total to 700,894.74 euro.

In 2014 two lenders loaned a further 73,000 euro to the foundation, so that total loans now stand at 228,000 euro.

The annual result for fiscal 2014 amounted to 19,102.24 euro and was posted to the relevant endowment contribution funds carried forward.

# **Profit and loss statement**

## for the year ended December 31, 2014

## action medeor Foundation

| (in euro)                                 | 2014       | 2014       | 2013       |
|---|------------|------------|------------|
| 1. Donations                              | 25.00      |            | 297.50     |
| 2. Interest and similar income            | 32,942.56  |            | 36,536.18  |
| 3. Income from write-ups                  | 5,900.77   |            | 7,308.61   |
| 4. Capital gains                          | 17,827.26  | 56,695.59  | 11,022.21  |
| 5. Writedown of securities                | 0.00       |            | -10,513.77 |
| 6. Bank charges                           | -5,893.72  |            | -5,894.57  |
| 7. Losses from disposals                  | -5,652.92  |            | -3,713.55  |
| 8. Audit costs                            | -2,499.00  |            | -2,499.00  |
| Legal and consulting costs                | 0.00       |            | -3,370.68  |
| 10. Public relations and printed material | 0.00       |            | -1,412.01  |
| 11. Other expenses                        | -315.84    |            | -243.34    |
| 12. Interest and similar expenses         | 0.00       |            | -289.52    |
| 13. Statutory expenditures                | -22,983.01 |            | -20,200.00 |
| 14. Other taxes                           | -248.86    | -37,593.35 | -221.88    |
| 15. Profit / loss for the year            |            | 19,102.24  | 6,806.18   |
| 16. Transfer to revenue reserves          |            | -19,102.24 | -6,806.18  |
|   |            | 0.00       | 0.00       |

### **Explanatory notes**

The annual result for fiscal 2014 increased by 12,296.06 euro on 2013. This increase is due primarily to the reallocation of the securities portfolio from current to fixed assets. The investments held as fixed assets were not written down on grounds of lower security prices.

The President of the foundation, Bernd Pastors, performs his duties on a voluntary basis, as do the other members of the board.



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

# Balance sheet as of December 31, 2014

## action medeor International Healthcare gGmbH

| ASSETS (in euro) |   | 2014       | 2014       | 2013       |
|------------------|---|------------|------------|------------|
| Α                | Fixed assets                              |            |            |            |
|                  | I. Intangible assets                      | 4,301.04   |            | 7,740.68   |
|                  | II. Tangible assets                       | 40,356.41  | 44,657.45  | 42,700.24  |
| В                | Current assets                            |            |            |            |
|                  | I. Stocks                                 |            | 297,736.20 | 359,839.47 |
|                  | II. Accounts receivable and other assets  |            |            |            |
|                  | 1. Accounts receivable                    | 210,040.34 |            | 226,547.39 |
|                  | 2. Due from shareholders                  | 187.99     |            | 0.00       |
|                  | 3. Other assets                           | 28,736.21  | 238,964.54 | 22,523.85  |
|                  | III. Cash in hand and at banks            |            | 203,552.28 | 133,424.19 |
| С                | Prepayments and accrued income            |            | 17,747.27  | 10,672.56  |
|                  |   |            | 802,657.74 | 803,448.38 |
| LIAB             | ILITIES (in euro)                         | 2014       | 2014       | 2013       |
| Α                | Capital stock                             |            |            |            |
|                  | I. Subscribed capital                     | 100,000.00 |            | 100,000.00 |
|                  | II. Profit / loss carried forward         | 37,036.01  |            | 52,068.96  |
|                  | III. Net income for the year              | -30,635.43 | 106,400.58 | -15,032.95 |
| В                | Special item – Donations for fixed assets |            | 9,604.87   | 10,922.00  |
| С                | Accrued liabilities                       |            |            |            |
|                  | I. Provisions for taxation                | 2,938.42   |            | 5,000.00   |
|                  | II. Other provisions                      | 18,385.52  | 21,323.94  | 18,575.11  |
| D                | Unused donations / project funds          |            | 88,718.22  | 37,622.27  |
| Е                | Liabilities                               |            |            |            |
|                  | I. Accounts payable                       | 383,017.61 |            | 392,095.91 |
|                  | II. Due to shareholders                   | 150,479.13 |            | 170,355.52 |
|                  | III. Other liabilities                    | 43,113.39  | 576,610.13 | 31,841.56  |
|                  |   |            | 802,657.74 | 803,448.38 |

### **Explanatory notes**

action medeor International Healthcare gGmbH in Tanzania employed twelve staff in Dar es Salaam and a further three staff in Masasi. In addition, action medeor International Healthcare gGmbH is supported locally by an AGEH development worker from the Association for Development Cooperation.

The special item 'donations for fixed assets' relates to the in kind donation of the storage rack system from Jungheinrich. It is written back in line with the depreciation of storage rack systems over their expected useful life.

# **Profit and loss statement**

## for the year ended December 31, 2014

## action medeor international Healthcare gGmbH

| (in euro)                                  | 2014         | 2014         | 2013          |
|--|--------------|--------------|---------------|
| 1. Sales revenues                          | 1,151,046.11 |              | 1,216,612.73  |
| 2. Income from the use of donations        | 136,006.66   |              | 91,692.83     |
| 3. Increase / decrease in stocks           | -62,103.27   |              | 103,323.36    |
| 4. Other operating income                  | 5,391.97     | 1,230,341.47 | 17,310.26     |
| 5. Cost of materials                       |              |              |               |
| a. Cost of purchased materials             | -807,723.99  |              | -1,000,057.14 |
| b. Cost of purchased services              | -6,758.51    | -814,482.50  | -5,581.75     |
| 6. Staff costs                             |              |              |               |
| a. Wages and salaries                      | -134,313.00  |              | -158,371.60   |
| b. Social security and other pension costs | -76,330.71   | -210,643.71  | -49,159.38    |
| 7. Depreciation                            |              | -15,441.07   | -14,166.97    |
| 8. Other operating expenses                |              | -188,813.66  | -177,730.33   |
| 9. Other interest and similar income       |              | 1,289.58     | 213.74        |
| 10. Interest and similar expenses          |              | -6,548.28    | -7,294.31     |
| 11. Result from ordinary activities        |              | -4,298.17    | 16,791.44     |
| 12. Taxes on income                        |              | -26,337.26   | -31,824.39    |
| 13. Net income for the year                |              | -30,635.43   | -15,032.95    |

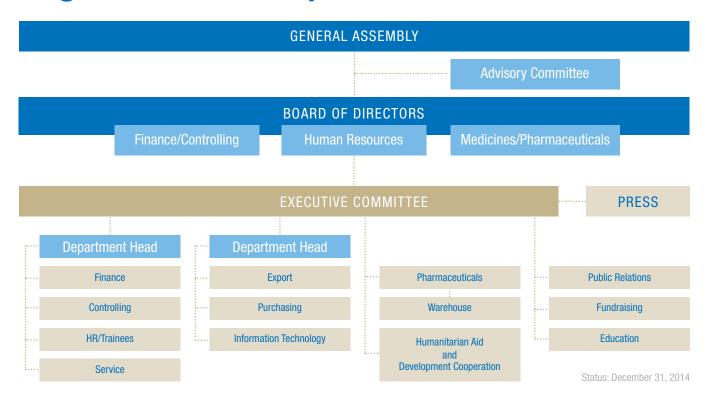
### **Explanatory notes**

Sales revenues at action medeor International Healthcare gGmbH decreased marginally by 1.6 percent on 2013 as a result of the development of the Tanzanian Shilling. In the 2014 fiscal year, action medeor International Healthcare gGmbH reported a pre-tax loss of 4,298.17 euro. Taxes on income include a first installment to the Tanzanian tax authority (TRA) of 11,558.45 euro. Bernd Pastors and Christoph Bonsmann, the directors of the gGmbH, perform their duties as volunteers.



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

# Organization and personnel



#### 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 Directors, the Advisory Committee and the Executive Committee, and election of the Board of Directors and the Advisory Committee. As of December 31, 2014, the General Assembly comprised 88 persons.

#### The Board of Directors

Duties of the voluntary Board of Directors include approval of the budget and the annual accounts. The Board of Directors meets every two months, but reviews the key figures on a monthly basis. There are three committees appointed by the Board of Directors, focused on human resources, finance and controlling, and medicines and pharmaceuticals. These committees act in an advisory capacity to the Board of Directors. The Board of Directors is made up of: Siegfried Thomaßen (President), Dr. med. Thomas Menn (Vice President), Dr. Stefan Derix (member), Prof. Dr. Marlis Hochbruck (member) and Dr. Ulrich Viefers (member).

#### The Advisory Committee

The voluntary members of the Advisory Committee are elected by the General Assembly on the recommendation of the

Board of Directors for a period of three years. The Advisory Committee advises the Board of Directors in the execution of its duties, expresses an opinion on motions to be presented by the Board of Directors to the General Assembly, and makes recommendations. Members of the Advisory Committee are: Auxiliary Bishop Karl Borsch (Chairman), Walter Schöler (Deputy Chairman), Christine Busch (member of the state church council), Otto Fricke, Uwe Schummer (MdB – member of the German Parliament), and Dr. Gisela Schneider (Deutsches Institut für Ärztliche Mission).

#### 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 Directors and reports to the Board of Directors on all important matters. The CEO of the Executive Committee is Bernd Pastors, who is joined on the board by Christoph Bonsmann.

#### The staff

In 2014, action medeor employed 67 full-time staff, with 28 volunteers supporting the work of the aid organization in speaking engagements and as pharmaceutical experts.



# Report of the Board of Directors

Be it armed conflicts or natural disasters of a catastrophic level - the 67 staff at action medeor are ready at any point to get active so aid gets under way instantly. This was demonstrated once more in exemplary fashion when faced with a multitude of challenges last year, including the Ebola pandemic and relief for the people in Northern Iraq and Syria.

What began as a local initiative 50 years ago, today has evolved into a global emergency dispensary. Our organization is built on the hallmarks of fundamental integrity, perseverance and vision. These are values modeled across the board, from Dr. Ernst Boekels as the first CEO of our organization through to my predecessor, President Heinz Gommans. It has been a great responsibility and honor for me since 2014 to join their ranks and serve as honorary President of action medeor.

The Board of Directors oversees the activities of the organization as its governing body. We draw alongside the Executive Committee to develop strategies for the organization that deliver on our vision in the medium to long term. In the last year this resulted in the decision to intensify our efforts in broadening the international footprint of action medeor and so to help strengthen the health systems in developing countries. These are systems that all grapple with counterfeit medicines and supply bottlenecks as only some of their principal challenges.

For more than ten years now, our organization has supplied health facilities in Tanzania exclusively from our own distribution centers in Dar es Salaam and in Masasi. It allows us to procure the medicines locally and ideally to have them produced there as well. Our aim is to help the relevant countries establish their own regulatory authorities and to put in place adequate quality assurance systems. And so action medeor will continue to build on its network of local medicine distribution centers. This includes the decision for 2015 to set up our own medicines warehouse in Malawi and to train and qualify local staff for the purpose of sustainable development cooperation.

As President of action medeor I was able last November to get a first-hand view of our work on the ground. Traveling to Tanzania I had the privilege to witness the exceptional commitment with which our local partners, and our action medeor team, embrace the project.

On behalf of the Board of Directors, I would like to thank our members, the Advisory Council, the Executive Committee and all our full-time and voluntary staff for your excellent work. A special word of thanks to our many loyal supporters and donors that have made our work possible for more than 50 years now and so have done great good to the people in poor countries.

Siegfried Thomaßen

President

Tönisvorst, June 2015



# Status report: Business and the general environment

The work of action medeor in the past year focused heavily on medical aid for the refugees in Syria and Northern Iraq and on support efforts for our partners in West Africa to help fight the Ebola pandemic. Thanks to the large medicines warehouse in Tönisvorst and many competent local partners, the organization was able to provide effective relief quickly and reliably. In addition to immediate 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. Around two thirds of all relief packages in 2014 each had a value of less than 2,000 euro. After the drastic rise in medicine deliveries in 2013, medical relief in the previous year rose once more by a small margin despite the fact that, similar to a year earlier, many of our partners can now source the necessary medicines locally. This is a welcome development and should be further encouraged. Local pharmaceutical infrastructures could be improved in the context of pharmaceutical advisory services provided by action medeor.

Medical aid in our partner countries will be localized more forcefully still in the future. In Tanzania, for instance, a warehouse similar to Dar es Salaam was set up in the less developed south of the country to provide our partners there with significantly faster access to affordable and quality-assured medicines. Lilongwe in Malawi was established as a completely new site and is due to commence its non-commercial sale of medicines in 2015. 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" totaled 670,000 euro, marking an additional 30 percent on the previous year. Other fund providers in 2014 were the Ministry of Foreign Affairs (AA) at around 110,000 euro and the BMZ instrument "Development-oriented Emergency and Transitional Aid", at around 310,000 euro.

Monetary donations in 2014, the 50th anniversary year of action medeor, rose further still to a record 8.4 million euro. Along with many unrestricted individual donations, action medeor continues to receive project-specific donations through the German relief coalition Aktion Deutschland Hilft, the RTL-Stiftung—Wir helfen Kindern e.V., the German Lions aid organization "Hilfswerk der Deutschen Lions" and the aid organizations of the Bavarian and Baden-Württemberg Pharmacists ("Hilfswerk der Bayerischen Apotheker"

and "Hilfswerk der Baden-Württembergischen Apotheker"). For the first time, in kind donations were raised at 5.1 million euro and used specifically to help fight the Ebola crisis in West Africa.

#### **Economic situation**

### 1. Profit and net asset position

At around 16.8 million euro, total revenue was up by 4.2 million euro, or 33 percent, on the previous year. Operating profit through objective-related operations allowing for departmental costing amounted to 83,326.49 euro in 2014 and was added to equity. Net assets decreased by 316,000 euro in total through a reversal of reserves from legacies of 225,000 euro and of 200,000 euro for charitable purposes.

### 2. Events after the reporting date

No events of particular significance occurred since the conclusion of the fiscal year up until the signing of this report.

### Opportunities, risks and forecast

Two aspects in particular will pose significant challenges in the future: In our objective-related operations, the trend toward local procurement of medicines in partner countries is continuing, and action medeor needs to position itself competently here in order to continue making a valuable contribution.

In business for charitable purposes, the slow but steady trend toward a decrease in regular donors requires new and innovative concepts to absorb the loss of donors and ensure an increasing volume of donations.

Based on the strategic lines of action set out by the Board of Directors, action medeor has developed a concept that will take advantage of cross-departmental expertise, capacities and synergies in our organization and our branches in order to increase the efficiency and effectiveness of aid provided. Our objective-related operations and business for charitable purposes will be closely dovetailed in both their communication and activities.

# Outlook for 2015

#### Medical relief

The medical aid which action medeor provides from Tönisvorst is required particularly in emergency and disaster situations. As a result, stockpiling relief supplies in a warehouse area of around 4,000 m<sup>2</sup> continues to be essential. The setup of our own local procurement centers in Malawi and Tanzania, the qualification of medicines regulatory authorities, and the training and development of pharmaceutical staff help to strengthen our local partners. This will mean a further increase in local procurement. In terms of medical aid from Tönisvorst, the challenge for us remains to stay economically viable while working in a fiercely competitive environment.

### Health projects

Merging our Humanitarian Aid and Development Cooperation departments was an important, and right, step toward increasing the efficiency of the department. From the early stages of a disaster, longer-term development aspects are taken into consideration, as are the options available for funding them. Next to traditional strengths in the area of "sexual and reproductive health and rights", it increasingly emerges that our donors and partners value particularly our expertise in medicines management. Dovetailing our Projects department with our Pharmaceuticals department therefore opens up entirely new possibilities of project implementation, from immediate emergency and disaster aid through to longer-term development cooperation. Crossdepartmental management means that a temporary distribution point in Nepal after the devastating earthquake can be realized just as efficiently, as can a distribution point in Monrovia, Liberia, based on a longer-term approach.

### Pharmaceutical advisory services

In recent years, our Pharmaceuticals department has adapted to a rapidly tightening regulatory environment in the developing countries and taken steps to advance. In the process, it has developed significant expertise in the areas of training and education, quality assurance, approvals, and supplier qualification, which partners such as the GIZ or donors like USAID or Aga Khan Development Fund appreciate and request. In 2015 our pharmaceutical advisory services sector is keen to implement pharmaceutical advisory projects on a larger scale and for this depends on third-party

funding, as these projects can quickly grow. Successes can be achieved especially where our various departments work closely together on what will then be highly complex pro-

### Communications and fundraising

A constant challenge remains the age-related decrease in regular donors giving a minimum of once a year. Through a diverse set of measures, including social media aspects, we are seeking to win particularly the younger generation as donors. Building on our cooperation with companies and the integration of action medeor in various networks helps to raise the profile of action medeor at comparatively low cost. Further efforts will also be made in improving individual support services for premium donors and contributors.

| ECONOMIC PLAN for 2015                 | in euro       |
|--|---------------|
| Monetary and in kind donations         | 8,970,000.00  |
| Unused donations in 2014               | 2,880,000.00  |
| Total                                  | 11,850,000.00 |
| Medical aid                            | 4,800,000.00  |
| Projects Africa                        | 1,510,000.00  |
| Projects Latin America                 | 1,260,000.00  |
| Projects Asia                          | 740,000.00    |
| Pharmaceutical advisory services       | 280,000.00    |
| Communications, fundraising, education | 1,760,000.00  |
| Administration                         | 1,500,000.00  |
| Total                                  | 11,850,000.00 |

# Thank you!

The work of action medeor would not be possible without your help. We at action medeor — and in behalf of all staff at our partner organizations in project countries — extend our deepest gratitude to you, our donors, sponsors and supporters, for your generosity!

### A heartfelt thank you also to our following partners

























### ... and to our humanitarian aid and development cooperation partners

















## ... and to our pharmaceutical partners

















# Contact us – we are here to help.

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.

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www.medeor.de/en







### Make a difference!

Sparkasse Krefeld Account: 9993

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**BIC: SPKRDE33** 

IBAN: DE78 3205 0000 0000 0099 93

Volksbank Krefeld Account: 555 555 555

Bank routing number: 320 603 62

**BIC: GEN ODE D1H TK** 

IBAN: DE12 3206 0362 0555 5555 55



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Online donations www.medeor.de/spenden

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