

Annual Report 2009



Masthead

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high-quality reporting.

The cover photo shows a boy in Haiti
with a parcel of medicines from medeor.
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MEDEOR. AID IN A BOX.

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Dear friends and supporters of action medeor,



medeor President **Heinz Gommans** and medeor Executive Director **Bernd Pastors** (r.)

The world economic crisis is affecting the developing countries very badly. A billion people already have to survive on an income of less than one US dollar a day. The World Bank estimates that 100 million people worldwide have already fallen below the poverty line as a result of drastic increases in food and oil prices. This means that progress in fighting poverty and generating sustained growth will be set back by some years. The financial and economic crisis will have a particularly severe impact on the health sector. When the financing of global health programmes is further reduced in times of economic crisis, an increase in diseases of poverty such as malaria, tuberculosis and HIV/Aids is inevitable.

What does all this mean for action medeor? The tasks ahead of us will continue to grow in the face of deteriorating health conditions in the poorest regions of Africa, Latin America and Asia. We must strive with our partners to maintain the achievements already made and fight even harder to counter the spread of diseases of poverty. Major factors in this respect will be educational work on preventing and avoiding disease, and transferring skills in order to permanently strengthen local structures.

An important pharmaceutical advisory services project for combating Aids and malaria was implemented in 2009. The development and production of drugs in Tanzania has been promoted through the opening of the research and development lab Pharm R&D Lab at Muhimbili University in Dar es Salaam. Last year, medeor provided medical aid in 111

countries. The society supplied drugs and equipment worth 8.71 million euros, including donations worth 3.40 million euros. One priority was aid for the people in Zimbabwe who were suffering from a serious cholera epidemic. Drugs, medical supplies and equipment worth 2.14 million euros were sent to Zimbabwe from Vorst, including 1.26 million euros' worth of goods sent as donations. Last year, medeor provided disaster relief for victims of the floods in West Africa and the major earthquake in Sumatra. Here, about 140 health centres were destroyed and medeor has started reconstruction work with local partners.

In 2010, in addition to medical relief worldwide and the implementation of important projects concerning development cooperation and pharmaceutical advisory services, a major focus of our work will be on assistance for the victims of the devastating earthquake in Haiti. Up until May 2010, over 95 tonnes of drugs and medical supplies were sent to the disaster area in the context of emergency and disaster relief. Through the joint relief operation with Foundation RTL – Wir helfen Kindern e.V., medeor was able to provide additional valuable help to our project partners in Haiti. The reconstruction work which is currently being planned by medeor will also be supported by this foundation. As a first step, medeor is establishing a local distribution point for drugs in Port-au-Prince. We are also planning to rebuild a children's home run by the medeor partner Haiti Kinder Hilfe in Trichet and to provide treatment for patients who will need the help of orthopaedic technology in the future.

As a non-profit organisation, action medeor aims to ensure the greatest possible transparency: every year we voluntarily submit our books for external auditing and receive the seal of approval from the German Central Institute for Social Affairs (DZI). action medeor received the PricewaterhouseCoopers Transparency Prize 2009 for its high-quality reporting. We will be happy to provide further information if you have any questions about action medeor which you feel are not answered in this annual report.

It is in the face of disasters such as we have recently seen in Sumatra and Haiti that the support and trust of our friends and sponsors in action medeor's work becomes evident. This encouragement is an important motor for our work, and on behalf of all our staff we thank you sincerely for this.

Your continued support in the tasks that lie ahead of us is greatly appreciated!

Heinz Gommans (President)

Bernd Pastors (Board of Directors)

Tönisvorst, June 2010

Good Health Stimulates Development

About one million people worldwide die every year from malaria. Ninety percent of these people live in sub-Saharan Africa. Here, malaria is the main cause of death for children under five years of age. The World Health Organisation (WHO) estimates that in Africa one child dies of malaria every 45 seconds. Malaria is thus one of the most lethal diseases of poverty and has an immense social and economic impact in developing countries.

According to the WHO, the gross domestic product in countries which are badly affected by malaria sinks by up to 1.3 percent. Development in these countries is also inhibited by diseases of poverty such as malaria, as well as HIV/Aids and tuberculosis. They are a cause of great misery: parents are no longer able to earn their living and thus cannot adequately care for their children or afford to send them to school. Children become orphans or die of treatable illnesses such as respiratory infections, diarrhoea or malaria.

In many regions of the world, access to adequate medical care is either not

guaranteed or is inadequate. Structures for a health system with widespread coverage are generally nonexistent. Whereas in Germany there is one doctor for every 300 inhabitants, in Niger, for example, there is a ratio of around 32,500 inhabitants to one doctor. These deficiencies are exacerbated by the fact that healthcare workers in developing countries are sometimes inadequately trained, and well-trained personnel frequently migrate to industrialised countries. In addition, effective medicines are often either unaffordable or unavailable and often not enough is known about measures which can be taken to avoid illness.

Malaria is a prime example of how a life-saving measure often involves very little expense: an impregnated mosquito net which effectively protects a family from infection is available for five euros. Therapy for a child suffering from malaria costs just one euro.

The WHO estimates that about two thirds of child deaths in developing countries could be avoided with the appropriate medical treatment. However, in order to create better conditions for healthcare provision in these regions, measures for fighting poverty must be more strictly enforced. As the former UN General Secretary, Kofi Annan, quite rightly asserted: "Poverty is the greatest enemy of health in developing countries."

The millennium goals of the international community

In 2000, the United Nations defined the millennium goals for fighting poverty worldwide and the world community wants to achieve these ambitious goals through a combined effort by 2015. Three of the eight goals directly concern the field of health:

- The death rate in children under five years of age should be reduced by two thirds by 2015.
- The maternal mortality rate should be reduced by three quarters by 2015 and maternal health should be improved.
- The increase in new HIV infections and the spread of malaria and other diseases should be halted by 2015 and a reverse trend initiated.

action medeor has been working towards these goals in many projects concerning development and pharmaceutical advisory services for several years now. (The millennium goals can be seen at www.deine-stimme-gegen-armut.de)



About one third of the world's population does not have adequate access to health care provision.



The largest medical aid organisation in Europe

The roots of the organisation, which was founded in 1964, are in Tönisvorst, where our headquarters are also located. It was originally an initiative of the citizens of Vorst and at the beginning only medicine samples were sent to mission stations in Africa. It soon became clear that this aid should be more demand-orientated and in 1967 the organisation decided to commission the production of generic drugs by European subcontractors. These are high-quality drugs which are no longer protected by a patent. The savings that can be made on these bulk packages of generic drugs is immense: on average the current selling price is between five and ten percent of the pharmacy price for a comparative generic drug.

Today, action medeor is the largest medical aid organisation in Europe. To date, around 10,000 health care centres in 140 countries have received supplies from Tönisvorst. Roughly 300,000 drugs containers are stored in the 4,000 m² pharmaceutical warehouse in Vorst. This ensures that relief can be provided quickly in the case of a disaster. Medical aid for healthcare facilities in Tanzania and East Africa is distributed by the charitable subsidiary, action medeor International Health-care GmbH, in Dar es Salaam.

Voluntary senior experts, such as Rudolf Friedli here in Tanzania, support medeor by sharing their specialist knowledge.

action medeor Improves Medical Care Provision Worldwide

action medeor's goal is to improve health care provision for people in developing countries in the long term and to strengthen local structures in different regions. To this end, in accordance with its constitution, the organisation provides "development aid in all areas of health care." action medeor exclusively and directly pursues non-profit-making and charitable causes. Medical aid is provided by medeor to health care institutions and partners outside the EU only, either as a donation or at a price which covers the organisation's costs. In 2009, action medeor provided medical aid to 111 countries in Africa, Asia and Latin America worth a total of 8.71 million euros. This includes consignments worth 3.40 million euros financed by donations. But action medeor's work encompasses much more than this:

- action medeor combats HIV/Aids, malaria and tuberculosis with many different measures covering prevention, diagnostics and therapy.
- action medeor runs health care projects in conjunction with local partners.
- action medeor provides pharmaceutical advisory services, trains specialist staff and demonstrates methods for sustainable improvement of medical infrastructures.
- action medeor provides emergency and disaster relief; special emergency parcels are available for shipment at a moment's notice.

- action medeor ensures access to indispensable drugs and assists local partners in setting up basic health services.





Niger: Aid for One of the Poorest Countries in the World

Almost two thirds of the inhabitants of Niger live on less than one US dollar a day. Although the country is rich in mineral resources, the population has not yet been able to share in the profits made by international companies. According to the United Nations' development index, the West African state of Niger is one of the poorest countries in the world and is listed last out of 182 countries.

Regularly recurring droughts and the resulting food shortages exacerbate the living conditions of the 13 million inhabitants. The desert, which is continuously expanding as a result of global warming, already covers more than half the surface of the country, and heavy flooding, as in September 2009, destroys harvests. Poverty is particularly dire in rural areas, where 85 percent of the population live.

Life expectancy in Niger is 42 years

Niger has one of the world's fastest population growth rates, in conjunction with high infant mortality. On average, each woman gives birth to seven children. There is no functioning health system. According to the WHO, the average life expectancy of the population is around 42 years. There are less than 400 doctors in the whole of the country. Almost half of all children under five are malnourished and polluted water results in life-threatening diarrhoea. Every sixth child dies before his fifth birthday.

Help for malnourished babies and small children

In an email to action medeor, Dr. Elke Kleuren-Schryvers from the organisation "Aktion pro Humanität" describes the dramatic situation on the ground: "The situation of the people, especially of the children in Niger, pushes me to my limits, even after 15 years of this humanitarian work. Malnutrition, no chance of anything like adequate health provision, no reasonable access to clean drinking water – these living conditions are inhumane. Here I am more conscious than anywhere else of the mercy of having been born in a better place."

For many years, action medeor has been supporting this medeor partner's aid projects and acted immediately on receiving her call for help. In 2009, a large amount of relief supplies, including medicines, vitamins and fortified food preparations, were sent to improve primary medical care locally and to combat malnutrition. Further medical aid was sent after the severe flooding in September 2009. In total, medeor

sent drugs and medical supplies worth about 155,000 euros to Niger. Of these, goods worth 100,000 euros were sent as donations.



Dr Kleuren-Schryvers is happy about the progress made by the children who are receiving medical treatment.

Dr. Kleuren-Schryvers thanked medeor for the speedy assistance: "It is good to know we are backed up by a strong partner like action medeor. In view of the great need here it is real progress to have clean bandages for dressing a wound, and medicines for treating diarrhoea and malaria."

Worldwide Medical Aid from Vorst

- Total output of drugs & equipment: **8.71 million euros** (2008: 10.31 million euros)
- Thereof at cost price: **5.31 million euros** (2008: 6.09 million euros)
- Thereof donated: **3.40 million euros** (2008: 4.22 million euros)
- Number of orders: **1,769** (2008: 1,697)
- Number of parcels: **19,181** (2008: 23,252)
- Total weight of all goods dispatched incl. packaging: **411 tonnes** (2008: 434 tonnes)
- Supplies were sent to a total of **111 countries** (2008: 115 countries).

Outlook for 2010: medical and humanitarian aid

action medeor has been certified as a central procurement centre for humanitarian aid by the European Union (ECHO) for a further two years. The emergency and disaster relief and reconstruction work for the people of Haiti will no doubt remain a priority for medeor activities in 2010 and beyond. In view of this we can expect to supply more medical aid in 2010 than in 2009.

Tracking Medical Aid



Production

Generic drugs (high-quality medicines which are no longer protected by a patent) are manufactured for action medeor by European subcontractors and packed into inexpensive, shatter-proof, plastic bulk storage containers. The selling price is between five and ten percent of the pharmacy price for a comparative generic drug.



Picking and Packing

medeor's range comprises 160 different drugs and 443 medical products. medeor is able to provide aid immediately in an emergency or disaster. The high degree of professionalism achieved by medeor in recent years can also be judged by the fact that the quality of the drugs is permanently monitored by two pharmacists.



Shipping

Medical aid is provided exclusively for non-commercial purposes. As a charitable, special purpose enterprise, we supply drugs and medical supplies at prices that cover the costs of material and personnel. action medeor's non-commercial work is dependent on donations which enable us to provide medical aid free of charge.



Transport

Qualified medeor staff in the export department know about import and customs regulations which apply in different countries, and choose the appropriate form of dispatch. A modern merchandise planning and control system guarantees effective surveillance of the goods, even after they have left our warehouse.



Receipt

medeor's partners are national and international relief organisations, church and lay institutions and large and small health care facilities, and are often in isolated areas. Confirmation that the goods have reached their destination complete and undamaged is documented in writing.



Emergency Aid: Earthquake in Sumatra

On 29th September 2009, a major earthquake shook the Samoan Islands and less than 24 hours later two further quakes also hit the Indonesian island of Sumatra. The shocks in western Indonesia were so strong that they were felt in the capital city, Jakarta, as well as in Singapore and Malaysia.

“Bridges and telephone masts have collapsed, hundreds of houses are on fire, people are trapped in the ruins,” Dr Ridwan Gustiana, an action medeor partner in Sumatra, reported three hours after an earthquake measuring 7.9 on the Richter scale. “We need help urgently: bandages, painkillers and antibiotics.”

action medeor in Vorst was already on alert when the call for help came from Dr Gustiana. 26 minutes after the disaster,

Dirk Angemeer, responsible for humanitarian aid at medeor, had been informed via the Global Disaster Alert and Coordination System (GDACS) about the location and magnitude of the earthquake. It quickly became clear that the quakes in the region around the port of Padang had caused serious damage and that international medical aid was needed.

On the same day, medeor prepared an emergency health kit for shipment to Indonesia: 28 large packages

weighing a total of 900 kilos, packed with vital medicines and medical equipment for treating up to 10,000 people for three months.

The largest hospital in the capital is destroyed

The full extent of the disaster became clear the following day: hundreds of buildings had collapsed, thousands of people were buried and over 1,000 people had been killed. Caring for the injured was made even more difficult due to the destruction of the largest hospital in the capital. At this point, the Indonesian government officially requested international aid.

At the same time, the German rescue specialists I.S.A.R (International Search and Rescue) informed action medeor that the Duisburg rescue dog team and a team of doctors would be flying to Padang that day, and the emergency health kit was sent on the same flight. Many other action medeor partners

Villages have been cut off from the outside world by the damage.



urgently requested help. Three more emergency health kits weighing a total of almost three tonnes were dispatched from Frankfurt on the same night. These were followed by tents for field hospitals and emergency shelters for the homeless.

The next step: reconstruction

Following the immediate emergency relief for the people of Sumatra, the important second stage of rehabilitation and reconstruction has begun: "We are now concentrating our efforts on the villages around Padang. The earthquakes here have destroyed around 140 health centres," says Alexandra Geiser, head of humanitarian aid at action medeor. Together with the organisation HELP, repairs and construction work have been carried out on drinking water and sanitation systems. Altogether, drugs and equipment worth around 64,000 euros have been sent to Indonesia, of which 36,500 euros' worth were donations.

Humanitarian Aid 2009

In 2009, action medeor provided emergency and disaster relief, which included donations to the value of 2.4 million euros, in 66 countries (2008: 3.8 million euros). action medeor is a member of the alliance Aktion Deutschland Hilft (ADH), a federation of ten notable German aid organisations which combine their efforts to provide fast and effective relief in an emergency. In cases of need, they put out joint appeals for donations. In 2009, action medeor received a share of donations from the alliance worth around 155,000 euros for emergency relief in Indonesia, Sri Lanka (reconstruction aid after the tsunami), Myanmar, DR Congo, Zimbabwe and Tanzania.



Coordination with our nine partners in the alliance Aktion Deutschland Hilft ensured the needs-based distribution of aid in Sumatra.

Floods in West Africa

In September 2009, persistent heavy rain in many West African countries resulted in flooding which, according to information from the United Nations, affected around 600,000 people. Many had to flee from their houses and seek shelter with relations or in refugee camps. A particular risk was posed by sewage-polluted drinking water, resulting in diarrhoea, which is a particular threat for children. The most basic essentials for providing medical care were lacking: drugs for treating diarrhoea and malaria, antibiotics, water purifying tablets, tents and blankets were all urgently needed. In a letter to action medeor at the time of the flooding, Michel Cartagey, the Bishop of Niamey in Niger, criticised the fact that the international press was not reporting the catastrophe in West Africa: "So I am asking you to tell all our friends and acquaintances what is really happening in Niger, so that extensive relief measures can be instigated on our behalf." medeor immediately provided aid parcels weighing almost three tonnes for our partners in Niger and Burkina Faso, containing aid for about 30,000 people. In 2009, relief supplies worth around 72,000 euros were distributed, of which around 52,000 euros' worth were financed by donations.

Evaluation of reconstruction projects in India

In 2009, five years after the tsunami catastrophe in southeast Asia, medeor's reconstruction projects in India underwent an external performance review. The evaluators established that the projects were being run extremely conscientiously and effectively. All newly instigated activities are still being run by the local communities concerned. Structures such as rain water tanks and biogas plants are still in use and in good condition. Health education and medical camps will continue to run after the project has closed. Sustainability is therefore very much in the foreground and it was possible to reach more people than had originally been planned. All rural self-help groups and staff in the government healthcare centres report a reduction in avoidable diseases, and thus confirm the findings on conclusion of the project. The goal of improving the healthcare situation for the victims of the floods was fully achieved with good cost and time management.

Outlook for 2010: Relief for the People of Haiti

On 12th January 2010, at 16:53 local time, the earth shook in Haiti with a force measuring 7.0 on the Richter scale. According to official estimates, up to 220,000 people died in the disaster, around 300,000 people were injured and 1.3 million Haitians were rendered homeless. One focus of medeor's work in 2010 will be reconstruction aid for the people of Haiti.

On her return from Port-au-Prince, Alexandra Geiser, head of humanitarian aid at action medeor, reported: "the extent of the disaster is worse than anything I have ever seen". According to the UN, the damage is even worse than the tsunami in 2004. A children's home in Trichet run by medeor partner Marie-Josée Laguerre of Haiti Kinderhilfe was completely destroyed. Nine children and two carers died in the ruins. The whereabouts of many of the children from the other facilities run by the medeor partner are still not known, even weeks after the quake.

What assistance has medeor provided so far?

Just a few hours after the earthquake medeor had already prepared the first relief supplies for shipment to Haiti. medeor partners such as humedica,



I.S.A.R. or the Johanniter Foreign Assistance took the first emergency supplies with them on their mission to the disaster area. Up until June 2010, medeor had sent almost 100 tonnes of vital drugs to partners and health facilities in Haiti. Part of the aid comprised 18 emergency health kits. Each of these packages weighs around one tonne and the contents include bandages, pain-killers, antibiotics and intravenous drips for treating up to 10,000 people for three months.

The RTL Foundation supports medeor aid for Haiti

Immediately after the disaster, the RTL Foundation "Wir helfen Kindern e.V." initiated a joint relief appeal. RTL reporters were in Port-au-Prince together with medeor staff and reported on how relief supplies were being used. Through the joint appeal it was possible to supply mobile clinics and a health centre with drugs and medical supplies. Reconstruction measures are now in the planning stages with the foundation. action medeor thanks the RTL Foundation for its valuable support. Sincere thanks is also due to all the companies and private donors who made medeor's relief work for Haiti possible.

What's next?

In view of the wide-scale damage and the great number of injured people who will continue to need medical care, the people of Haiti will be dependent on help for a long time to come. action medeor will start assisting with reconstruction in cooperation with German and Haitian relief organisations and after detailed assessment of actual local needs. With the donations, action medeor will rebuild the children's home in Trichet run by the medeor partner Marie Josée Laguerre from the Haitian Kinder Hilfe. medeor is currently working to establish a medicine distribution point in Haiti, in order to ensure continued medical care after the disaster. Together with other partner organisations, medeor is also planning for the long-term care of amputees, e.g. by training physiotherapists and orthopaedic technicians.

Many of the injured will continue to need medical care in the future.



Effective Use of Donations in Kind

Many pharmaceutical companies support our work with their medicines and medical products, and not only in times of emergency and disaster. Last year, action medeor was able to effectively and successfully distribute donations worth 2.4 million euros to healthcare facilities worldwide, including, for example, to the doctors at the Luisa Guidotti Hospital in Zimbabwe.

The Luisa Guidotti Hospital, which is about 170 km from the capital city of Harare, provides inpatient care for 150 people, as well as running an outpatients' department. Together with two doctors and about 25 nurses, the Italian doctor, Carlo Spagnoli, cares for the patients in the district.



Dr Spagnoli (r.) and his team are very pleased to receive donations.

The hospital provides antiretroviral treatment for adults with HIV/Aids, a great rarity in Zimbabwe even though 15 to 17 percent of the 15 to 49 year old inhabitants are HIV positive. Pregnant women and children suffering from infectious diseases, particularly malaria, are also cared for at the Luisa Guidotti Hospital. In Zimbabwe there are very few functioning health care facilities, and drugs are also in short supply.



Donations in kind help the doctors in the field

action medeor has been supporting the Luisa Guidotti Hospital for many years now by supplying drugs and medical products. Donations in kind from companies are also very valuable to the doctors on the ground. Last year, Dr Spagnoli's team received around 119,000 tablets of Ciprofloxacin (antibiotic) from KSK-Pharma AG.

Peter Krcmar, CEO of KSK Pharma AG, stresses the importance to him of donations in kind: *"Appeals for donations are ten a penny. So it is important to us to know that our aid really gets to where it is effective. That is why we like to donate drugs which are needed, and sometimes life-saving, to action medeor, because medeor ideally combines competence and reliability."*

Which medicines and medical products can be considered for donations in kind?

Large and small pharmaceutical manufacturers and retailers find a trustworthy partner in medeor, which guarantees the needs-based deployment of donated drugs and medical products. The following criteria apply:

- Drugs, medical products and consumables must be suitable for use in

Africa, Asia or Latin America.

- The goods must come from a reliable source and comply with the quality requirements of the donor and receiver countries and be listed in the "Essential Drug List" of the country in question.
- The drugs must still have a reasonable shelf life.
- Donations in kind from private households and drugs samples cannot be accepted because the quantities are too small, the labelling is in German and correct storage conditions cannot be guaranteed.

Outlook for 2010:

In 2009, medeor received 367 donations in kind worth 2.2 million euros (2008: 51 donations in kind worth 3.12 million euros, including a donation in kind worth 1.9 million euros). In 2010 there has been a marked increase in the number of donations in kind received for the victims of the earthquake in Haiti. medeor is the central coordination centre for donations of medicines and medical products for Haiti relief in Germany. The Federal Ministry of Health appealed to the health care industry for donations for the suffering population, and named medeor as the contact organisation.



South Africa: Nosipho Can Laugh Again – in Spite of Her HIV Infection

Seven-year-old Nosipho from South Africa was carried by her uncle to the HIV/Aids therapy and advisory centre in the township of Tumahole, weighing just 14.3 kilos. The public health care facilities either could not or would not help the orphan, who was suffering from Aids and tuberculosis, and sent her away again.

But the little girl's foster parents were persistent and went to the health centre run by medeor's partner organisation, the Thabang Society. The doctor in charge, Dr Almud Pollmeier, examined little Nosipho and immediately referred her to the University Hospital in Johannesburg. Fluid accumulation in the child's abdomen was already causing breathing difficulties.

Therapy for Nosipho

Nosipho was discharged after a four-week stay in hospital because the tuberculosis therapy was starting to take effect. However, the drugs had a seriously weakening effect on the small HIV-infected body. Dr Pollmeier at the Thabang Society Health Centre had to act quickly as Nosipho's immune status was very poor, and it was only possible to save the child's life with anti-retroviral therapy. Nosipho was cared for in a nearby orphanage run by the medeor partner because the HIV drugs can cause severe side effects. Here the weak child underwent treatment and was observed day and night for four weeks, and today Nosipho is well.

She now goes to school, she can play and laugh again. But she will have to take antiretroviral drugs for the rest of her life.

In South Africa there are 1.4 million HIV/Aids orphans

Nosipho's fate is shared by many of the 1.4 million HIV/Aids orphans in South Africa. The HIV/Aids rate is rising steadily. 5.54 million people are infected with the virus in South Africa, and pose a national challenge to the public health system. There is a lack of life-saving antiretroviral medicines, qualified personnel and awareness training. The situation for the people in the townships, in which up to 40 percent of the population

is HIV positive, is particularly desperate. 500,000 – 800,000 HIV-positive people need the vital antiretroviral drugs, but only 250,000 are receiving them.

The Thabang Society provides therapy

With medeor's support, the Thabang Society was able to open the HIV/Aids Therapy and Advisory Centre in the township of 100,000 inhabitants in March 2008. In addition to comprehensive advisory work on HIV/Aids, the centre also offers HIV tests and individual counselling for those affected. Patients with HIV receive medical and psychological care. 750 patients were undergoing long-term

Many children in the township are treated by the Thabang Society.



treatment in 2009, of whom 326 have already started antiretroviral therapy – including little Nosipho.



Four year old Godfrey is HIV positive. His condition is now much more stable, thanks to the medical treatment Dr Almud Pollmeier was able to administer immediately (r.).

A further 575 patients are expected up to the end of 2010, of whom 10 percent will be children. The centre is due to be enlarged in the summer of 2010 in order to keep up with the great demand, and will acquire more medical equipment and employ more qualified personnel. A unit for bed-ridden patients and those needing nursing care will also be built at the centre. This should give more people access to HIV/Aids counselling, HIV tests and physiological and psychological care in the future. medeor is dependent on donations to support this project.

Sexual and reproductive health and rights:

This somewhat clumsy term covers very basic rights which apply to all people worldwide. They include the right of women and men to information about and access to safe and affordable family planning methods, so that they can decide for themselves when and with whom they will have how many children, as well as access to contraception and treatment of sexually transmitted diseases, including HIV/Aids. They also include comprehensive care of pregnant women and a professional midwifery service. At the same time, they cover the right to freedom from sexual coercion and sexual assault, whereby the empowerment of women and girls plays an important role.

Improving Health Care Provision in the Highlands of Guatemala

The 75-year-old midwife Doña Maria has been caring for the pregnant women in her village in the highlands of Guatemala for many years, carrying out medical checks and attending births. She is also looking after 15-year-old Cenaida, who is expecting her second child.



Doña Maria assisted Cenaida through her first pregnancy, when Cenaida was only 13 years old. The little boy

died soon after birth, as Cenaida's body was not strong enough to provide adequately for the baby, – a fate suffered by many young women who become pregnant much too early.

In order to change this, our Guatemalan partner organisation PIES de Occidente and action medeor initiated a project in January 2009 to improve sexual and reproductive health in indigenous communities. For many women and their unborn children in Guatemala, the risks of pregnancy are life-threatening. The lack of education and of medical care, particularly in poorer and rural areas, result in very high maternal and infant mortality rates. Our partner organisation PIES works directly with traditional midwives as well as with women's and youth groups in the region. State health care staff are also involved in this project.



This project should reach 25,000 families

350 traditional midwives are receiving further training and can thus provide better health care and advice in their communities. The population is being informed about family planning methods and HIV/Aids prevention through educational and informational programmes in different media in the local language. Increased cooperation between the traditional basic health care system for the indigenous rural population and the public health care system, and the establishment of emergency committees in the communities are helping to further improve health care provision. A total of 25,000 families should be reached by the various measures in this project during its three-year life span.

Doña Maria has been undergoing further training for traditional midwives for one year now. The midwives pass on their newly acquired knowledge to their patients and learn how to react in an emergency situation. Cenaida is also receiving advice from Doña Maria, and with her help she will hopefully give birth to a healthy child.



Who Does action medeor Help and How?

The basic concept of medeor's project work is cooperation in partnership with local organisations. action medeor supports organisations in implementing development activities that they have identified. An important goal is to encourage self organisation and to actively involve the target groups in improving their situation themselves.

In 2009, action medeor concentrated its project work on eight countries in Africa and five countries in Latin America. In these countries, the state health systems do not have adequate financial and material resources and have particular difficulty in reaching people in remote areas. Local non-governmental organisations and church-run institutions work to provide access to health care provision and, above all, to awareness training and prophylaxis programmes for disadvantaged groups. These groups depend on private funding and can apply to action medeor for support for development projects. Their applications are checked according to stipulated criteria, including the need for and the feasibility of the planned project, the degree of the target group's involvement, the experience of the applicant and the sustainability of the measure. It is important to check whether public structures can be involved and whether arrangements for longer-term commitment can be agreed.

Gaining international experience with medeor

One characteristic of action medeor's project work is its support for and furthering of smaller organisations, for whom cooperation with medeor is often the first experience of working with an international partner. In this way, such groups can gain important experience in procuring subsidies and in managing and controlling projects. action medeor has established long-term partnerships with many different partners but is only active on the ground in a few cases.

Project support is based on a contract between action medeor and the partner organisation, in which the activities and the intended goals are clearly laid out, and varies between 15,000 euros and 700,000 euros. Subsidies are paid in several instalments so that their use can be verified against the financial report without delay. action medeor acquires

public or private third-party funds for larger subsidies.

Performance review

Dialogue with our partners about the possibilities of sustainable improve-

medeor co-worker Susanne Schmitz discusses the running of a project with her project partners in Bolivia.



ments and close monitoring are fundamental for action medeor, so contact with our partners is continuous. They report on development at regular intervals during the course of the project, following specified formulae. These include information on how the measures already implemented compare with the goals set, what success has already been achieved and whether the financial planning can be adhered to. It is also important to know whether difficulties have arisen and how these can be addressed. The next steps are agreed in close cooperation. Most projects are visited by medeor staff every one or two years, in order to assess what has been achieved so far and to jointly plan further work. These visits also serve to intensify the partnership. Indicators which are agreed on in advance are used to assess whether the goals have been achieved, and are recorded in a final report.

What Did We Achieve in 2009?

Primary health care provision:

In **Latin America** (Bolivia, Ecuador and Mexico), 4,900 patients received medical treatment as part of a health campaign, and more than 10,000 people were given information about common diseases and how to avoid them. 100 health workers in these countries received training or further training and are now able to treat patients and pass on their knowledge to the local population, and 15 communities were equipped with small pharmacies. Health facilities in **Latin America** (Mexico) and in **Africa** (Ghana, Tanzania and DR Congo) offer improved medical care to up to 110,000 people. Generally speaking, malaria is the most common illness here.

Malaria: In **Togo**, around 160,000 people in 80 villages were informed about malaria, important prevention measures and the correct action to take in case of infection. 6,000 pregnant women and mothers with small children received impregnated mosquito nets at greatly subsidised prices. More than 3,000 children with malaria were treated free of charge. In **Benin**, 986 people with malaria received life-saving blood transfusions.

Sexual and reproductive health

(SRH): In **Guatemala**, 334 midwives, who attend around 5,500 births a year, received further training. Information was passed on to about 50,000 people through extensive awareness and sensitising campaigns. In **Colombia**, more than 500 people were made aware of the issues concerned in SRH in seminars and 130 people were trained to work as disseminators. In **Ghana**, 40 traditional midwives, who attend about 5,000 births a year, received further training. In addition, about 10,000 people were informed about SRH in awareness presentations.

Tuberculosis: In **Bolivia**, 10,000 people were informed about TB via radio commercials. 63 new cases of TB were diagnosed and treatment was initiated, so that more than 600 new infections could be prevented. In 2009, 36 children under five years in the immediate environment of these patients started prophylactic antibiotic therapy. The health promoters made a total of 824 home visits to TB patients. 93 school children were trained as disseminators.

HIV/Aids: In **Rwanda** and the **DR Congo**, over 12,000 people were informed about HIV and Aids in educational presentations and 300 people were trained as advisors and disseminators. In counselling and test centres in **South Africa** and the **DR Congo**, over 3,000 people were tested for HIV free of charge; in these two countries and in **Togo** more than 1,100 patients also received medical and psycho-social care.

In **Tanzania**, 244 volunteer carers offer home care to Aids patients. 100 people affected by HIV/Aids were supported through micro credits and stipend programmes, and 95 children were enabled to attend school.

Outlook for 2010:

Effectivity: In 2010, medeor will use the project management instruments (application and report forms) which were revised in 2009 and which place more emphasis on documentation of the medium and long-term effects of projects. This will enable the partner organisations and action medeor to better observe and register changes resulting from the projects.

New cooperation projects in 2010: This year, HIV/Aids work in Africa will be extended. In the **DR Congo**, investments will be made in awareness and prevention of HIV, and new counselling and test centres will be consolidated. In **Uganda**, the focus will be on avoiding mother-to-child transmission of the virus. With the extension of the Aids centre in **South Africa**, even more people in the townships will have access to life-saving antiretroviral therapy. In **Ecuador**, a project to improve primary health care provision in nine communities in the Gulf of Guayaqui is starting. Here medeor is investing in the training of health promoters and in ensuring the supply of drinking water by installing water tanks.

Pharm R&D Lab

Pharmaceutical Research and Development



The R&D lab team (l to r): Mtani Njegere, pharmacist; Dr Eliangiringa Kaale, project manager Pharm R&D Lab; Bertha Francis, maintenance and installations technician; Christine Häfele-Abah, pharmacist at action medeor, project coordinator Pharm R&D Lab; Ruth Ng'wananogu, pharmaceutical technical assistant; Mhando Maro, lab technician.

The laboratory was equipped with the assistance and support of action medeor. "The development and production of drugs in the poorest countries is a cornerstone in the fight against Aids," Christoph Bonsmann, chief pharmacist at medeor, explains. "The least developed countries are allowed to produce generic drugs even if they are protected by a patent, but they hardly ever have the necessary expertise to do so. That is why we have to help them to develop competence and train personnel locally." The research and development laboratory provides the foundation for this. The project has a volume of about one million euros and is financed by action medeor, the Deutsche Gesellschaft für Technische Kooperation (GTZ), and Muhimbili University of Health and Allied Sciences (MUHAS) in Dar es Salaam.

The official opening ceremony of the research and development laboratory took place on 13th June 2009 in the presence of the Tanzanian Minister for Education, Professor Jumanne Maghembe. He stressed the importance of an independent, high-quality research facility, particularly in the field of HIV/Aids: "At last we can develop new formulas for antiretroviral medicines to World Health Organisation standards in Tanzania".



The Tanzanian Minister for Education, Prof. Jumanne Maghembe, opened the research and development laboratory in Dar es Salaam. Christoph Bonsmann (front right) is responsible for the project as executive director of action medeor International Healthcare gGmbH.

Development of Aids Drugs in Tanzania

22 million people with Aids live in sub-Saharan Africa yet only every third HIV-infected person receives life-saving medication. Drugs are not available for hundreds of thousands of people, which means they have to die long before their time. However, the fight against Aids is not futile: the research and development laboratory Pharm R&D Lab at Muhimbili University in Dar es Salaam is an important component in this struggle.

First successes in the lab and further steps

So far, 73 pharmacy students and 23 pharmaceutical technical assistants have completed a course in pharmaceutical technology in the new laboratory. In 2009, two one-week further training courses on product development and quality control were also run for East African pharmacists. This practise-based training, which was very well received by the 45 participants from Kenya, Uganda, Rwanda, Malawi, Botswana and Tanzania, will run again in 2010, co-financed by InWEnt and the EU. The first development project in the laboratory concerns a combination tablet to be taken once a day, comprising the three agents Efavirenz 600 mg, Lamivudine 300 mg and Tenofovir 300 mg. So far, this new HIV/Aids therapy, which is recommended by the WHO, is not available as a combination preparation.



Participants in the manufacturers' audit in Kenya, led on behalf of action medeor on a volunteer basis by pharmacist Christine Liedtke.

Inspection of manufacturers in Nairobi

From 25th April to 6th May 2009, medeor carried out audits of manufacturers in Kenya. In conjunction with the German Institute for Medical Mission (Tübingen), three selected pharmaceutical manufacturers who supply the three most important non-profit-making distributors in East Africa were inspected. The wholesalers belong to the charitable Ecumenical Pharmaceutical Network and mainly supply church-run health care facilities in Kenya, Uganda and Tanzania. The aim of the audits was to check the manufacturers for adherence to the Good Manufacturing Practice guidelines (GMP) and to

train the local staff to carry out these inspections themselves in the medium term. The Good Manufacturing Practice guidelines are the internationally recognised guidelines developed by the World Health Organisation. medeor was able to obtain the services of two experienced senior experts to carry out the audits. With this project, action medeor has made an important contribution to the safety and reliability of drug provision in East Africa.

Training to improve quality control in Ghana

In 2008, in cooperation with InWEnt and the North Rhine-Westphalian Ministry for Generations, the Fam-

ily, Women and Integration, action medeor ran a first general GMP further training course in Ghana (Accra). This project was very well received by all concerned and a need for further courses became apparent, particularly in the field of quality control. In conjunction with the local partners, the regulatory authority Ghana Food & Drugs Board (FDB), the Pharmaceutical Manufacturers Association of Ghana (PMAG) and the Industrial Pharmacists Association (IPA), a one-week GMP training course was run from 13th-17th July 2009 for qualified personnel in the pharmaceutical industry.

The aim of the training is to contribute towards improving the quality of medicines and to the ability of local pharmaceutical manufacturers in Ghana to compete. We were able to win over the Kwame Nkrumah University of Science and Technology (KNUST) in Kumasi as a new partner. 32 external participants took part in the training, as well as nine members of the Kwame Nkrumah University.

20 pharmaceutical companies, the greater part of the Ghanaian pharmaceutical industry, were represented at the training session in Ghana.

Outlook for 2010 – further advances in building the production facility for Aids medication in Arusha, Tanzania

Since 2006, together with the local partner Tanzania Pharmaceutical Industries Ltd. (TPI) and with financial support from the European Commission, action medeor has been planning the construction and operation of a production facility for high-quality, affordable Aids medication in Arusha, Tanzania. Construction was started in 2009 and will be completed by mid 2010. Further improvements to the facility comprising ventilation and water treatment systems and production equipment will follow immediately after. While the building work is underway, the prospective staff for the new plant will be trained for their future tasks in special seminars and workshops. Since the construction of a pharmaceutical production plant is very complex, it was necessary for the EU to extend the project by three years. The aim of the facility is to permanently provide life-saving drugs for 80,000 people. Production will start in 2011.



Projects Worldwide 2009

expenditure in euros

project location	project focus	project volume 2009	medeor share
Development collaboration projects: primary healthcare provision, combating HIV/Aids, malaria and tuberculosis			
Benin/Gohomey	Establishment of a blood bank	15,470.00	15,470.00
Bolivia/Chapare	Improvement of primary healthcare provision in indigenous communities	26,346.00	26,346.00
Bolivia/El Alto	Prevention, control and treatment of tuberculosis	17,764.19	17,764.19
Ecuador/Chimborazo	Improvement of primary healthcare provision in indigenous communities (BMZ)*	61,331.54	13,778.54
Ghana/Ave-Region	Programme for improving primary healthcare provision	3,177.84	3,177.84
Ghana/Hohoe	Improvement of health situation for pregnant women, mothers and children	2,560.84	2,560.84
Ghana/Hohoe	Improvement of primary healthcare provision	10,863.60	10,863.60
Guatemala/Jocatan	Improvement of primary healthcare provision in indigenous communities	9,735.35	9,735.35
Guatemala/Totonicapán	Improvement of sexual and reproductive health in indigenous communities, particularly training of midwives (BMZ)*	110,756.88	24,407.88
India/Orissa	Support for leprosy self-help groups	140.00	140.00
Columbia/Toribio	Prevention of sexually transmitted diseases and domestic violence	6,429.63	6,429.63
Columbia/Buenaventura	Training disseminators for prevention of early pregnancies	11,661.41	11,661.41
Congo/Bukavu	Comprehensive treatment of Aids patients	38,149.12	38,149.12
Congo/Kalehe	HIV/Aids education and establishment of testing and counselling centres	3,644.74	3,644.74
Mexico/El Triunfo	Establishment of a community health centre and community pharmacy	10,024.80	10,024.80
Rwanda/Kigali	HIV/Aids education through interactive theatre and support for self-help groups (BMZ)*	128,496.13	28,426.13
Rwanda/Kigali	HIV/Aids education through interactive theatre	345.65	345.65
South Africa/Masiphumelele	Socio-medical care of Aids orphans	6,099.41	6,099.41
South Africa/Mpumalanga	Further training of volunteer carers for Aids patients	728.64	728.64
South Africa/Tumahole	Establishment of HIV/Aids education, testing and counselling centre	4,251.92	4,251.92
Tanzania/Mbinga	Establishment of centralised drug provision in Mbinga/Tanzania	1,815.01	1,815.01
Tanzania/Moshi	HIV/Aids education, prevention and treatment (BMZ)*	63,546.98	2,152.98
Tanzania/Lituhi	Prevention and treatment of malaria at Lake Nyasa (RTL Foundation)*	321,853.30	6,189.98
Togo	Malaria prevention in 80 villages	81,048.57	81,048.57
Togo/Agou	Psycho-social care of HIV/Aids patients	18,058.29	18,058.29
Uganda/Kabale	Equipping of diagnostics lab in parish of Rwanyena	15,970.59	15,970.59
Humanitarian aid projects: acute disaster relief and long-term reconstruction aid after conflicts and disasters			
India/Andhra Pradesh	Sustainable health care provision for the casteless Yanadi women	60,211.45	60,211.45
India/Tamil Nadu	Flood relief for victims of cyclone Nisha	4,912.48	4,912.48
India/Andhra Pradesh	Improvement of community primary and mother-child healthcare	9,319.07	9,319.07
India/Chidambaram	Establishment of sustainable healthcare provision (RTL Foundation)*	86,168.23	86,168.23
India/Cuddalore	Medical provision for Life Help Centre	5,870.84	5,870.84
India/Kerala	Improvement of healthcare provision for villages affected by Tsunami	32,296.56	32,296.56
India/Kerala	Assessment of Tsunami projects in Kerala/India	2,829.90	2,829.90
India/Tamil Nadu	Rain water filter tanks to improve health	35,153.00	35,153.00
India/Tranquebar	Health rehabilitation for Tsunami victims	39,430.77	39,430.77
Indonesia/Aceh Barat	Primary healthcare provision for villages and transition camps	32,167.87	32,167.87
Indonesia/District Alasa	Improvement of primary healthcare services	36,137.29	36,137.29
Pakistan	Investigation and establishment of needs of internal refugees in Pakistan	7,772.31	7,772.31
Sri Lanka	Maintenance of water supply and sewage facilities	163,784.00	163,784.00
Sri Lanka	Medical emergency relief for internal refugees in Sri Lanka	5,223.11	5,223.11
Pharmaceutical projects: local development of drugs, production and distribution, training of personnel			
Ghana/Kumasi	GMP training with focus on quality control (MGFFI/InWEnt NRW)*	16,522.76	2,898.01
Kenya/Athi River	Artemisia annua PPP (cultivation, extraction, derivatisation)	47,611.05	47,611.05
Kenya/Nairobi	Audit training and inspection of producers (Difam/ EPN)*	14,940.51	7,470.49
Tanzania/Arusha/Dar es Salaam	Local production of HIV/Aids medicines (ARVs), 2 GMP workshops on Development of drugs and Quality Control (EU/ InWEnt gGmbH)*	816,571.89	501,000.00**
Tanzania/Dar es Salaam	GMP Workshop in collaboration with MUHAS/ InWEnt in 2008 (InWEnt gGmbH)*	12,643.76	12,643.76
Tanzania/Dar es Salaam	Pharmaceutical development lab at the University (GTZ/MUHAS/medico)*	283,114.74	71,000.00
Germany/Cologne	Management of African-European initiative "Stop Malaria Now" (EU)*	203,683.66	34,958.06

* Third party subsidies ** This amount was earmarked as own contribution in 2009.

Jubilee: Five Years action medeor International Healthcare

In December 2004, action medeor International Healthcare gGmbH was founded as a non-profit-making subsidiary of action medeor. Its declared objective is to provide development assistance in all areas of healthcare provision and to develop self help structures. This includes, above all, improving access to quality-assured and affordable primary medicines.



action medeor International Healthcare opened its first branch office in 2005 in the Tanzanian capital. Medicines are purchased, stored and passed on to health centres as donations or at cost price from the Tanzanian distribution centre in Dar es Salaam. What makes this special is that the drugs are mainly obtained regionally and that local personnel is employed almost exclusively. Eight Tanzanians are now working for the procurement centre, two of whom are pharmacists. Regional procurement of drugs requires thorough inspection of manufacturers in Kenya and Tanzania before they are approved as suppliers.

2009: total expenditure over one million Euro

After a modest start in 2005 – then with a small turnover and deliveries to only a few health centres, action medeor International Healthcare is now firmly established in Tanzania. Over 90 percent of Christian health care facilities use the services of action medeor International Healthcare. In 2009, medicines and medical aids and appliances worth more than one million euros were supplied as donations or at cost price. In recent years, storage and office space has been rented in addition to the 215 m² main warehouse, in order to satisfy the need for more space.



(From left to right) Deo Rweyemamu, pharmacist; Gerald Masuki, head pharmacist; Nellu Kangame, secretary; Salehe Mdogwa, head of warehouse and logistics; Rukija Likolo, office cleaner; Willi Lesirwa, driver; Harieth Mtoi, book-keeping; Peter Kamanga, warehouse and logistics.

“Above all, our partners value the permanent availability of stocks and delivery reliability”, Christoph Bonsmann, executive director of International Healthcare gGmbH, explains.

Uncomplicated and reliable delivery guarantees treatment for the patients, particularly in rural health care centres and even in remote areas.

Outlook for 2010:

In spite of this success, working in a developing country is always a challenge. This was seen in 2008 in particular, when, as a result of the international economic crisis, great fluctuations in the exchange rate of the Tanzanian shilling compared with the euro and the US dollar hit the Tanzanian office hard. Business is also suffering increasingly from the unreliable energy supply provided by the run-down network in Tanzania. Hour-long power failures are routine and can only be compensated for by a generator. We therefore plan to acquire a larger generator in 2010, because the present one has reached the limits of its capacity.

The fact that action medeor has developed so well in Tanzania in spite of these adversities is thanks to the committed Tanzanian team under pharmacist Dr Hellmuth Röbller, who retired at the end of 2009. The accounts of the Tanzanian branch of action medeor International Healthcare gGmbH can be seen at www.medeor.de/Service/Info-Material.



We Want to Publicise medeor!

Last year, action medeor dispatched drugs and medical products worth about 3.40 million euros as donations to the poorest regions of the world. To be able to continue providing donor-funded aid on such a scale it is important to continue to raise action medeor's profile and to attract new supporters.

medeor in the press

Over the years we have increasingly developed our PR work and more and more people have heard about action medeor through television, radio, internet, magazines and newspapers. Reports about medeor are broadcast nationwide, particularly when there is a disaster such as the earthquake in Sumatra. medeor is often the first point of contact for television teams wishing to show how aid is packed and shipped to disaster areas. In 2009, the malaria campaign "One Euro for Malaria" with Anke Engelke was also a focal point of our PR work. The regional focus was in Cologne but, thanks to medeor's prominent ambassador, the subject was picked up on a national level. There were also reports in the media about the transfer of pharmaceutical advisory services on the award of the initiative "Germany – country of ideas" under the patronage of Horst Köhler. medeor was decorated for the innovative concept of local production of Aids and malaria drugs in Africa.

medeor in advertising

One important objective of our PR work is to continue to increase awareness of medeor on a national level. In 2009, medeor advertised with posters, print advertisements and TV commercials. Considerable expense could be saved here, as in previous years, through free advertisements in the print media and free broadcasting of TV commercials by many private television companies. As in 2009, the firm of Ströer/ Deutsche Städte Medien GmbH again provided advertising space free of charge. action medeor is extremely grateful for this support.

medeor in the internet

Last year, medeor increased its presence on the World Wide Web in order to be able to reach more young people. Profiles in social communities like Facebook, increased use of internet donation portals like betterplace.org, a video channel on YouTube and a Twitter account are now taken for granted in medeor's internet communication. The new portal for the online campaign www.malariabesieger.de offers a lot of information on malaria and



action medeor's work on malaria was again focussed on in 2009, with an image showing the medeor ambassador, Anke Engelke.

is primarily aimed at school children and students. medeor is drawing attention to the malaria campaign on the schüler-, studi- and meinVZ websites. Interesting collaborators like the online payment service PayPal and PAYBACK were found through cooperation with the Internet platform betterplace.org. Since December 2009, users of PAYBACK cards can swap their points for a donation to an action medeor project.



STOP MALARIA NOW! is working to raise awareness

STOP MALARIA NOW! is an initiative of nine non-governmental organisations in Europe and Kenya. action medeor is the sponsoring organisation for the campaign, which is co-financed by the European Union. Its aim is to raise public awareness of malaria and its effects in developing countries and to call on European governments to play a more active part in fighting this disease of poverty. The alliance also works to strengthen local structures, as shown in the example of a workshop in Kenya.



Local partner organisations receive training in applying for grants.

The Global Fund to fight HIV/Aids, tuberculosis and malaria provides the largest amount of financial support worldwide for measures to control malaria. But it is those organisations which work at community level, the community based organisations (CBOs), which play a decisive role in fighting malaria and other diseases of poverty, which usually do not profit from these funds. Long-term containment of malaria is not possible without this work at community level.



It is therefore, all the more important that the work of these organisations is financed and that international funds get to where they are most urgently needed. This is where the initiative STOP MALARIA NOW! stepped in.

The difficulties experienced by local organisations when they apply for grants from the Global Fund were analysed in cooperation with a Kenyan partner organisation. Often it is a problem of bureaucratic hurdles or an incorrectly filled out application form. A training programme was developed on the basis of the findings, to improve the knowledge and ability of CBOs with regard to applications for grants from the Global Fund. In November and December 2009, two training courses were successfully run in Kenya (Kisumu and Malindi) with 50 representatives of local organisations.

A study is planned for 2010 in Kenya on "The influence of measures for controlling malaria on strengthening local health systems". An international

film project entitled "Insight Malaria" will also be realised. Ten young European and African filmmakers will film their respective views of the issues surrounding malaria in Kenya. In April 2010, the film project STOP MALARIA NOW! received recognition as "Ausgewählter Ort im Land der Ideen".

medeor provides information in Germany about the consequences of diseases of poverty

Educational work is an important aspect of action medeor's PR work. Volunteers and salaried medeor staff provide information at action medeor and other locations, through talks on the effects of diseases of poverty, with special emphasis on malaria and HIV/Aids, on people in developing countries. The audience is often surprised to hear how many people worldwide are affected by poor healthcare provision and the effect this has on families and children in the poorest regions of the world.

Many school classes, professional associations, communities and groups take the opportunity to observe action medeor in operation. Interesting talks give insights into how medeor provides relief in cooperation with local partners. In the 4,000 m² pharmaceutical warehouse, visitors can see how the aid is packaged and shipped to troubled regions throughout the world. Last year 56 groups comprising 2,214 people visited action medeor.

Outlook for 2010:

As a result of the economic crisis, fewer supporters made donations to medeor in 2009, and financial donations sank from 5.42 million euros in 2008 to 3.44 million euros. Happily, however, the number of regular donors to medeor continued to increase in 2009. medeor made appeals in the pedestrian area in the centre of Cologne and by phone and mail. Donors can ensure continuing support for a project or a healthcare centre with a long-term donation, e.g. a parcel sponsorship. In 2010, the successful method of directly appealing for donations will be continued and extended to other cities.

Events in 2009



The pupils of the gymnasium (grammar school) in Cologne-Nippes drew attention to the topic of malaria with great enthusiasm.

City Campaign “One Euro for Malaria – Count Cologne In!”

One child dies of malaria every 45 seconds, although treatment only costs one euro. medeor started the City Campaign in Cologne last year in order to bring the urgency of this topic to the attention of as many people as possible. At the start of the campaign in April 2009, almost 100 pupils from the gymnasium in Cologne-Nippes collected donations in the city centre. They combined this with a variety of different activities: riding unicycles, playing the guitar, singing and organising a wheel of fortune.



Elfi Scho-Antwerpes, mayor of Cologne, is patron of the Cologne City Campaign against malaria.

During the course of the year there were many other awareness-raising events and activities on the subject of malaria and the work of action medeor

in Cologne. The campaign was represented at the Long Night in Cologne Zoo, at World Children's Day, at an event in cooperation with Globetrotter Ausrüstung and at the Heinzelmännchen Christmas Market in Cologne. A very big thank you goes to all the supporters of the Cologne City Campaign, including the Bank für Sozialwirtschaft and the Kölner Außenwerbung GmbH. The City Campaign will continue with many more events in 2010.

Christmas Gala 2009

There were also many other events in 2009, which were only made possible through the support of many sponsors and patrons. The traditional christmas gala in the Seidenweberhaus in Krefeld is a highlight among the medeor events.

action medeor's christmas gala is a thank you to the society's sponsors and patrons. The 1,100 seat reservations are very quickly snapped up and many guests start asking for tickets in the summer. The top-class musicians and artistes waive their fees in part or completely to support medeor's work. Admission is free, though medeor asks the guests to



The bass singer, Dr Zelotes Toliver, thrilled the audience at the medeor Christmas Gala 2009.

make a donation. Last year, 19,000 euros for the battle against malaria was collected in this way. Events such as the medeor gala can only be staged with the support of our donors, patrons and sponsors. Special thanks are due to our main sponsor, Autohaus Hülsemann, and to our co-sponsors, the Sparkasse Krefeld, the Volksbank Krefeld and Stünings Medien. medeor has enjoyed a trusting partnership with all these companies for many years now.

Make Greater Changes Together!

medeor says „thank you“. It is good to know how many people want to help those in need. Many companies, school classes, groups and individuals bring about much good with their fundraising activities. Some examples, representative of the many good deeds, are shown here.

School children in Krefeld raise money for a pharmacy for the poor

For the past ten years, the Von-Ketteler-Hauptschule in Krefeld-Uerdingen has been supporting the pharmacy for the poor run by St. Peters Academy in Cebu/Alegria in the Philippines. Half of the proceeds of the sponsored run in 2009 were used for a school project, the other half went to action medeor. Together with the headmaster, Marcel Optenhostert (3rd from left), and teacher Renate Kruse, the enthusiastic pupils presented the donation worth 1,165 euros to medeor staff member Norbert Vloet (2nd from left). He presented a certificate of thanks for this generous help.



Stefan Verhasselt: „Lower Rhein-ish“ – for a good cause!

“Dat neue Niederrhein-Programm” was a great success – for action medeor too.



The cabaret artist Stefan Verhasselt donated three euros from every ticket sold for the three performances in Krefeld to the Tönisvorst relief organisation and rounded the sum up to 2,000 euros. Stefan Verhasselt (l.) presented the donation to Heinz Gommans (r.), president of action medeor. “With 2,000 euros medeor can treat 2,000 children with malaria”, Heinz Gommans thanked the donor.

Globetrotter Ausrüstung joins in the battle against malaria

A big thank you goes to Klaus Weichbrodt, the branch manager of Globetrotter Ausrüstung in Cologne and his staff for supporting the malaria campaign in Cologne. Globetrotter Ausrüstung donated town maps and outdoor cushions for different events in Cologne and placed donation tins at the store cash desks. Globetrotter Ausrüstung in Hamburg donated T-shirts in support of the campaign. In addition, in a joint action medeor and Globetrotter Ausrüstung informed passers-by in Cologne about projects involved in the fight against malaria and issued invitations to a talk entitled “Malaria – the Great Challenge,” at Globetrotter in Cologne. The Ghanaian band Otumfuo enlivened the programme with music and acrobatics.



Mayor and Member of Parliament man the till at dm for the good cause

Red and black agree: they worked as a team for medeor, and had a lot of fun too. The mayor of Tönisvorst, Thomas Goßen (CDU), manned the till at the dm chemist in Tönisvorst, and the SPD Member of Parliament, Uwe Leuchtenberg (l), helped to bag the goods.



Together they collected 1,565.40 euros for the battle against malaria. dm donated the entire earnings taken in this hour to medeor. A very big thank you goes to the branch manager, Mrs Kristina Holz, who initiated this event.

Anke Engelke in Tanzania

Anke Engelke has been involved in action medeor's work for the past six years. During her visits to Benin and Tanzania she has seen for herself the results of medeor aid. In 2009, she visited a project in Tanzania which is very close to her heart. In Lituhi, medeor makes a vital contribution to improving health care provision for more than 60,000 people living in the area along Lake Nyasa. The prevention and treatment of malaria is aimed primarily at children and their mothers and at pregnant women. The health centre at Lituhi received a new extension with an urgently needed mother and child department, a number of treatment rooms, wards, offices, a high-performance lab and a new patients' kitchen.



In Lituhi Anke Engelke visited an information session on malaria

The existing buildings, above all the outpatients' department, the wards, the delivery ward and the operating department were renovated. In addition, health care workers distributed 10,000 permanently impregnated mosquito nets at very reduced prices, with detailed information on how they should be used.

On the television quiz show "Who Wants to Be a Millionaire?" in September 2009, Anke Engelke won the princely sum of 125,000 Euro. She wanted the greater part of her winnings to be used for the health centre in Lituhi and for an orphanage in Dar es Salaam, which she also knows through her project visits. medeor says thank you to Anke Engelke for her fantastic commitment!



Kiwakkuki Is Dear to Our Hearts

For many years now, the Düsseldorf couple, Susan and Ulrich von der Linde, have been supporting action medeor's work, and the Kiwakkuki project (Kilimanjaro Women Against Aids) in Moshi/Tanzania at the foot of Mount Kilimanjaro is particularly close to their hearts. In the summer of 2007 they visited the project, and are still impressed by what they saw there.

"The motivation of the many volunteer helpers who work to make a better life for their fellow men is a wonderful example of what people working together can achieve," Ulrich von der Linde describes the couple's impressions. "With action medeor we are persuaded above all by the sustainable approach of the aid. The Kiwakkuki project is a good example of how comprehensively the subject of HIV/Aids can and must be dealt with."

A wide variety of services is available in the HIV/Aids information, counselling and testing centre, which was completed in 2008. One focus of the project is the education and training of volunteers as home carers for HIV/Aids patients in their communities. Meetings for self-help groups and seminars on income generating measures are organised. School health clubs inform their fellow pupils about HIV/Aids through various activities and 95 children and young people affected by HIV/Aids receive a school or training grant.

On top of this private involvement, the wholesale company v.d.Linde-Arzneimittel GmbH also supports the project with regular donations from different customer and staff activities. In this way, over 30,000 euros has been made available for the project in Tanzania since 2007. An important contribution which supports the work of the women of Kilimanjaro directly!



Make a Permanent Gift of Health!



It is possible to give long-term aid for a specific project or purpose through the action medeor Foundation. Did you know that most foundations are established during the lifetime of the benefactor? The advantage of this is that the sponsor can contribute his own personal values and see the effect of his or her help. The action medeor Foundation offers a variety of forms and possibilities of commitment:

Donation: Your contribution increases the capital base of the endowment and is maintained 100 percent. The foundation's proceeds go to the various action medeor projects.

Endowment fund: When you set up an endowment fund you can determine what the proceeds should be used for: for combating malaria, for example. You can choose the name of the endowment fund.

Trust fund: A trust fund requires its own statutes, in which the enduring purpose is described in detail. The trust assets are administered separately from the medeor foundation. A trust fund can also have its own name.

Our service: We will be happy to send you our free guide to wills and foundations. It covers the most important procedures regarding wills, endowments and foundations and can be requested with the card on the last page of this annual report.

If you have any questions or are interested in attending a talk on the subject of "Inheritance and Wills" in Tönisvorst, please contact Linda Drasba on 0049 / (0)2156 / 97 88 97 or by email at linda.drasba@medeor.de

The Foundation's accounts can be viewed on line at www.medeor.de/Service/Info-Material.

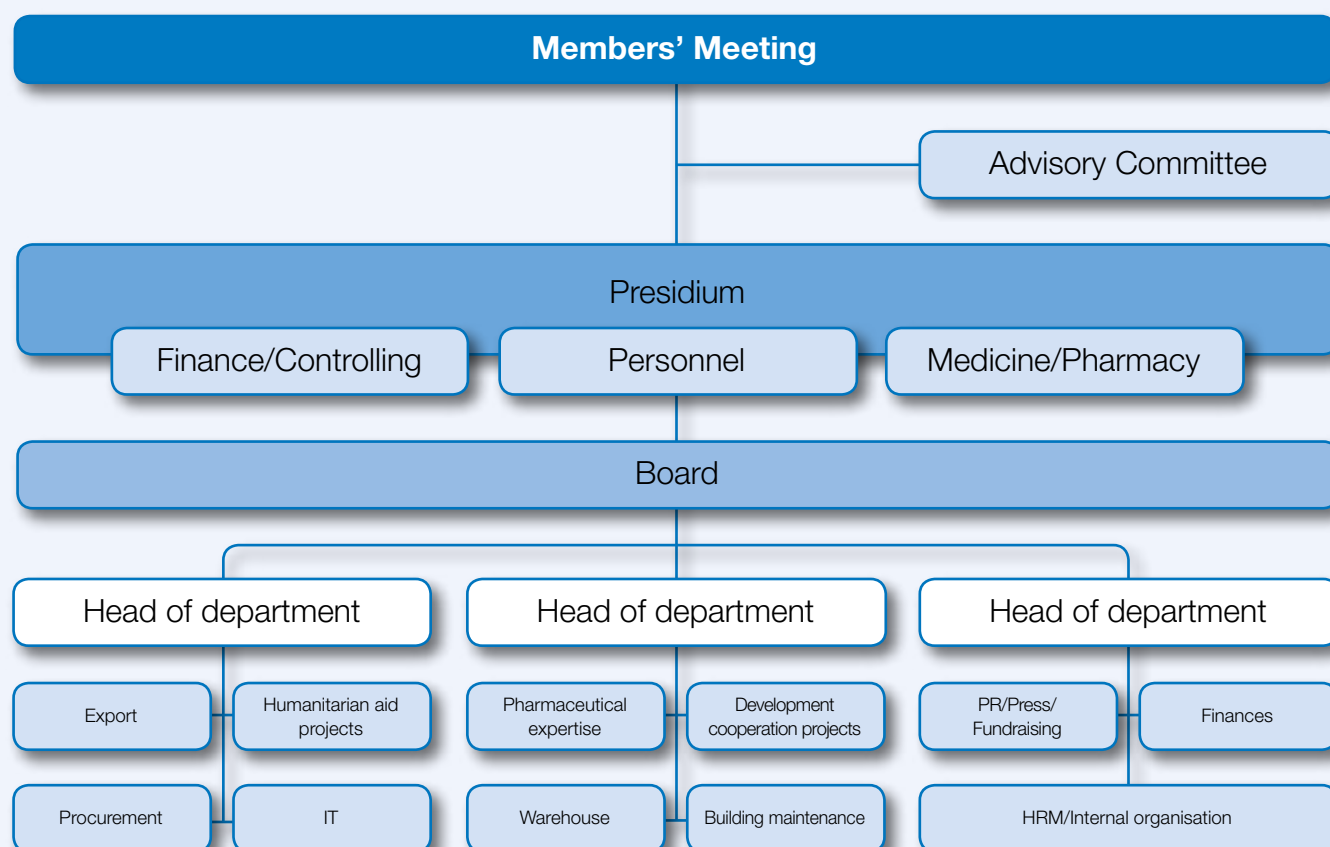


Networks and Alliances

action medeor is a member of many networks and alliances. This helps to focus common interests and to achieve common goals more efficiently.



The Organisation



55 salaried staff are employed by action medeor and 19 volunteers support the relief organisation's work by giving talks and working as pharmaceutical experts. Members of the presidium and the advisory committee work in an honorary capacity and receive no financial compensation.

The Members' Meeting

The members' meeting is responsible for approving the annual accounts and the annual report, for discharging the board, the presidium and the advisory board, and for electing the presidium and the advisory board. In 2009 the organisation had 50 members.

The Presidium

The duties of the unsalaried presidium include preparing and convening the members' meeting and approving the business plan, the annual accounts and the annual report. The presidium sits every two months but inspects the key data once a month. This ensures close monitoring of the society's financial activities. The members of the Presidium are Heinz Gommans, Krefeld (president), Heinrich Lauf, Viersen (vice presi-

dent), Siegfried Thomassen, Tönisvorst (committee member), Professor Marlis Hochbruck, Karlsruhe (committee member), Dr Thomas Menn, Potsdam (committee member).

The Board

The board comprises one or more salaried members. It is in charge of the running of the organisation and is appointed and dismissed by the presidium. The board must inform the presidium about all important matters. The current full-time chairperson is Bernd Pastors, Mönchengladbach.

The Advisory Committee

The unsalaried members of the advisory committee are proposed by the presidium and elected by the members' meeting for a term of three years.

The advisory committee advises the presidium in the execution of its duties. It expresses opinions and advises the members with regard to approving submissions from the presidium. The members of the committee are Auxiliary Bishop Karl Borsch, Diocese of Aachen (chairperson), Walter Schöler (vice chairperson), Otto Fricke, Krefeld (MP), Uwe Schummer, Willich (MP), Dr Gisela Schneider (German Institute for Medical Mission) and Christine Busch (church administrator).

medeor's statutes can be obtained from action medeor or downloaded at www.medeor.org/Service/Info-Material.

Report of the Presidium

medeor is a prize winner of the initiative "Country of Ideas"

In August 2009 action medeor was nominated by the initiative "Country of Ideas" under the patronage of Horst Köhler as a "Location for 2009". medeor was nominated for the innovative concept of local production of the highly effective malaria medication Artemisia, and of Aids medication at affordable prices in Africa. Hitherto African countries had been dependent on pharmaceutical imports from abroad. The objective is to ensure the permanent

availability of essential drugs locally in Africa, and thus also secure the necessary treatment for patients. In his laudation at the awards ceremony, the NRW Minister for Integration, Armin Laschet, named action medeor as one of the most important institutions in the sphere of development cooperation in North Rhine-Westphalia. medeor is already a partner of the North Rhine-Westphalian Ministry of Integration. To date, the state government has supported diverse medeor projects in Africa. The award means recognition for action medeor and awareness of our work in both politics and industry, and we hope that the idea of local production of vital drugs in indigenous hands will continue to thrive and find many sponsors.

Advisory Committee

In October 2009, Auxiliary Bishop Karl Borsch from the diocese of Aachen was elected as the new chairman of the medeor advisory committee. A further new member of the advisory committee is Mrs Christine Busch, from the administrative office of the evangelical church in Düsseldorf. Both the former chairman, Theo Floracks, and the Advisory Committee member, Sister Clara Alicia

medeor's contribution to environmental protection

In order to increase its active contribution to environmental protection, medeor will obtain its electricity from 100 percent renewable energy in 2010. To avoid environmentally damaging emissions, the decision was taken to reduce air travel and avoid domestic flights, even if this results in somewhat greater travel costs and longer journey times. In addition, medeor's heating system in Vorst has been fitted with high efficiency pumps to reduce energy consumption.

Obituary for Jürgen Gotthardt

action medeor mourns the death of the long-serving advisory committee member, Jürgen Gotthardt. He died after a serious illness on 1st October 2009, aged 72 years. With him we lose a valuable friend, who worked particularly hard for the interests of our society and for the people in developing countries. Jürgen Gotthardt, who was awarded the Federal Cross of Merit in 1997, had a particular affection for Tanzania, a country he had come to know in his early years and in which he had many friends and partners. Jürgen Gotthardt supported our activities in Tanzania and provided valuable assistance during the establishment of our distribution centre, as well as opening many doors for other projects. Travels with him were never-to-be-forgotten experiences. One characteristic of the Honorary Consul of Tanzania was his breath-taking speed. For this reason he was known half reverently and half jokingly in Tanzania as Mr Haraka-Haraka, which means Mr Hurry-Hurry. We have lost a dear friend in Jürgen Gotthardt. We are grateful that he accompanied us through part of our life.



Executive Director Bernd Pastors (l) and medeor President Heinz Gommans (r) thank the North Rhine-Westphalian Minister for Integration, Armin Laschet, for his speech at the awards ceremony.

Deutschland
Land der Ideen
Ausgewählter Ort 2009

Rozo of the Sisters of the Poor Child Jesus, have retired on grounds of age. We thank the retired members for their excellent cooperation and look forward to working with Christine Busch and Karl Borsch, who, as a former inhabitant of Hüls and pupil of the Thomaeum in Kempen, has known action medeor since he was a child.

The presidium has kept itself informed about the state of the society at regular meetings and has taken all necessary decisions. In the past year, in accordance with its statutes and to improve specialist monitoring, the presidium convened three committees from its ranks to focus on human resources, finances and controlling, and medicine and pharmacy. The committees meet at regular intervals and fulfil an advisory function for the presidium.

The excellent cooperation of the members, the advisory committee and the presidium and the commitment and professional work of all the staff has meant that we were again able to dispatch a great deal of aid from Tönisvorst in 2009. We thank everyone, and especially our co-workers, for their excellent efforts.



Heinz Gommans, Präsident

Capital Account on 31st December 2009

previous year

Assets	euros	euros	thousand euros
A. Capital assets			
I. Intangible assets	62,260.46		60.1
II. Tangible assets	3,760,594.11		3,839.8
III. Financial assets	115,892.25	3,938,746.82	115.7
B. Liquid assets			
I. Inventories			
Raw materials and supplies		2,509,131.14	2,628.3
II. Accounts receivable and other assets			
1. Accounts receivable	609,945.80		817.5
2. Receivables from share-ownership companies	97,194.39		105.0
3. Other assets	88,014.47	795,154.66	256.6
Maturity of more than one year: 1: 0.00 euros (Previous year: 0.0 k euros) 2: 87,053.06 euros (Previous year: 95.3 k euros) 3: 0.00 euros (Previous year: 49.6 k euros)			
III. Accounts receivable from major projects		3,324,584.60	3,783.5
IV. Securities			
Other securities		58,897.00	60.5
V. Cash assets and credit in banks			
1. Cash assets	8,672.33		6.7
2. Credit in banks	6,704,842.38	6,713,514.71	7,064.0
C. Accruals and deferrals			
		9,586.06	4.6
		17,349,614.99	18,742.3

Liabilities	euros	euros	thousand euros
A. Net assets			
Status 01/01/2009	10,617,044.73		10,732.7
Changes to reserves	-464,935.96		-501.6
Net result 2009	71,731.50		385.9
Status 31/12/2009		10,223,840.27	10,617.0
- from bequests: 103,648.74 euros (Previous year: 568.6 k euros)			
B. Reserves			
Other provisions		174,574.96	238.0
C. Donations not yet used / project funds			
		254,547.89	1,399.3
D. Funds not yet used from major projects			
		6,246,726.29	5,819.2
E. Liabilities			
1. Liabilities from goods and services	118,144.79		268.5
2. Other liabilities	331,780.79	449,925.58	400.3
- from taxes: 20,370.25 euros (Previous year: 22.0 k euros) - social security liabilities: 2,847.76 euros (Previous year: 4.3 k euros)			
Maturity up to one year: 1: 118,144.79 euros (Previous year: 268.5 k euros) 2: 331,780.79 euros (Previous year: 400.3 k euros)			
		17,349,614.99	18,742.3

Accounting and Valuation Principles

The society's annual accounts (balance and earnings statement) were drawn up in accordance with the principles of proper accounting and with §§ 242 ff. and §§ 264 ff. of the German Code of Commercial Law (HGB). The balance sheet was prepared in account form and structured in accordance with § 266 HGB. With due regard to § 265 HGB, attention was paid to the specifics of the society as an organisation which collects donations. The earnings statement was structured in accordance with § 275 section 1 HGB as total cost accounting. The annual accounts were audited by an independent chartered accountant in accordance with §§ 316 ff. This is a voluntary audit in accordance with § 12 section 3 a.) of the constitution. The audit was carried out under observance of the auditing standard "Auditing Associations" (IDW PS 750) and the IDW Statement on Accounting for Associations (IDW RS HFA 14).

The **intangible assets** were activated at initial costs and amortised over their expected 3-year lifespan in accordance with § 253 para. 3 HGB and § 7 para. 1 S. 1 of the Income Tax Act using the straight-line method.

The **fixed assets** are valued in accordance with § 255 para. 1 HGB at acquisition cost less normal straight-line depreciation considering the average lifespan. The item "buildings" refers to the insulation work carried out to the warehouse. The depreciation rate for the buildings is 2 % or 4 % and for the paving and external works between 5.26 % and 10 % per year. Low value assets with acquisition costs over € 150.00 but not more than € 1,000.00 are organised into a compound item, in accordance with § 6 para. 2a of the Income Tax Act, which is written off at 20% per annum.

Concerning **financial assets**, the organisation holds 100 % interest in action medeor International Healthcare gGmbH with € 100,000 as well as shares in the Ecumenical Development Cooperative e.V. amounting to € 10,452.25.

The **stocks** of the working capital were carried at cost, taking the lower value principle into account in accordance with § 254 para. 3 HGB, and consist of medicines, equipment, packaging material and handicrafts.

The **arrears and other assets** were set at face value and shown in an itemised listing. From the accounts receivable, € 133,692.80 had not been settled on 18th March 2010. The receivables from major projects are broken down as follows:

- 1.) Local ARV production (production of HIV/Aids medication)
€ 2,895,106.00
- 2.) Stop malaria Now! (Awareness project I)
€ 39,268.53
- 3.) Stop malaria Now! (Awareness project II)
€ 390,210.07

To 1.) In a contract dated November 24th 2006, the organisation made a commitment to the European Community to implement a major project in Tanzania for the production of HIV/Aids medication. This started on December 1st 2006 and the operative phase was due to run for 40 months. Through an amendment to the above contract this was extended on 11th February 2010 to 72 months, to 30th November 2012. In 2008, a partnership agreement was concluded with the project partner, who committed to support the project with € 727,902.00. In the year under review, the project partner paid € 600,000.00.

To 2.) In a contract dated December 11th 2007, the organisation made a commitment to the European Community to run a campaign to increase awareness on the subject of malaria in Germany, Italy, Poland, Switzerland and Spain. This started on January 1st 2008 for a period of 24 months and will end in 2010.

To 3.) In a contract dated 30th October 2009, the organisation made a commitment to the European Community to run a further awareness campaign on the subject of malaria. The project

started on 1st January 2010 and will also run for 24 months.

The **securities of the liquid assets** are declared with acquisition costs, taking into account the lower value principle in accordance with § 254 para. 3 HGB.

The **cash assets and credit with banks** were estimated at the respective nominal amount.

According to § 250 para. 1 HGB the **active accruals and deferrals** cover expenditure before the reporting day, in so far as they represent expenses for a specific period after the balance sheet date.

The **accruals** were estimated according to § 253 para. 1 S. 1 HGB with due care and diligence as a prudent businessman at the anticipated amount. They allow for identifiable risks and contingency provisions.

The as **yet unused donations/project funds** are free donations, donations in kind and donations for specified recipients. The monetary assets (unspecified donations or donations for specified recipients) were booked on the closing date in accordance with § 253 para. 1 S. 2 HGB as a liability to the amount repayable. The as yet unused donations in kind were estimated at their market value. The free donations and donations in kind are donations made without specified recipients. The free donations include donations from the sale of greetings cards worth € 26,075.45, as well as proceeds from legacies. The donations for specified recipients are contributions for specific purposes or sponsorships. Donations for specified recipients were booked as credit to the accounts receivable account of the beneficiary in question. If they were not used up by December 31st 2009, through deliveries of drugs and equipment, they were recorded as customer credit balance under "other liabilities".

Profit and Loss Account for the Business Year from 1st January to 31st December 2009

			previous year
	euros	euros	thousand euros
1. Sales proceeds		5,313,787.49	6,089.9
2. Proceeds from use of donations		6,117,527.08	6,711.8
3. Proceeds from grants for projects from third parties		1,277,187.19	702.4
4. Other revenues		73,002.25	95.2
5. Expenditure on materials and goods purchased		-5,821,963.02	-7,144.1
6. Gross profit		6,959,540.99	6,455.2
7. Expenditure on personnel			
a) Salaries and wages	-1,616,275.48		-1,635.7
b) Social security charges and expenditure on pensions and support	-298,647.46		-311.8
c) Voluntary social security charges	-23,675.46	-1,938,598.40	-21.3
- of which spent on pensions: 9,808.37 euros (10.50 k euros)			
8. Depreciation on tangible and intangible assets		-288,331.57	-313.9
9. Other operating costs		-4,727,537.33	-3,953.9
10. Operating profit		5,073.69	218.6
11. Other interest and similar proceeds	78,824.13		175.5
12. Interest and similar proceeds	-12,166.32	66,657.81	-8.2
13. Net result		71,731.50	385.9

Explanation of Profit and Loss Account

The profit and loss account was drawn up according to the guidelines in §§ 238 ff. and §§ 264 ff. of the German Code of Commercial Law (HGB). It was structured in accordance with § 275 para. 1 HGB total cost accounting.

Sales revenue comprises the supply of drugs and equipment, as well as the provision of pharmaceutical advisory services at cost price.

Revenue from the use of donations occurs because expenses which are financed through donations are entered to reduce the item "unspent donations". Expenditures are donations of drugs and equipment, costs for PR and for processing projects, pharmaceutical expert services and administration of donations.

The **other expenditures** are costs for administration and for organising projects for development cooperation, humanitarian aid, pharmaceutical advisory services and educational and PR work. The cost of shipping drugs and equipment to the countries of destination amounts to € 758,529.43. Expenditure on flyers and information material for fundraising campaigns totals € 486,768.53. According to preliminary calculations for the calendar year 2009, the proportion of expenditure on administration will be 9.15 % (7.7 % in the previous year). The proportion of expenditure on presentation and PR is 9.09 % (9.37 % in 2008).

Staff salaries are based on the tariffs for public sector pay (TVöD) and for wholesale and foreign trade. The salaries for the pharmaceutical

staff are based on salary agreements for pharmaceutical staff. Wages and salaries include management salaries (board and three heads of department) amounting to € 339,373.42.

Further details can be seen in the financial report 2009 at <http://www.medeor.org/Service/annualreport>.

Interest and similar income result primarily from asset management.

Overview of Key Data 2005–2009

In millions of euros

	2005	2006	2007	2008	2009
Sales revenue	5.83	5.32	4.97	6.09	5.31
Proceeds from donations	5.48	5.04	4.30	6.71	6.12
Proceeds from third party grants for projects	0.10	0.13	0.44	0.70	1.28
subtotal	11.41	10.49	9.71	13.5	12.71
Expenditure for raw and auxiliary materials and consumables	–6.45	–4.83	–4.34	–7.14	–5.82
Gross result	4.96	5.66	5.37	6.36	6.89
Net result	0.31	0.6	0.16	0.37	0.07
Donations	6.43	4.8	5.51	8.54	5.97
Net result	10.04 ¹	10.64 ²	10.73 ³	10.62 ⁴	10.22 ⁵

¹including 1.13 million euros of reserves / ²including 1.13 million euros of reserves / ³including 1.07 million euros of reserves / ⁴including 0.57 million euros of reserves / ⁵including 0.10 million euros of reserves



Stempel des Instituts für Wirtschaftsprüfung (IDW) Nr. 123456789

Auditors Report

Following our audit we accord the financial accounting of the German medical aid organisation 'action medeor' e.V. up to 31st December 2009 the following unconditional audit certificate:

Auditors Report

"We have audited the accounts of the German medical aid organisation 'action medeor' e.V. – comprising capital account, earnings statement and cash flow statement – for the financial year from 1st January to 31st December 2009. The book keeping and accounting in accordance with the German commercial regulations and the supplementary statutes of the association are the responsibility of the legal representatives of the organisation. Our task is to assess the accounting and book keeping on the basis of the audit carried out by us.

We have performed our audit of the accounts and book keeping in accordance with §317 HGB, with attention to the proper accounting principles laid down by the German Institute of Chartered Accountants on the orderly audit of annual accounts. The audit must be planned and performed in such a way that inaccuracies and offences which fundamentally affect the presentation of the state of the company's affairs can be adequately identified. When assessing the audit, knowledge of the business activities and the economic and legal environment of the organisation and the expectation of possible errors is allowed for. During the audit the efficacy of the accounts-related internal control systems and verification of the entries in the accounts were mainly assessed by random sampling. The audit encompasses the assessment of the applied accounting policies and the fundamental assessments of the legal representatives as well as an appraisal of the over-all view of the book keeping. We believe that our audit provides an adequately secure basis for our judgement.

Our audit gave rise to no objections.

In our judgement, based on knowledge gained during the auditing process, the annual accounts are in accordance with the legal specifications and the supplementary regulations of the society's constitution and give a true picture of the assets, financial and profits situation of the organisation.

Krefeld, 9th April 2009

Stempel des Instituts für Wirtschaftsprüfung (IDW) Nr. 123456789



Operating Review

Statement of business and general conditions

In 2009, action medeor had to face many challenges as a result of the economic and financial crisis. Demands continue to be made on medeor as a non-profit-making procurer of drugs and medical supplies for many small project partners in Africa, Asia and Latin America. In 2009 around 68 % of all relief consignments had a merchandise value of only € 2000. Although less aid was dispatched than in 2008 due to our partners' lack of financial resources, with relief consignments worth around € 11,34 million the second highest result in the past ten years was achieved.

The continuous increase in the amount of donations in kind provides valuable support for many medeor partners in the south. The increase in the number of projects involving development collaboration, transfer of pharmaceutical advisory services and educational work funded with public money documents action medeor's growing competence in these fields.

Financial donations fell in 2009. On the one hand because action medeor received less from the donation marathon run by the disaster relief alliance "Aktion Deutschland hilft" and the RTL Foundation "Wir helfen Kindern e.V." than in the previous year, on the other hand because many medeor donors were beginning to feel the effects of the economic and financial crisis.

Financial situation

- Results of operations

With total sales of around € 12,8 million, around 6 % less funds were available than in the previous year, but even so this is still the second best result in the past ten years. In total a net result of T 71 can be declared for 2009, which was assigned to the capital.

- Net asset position

The net assets were reduced by about € 465,000 by dissolution of reserves from bequests from previous years, which were used, among other things, for implementing projects in the field of pharmaceutical advisory services.

- Supplementary report

No special events occurred between the end of the business year and the appearance of this report.

Opportunities and risks for future development, and outlook

Future development of the special-purpose business will continue to depend on costs for storage, quality assurance and order processing and, crucially, on the stipulations concerning imports into the partner countries. It will also depend on the development of local structures to produce and distribute drugs, as promoted by action medeor. This development will relocate aid from Europe directly to Africa, thus making it more effective.

medeor relief will inevitably increase in years when there are many disasters, resulting in many calls on medeor as a fast-acting, reliable partner.



*Executive Director Bernd Pastors,
Mönchengladbach*

In 2009, the implementation of the major project of setting up a facility for producing Aids drugs in Arusha, Tanzania required great competence in intercultural communication between the European funders, the African cooperation partners and the Asian service providers. The extension of the project by a further three years will ensure its successful implementation.

In order to be able to finance action medeor's manifold tasks long-term, it is necessary to continue to increase the number of regular donors. There have been positive developments regarding regular donors, the expansion of online fundraising and business cooperation.

Aid

Sectors	2007	2008	2009
Pharmaceutical advisory services	300 k euros	555 k euros	766 k euros
Development cooperation projects	790 k euros	700 k euros	1.117 k euros
Humanitarian aid projects	410 k euros	623 k euros	521 k euros
Education and training projects	0 euros *	201 k euros	227 k euros
Emergency and disaster relief	2.440 k euros	3.802 k euros	3.950 k euros
Provision of basic medicines	4.500 k euros	6.508 k euros	4.760 k euros
Total	8.440 k euros	12.389 k euros	11.341 k euros

* The project „Stop Malaria Now!“ began in 2008.

Medicines and equipment supplied

	2007	2008	2009
Supplied at cost price	4.970 k euros	6.090 k euros	5.310 k euros
Supplied as donation	1.970 k euros	4.220 k euros	3.400 k euros
Total	6.940 k euros	10.310 k euros	8.710 k euros

Regional distribution of aid

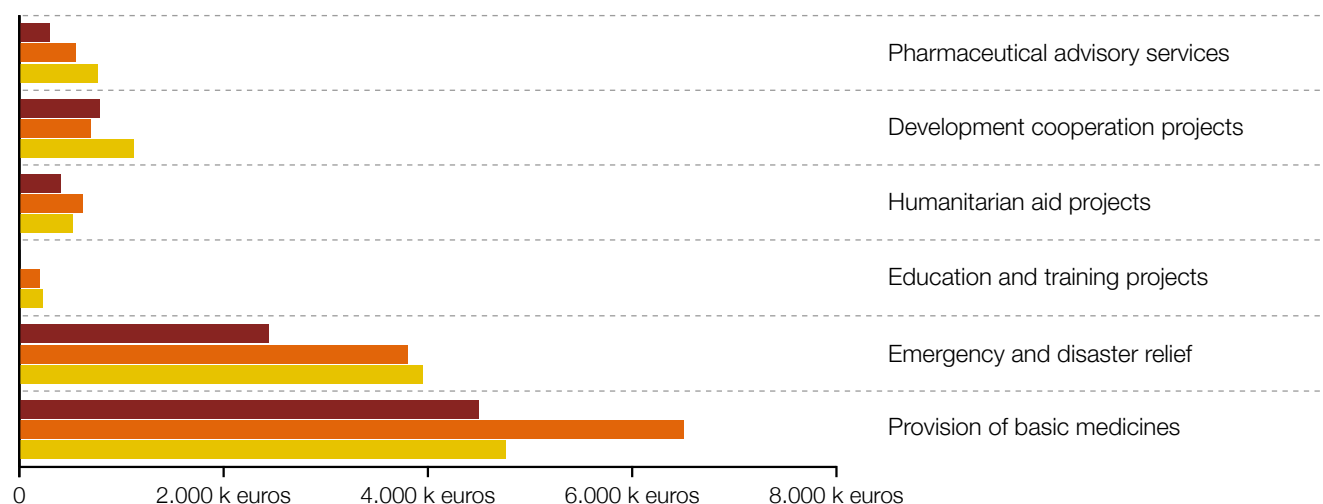
	Supplied at cost price		Supplied as donation	
	2008	2009	2008	2009
Africa	4.914 k euros	3.728 k euros	3.785 k euros	2.288 k euros
Asia	567 k euros	678 k euros	334 k euros	742 k euros
Central America	101 k euros	379 k euros	17 k euros	267 k euros
South America	242 k euros	365 k euros	63 k euros	86 k euros
Eastern Europe	189 k euros	115 k euros	17 k euros	10 k euros
Oceania	77 k euros	49 k euros	4 k euros	3 k euros
Total	6.090 k euros	5.314 k euros	4.220 k euros	3.396 k euros

Donations received

Donations	2007	2008	2009
Money (incl. membership fees, donations from fines and sales of greetings cards)			
– Donations for use as needed	3.963 k euros	4.341 k euros	3.437 k euros
– Donations for specified recipients	761 k euros	1.083 k euros	326 k euros
Donations in kind	788 k euros	3.119 k euros	2.209 k euros
Total	5.512 k euros	8.543 k euros	5.972 k euros

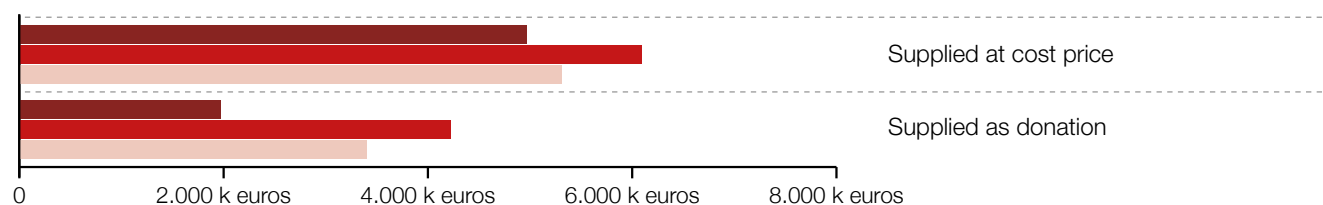
Aid

2007 2008 2009



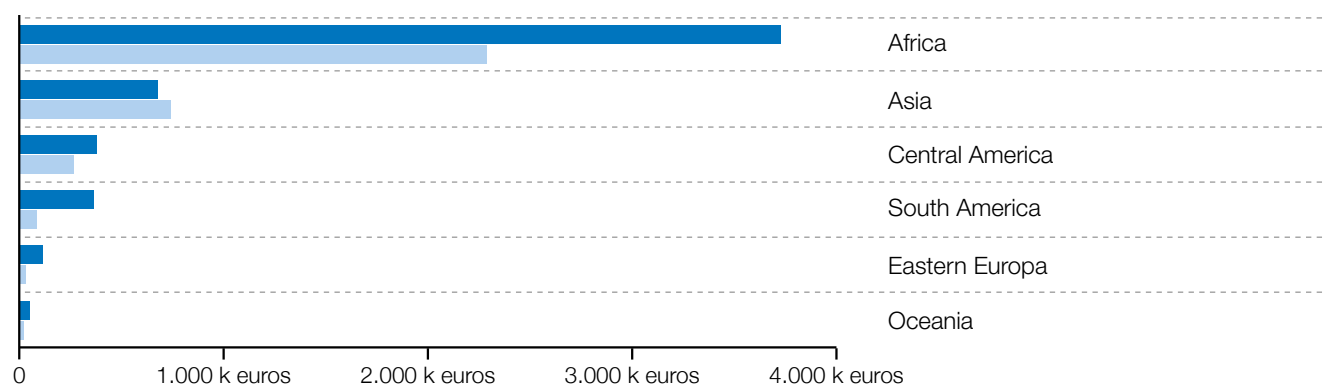
Medicines and equipment supplied

2007 2008 2009



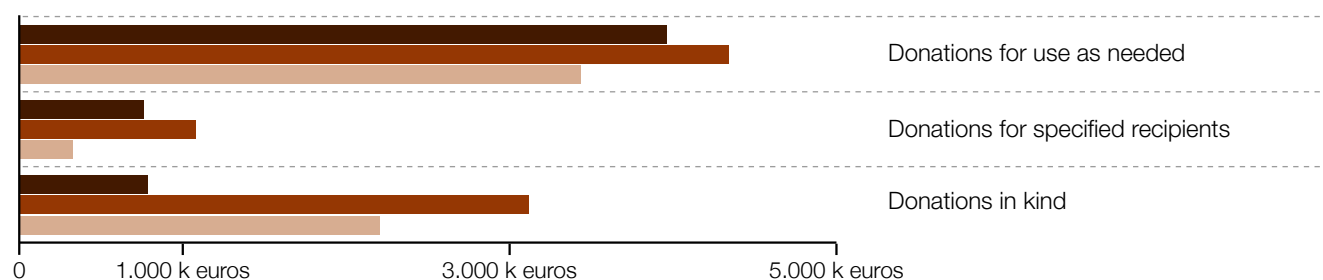
Regional distribution of aid 2009

Supplied at cost price Supplied as donation



Donations received

2007 2008 2009





© medeor

One of many medeor projects – in Togo we support malaria prevention by distributing subsidised mosquito nets.



Deutsches Medikamenten-Hilfswerk action medeor e. V.

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