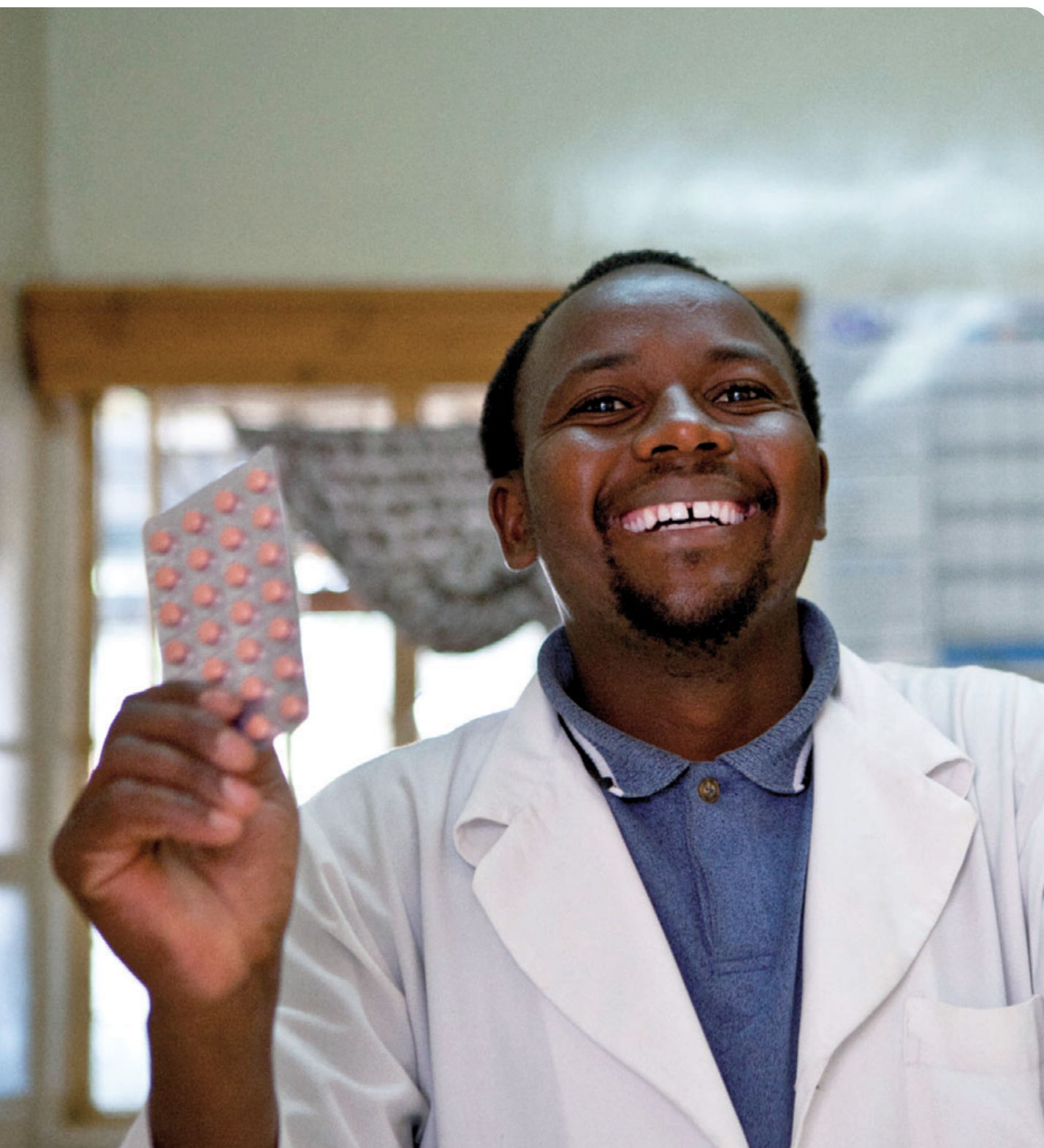


# Annual report 2011





Title picture: Mark Nyaki, pharmacist at the  
St. Elisabeth Hospital in Arusha, Dar es Salaam  
Photo © medeor / B. Breuer

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## Dear friends and supporters of action medeor,



The work of action medeor was again significantly impacted by major natural disasters and political unrest in very different regions in 2011. A marked trend can be seen: climate change, exploitation of natural resources, poor use of land and worsening environmental problems are increasing the risks of natural disasters across the world. "Fifty percent of the world's population are currently exposed to severe risks because they live in endangered areas," says Margareta Wahlstrom, UN Special Representative of the Secretary-General for Minimising Risk of Natural Disasters. Social and economic factors are also responsible for turning extreme natural phenomena into disasters. Poverty, lack of infrastructure and political instability raise the risk. This makes poor countries particularly vulnerable. As a result, ever-increasing demands are placed on action medeor and other non-governmental organizations.

On 11 March 2011, Japan was shaken by a multiple disaster. A strength nine earthquake followed by a tsunami laid waste to the east coast and led to a nuclear meltdown. Almost 19,000 people died, more than 115,000 were evacuated to emergency accommodation, thousands were injured and traumatised. Faced with the enormous dimensions of this disaster, medeor with its Japanese partner organizations and its society partners in Aktion Deutschland Hilft (ADH) provided aid directly to the people in the area.

2011 was also a year of extensive political upheaval in many North African countries. A month-long civil war in Libya caused great misery and suffering. action medeor was able to deliver more than 20 tons of aid shipment to Tripoli and Misurata, with a total value of more than quarter of a million euros.

But our organization is also working with great commitment far from the massive natural disasters: action medeor works to achieve sustainable improvements in the health systems of developing countries and supports local infrastructure and economy through transfer of knowledge as well as technology. To achieve this, it is important for

us to work together with local partners on a basis of trust. On the World AIDS day on 1 December 2011, the new medicine production plant was opened in Arusha, Tanzania, which will persistent supply hundreds of thousands of people with live-saving medicines. From January 2012 on, antiretroviral drugs will also be among those produced, to help people suffering from HIV/AIDS.

Thanks to the support of the RTL-Foundation "Wir helfen Kindern" (We help children), we were able to implement three reconstruction projects in Haiti with a total volume of 1.6 million euros. We were able to build a healthcare centre for the children in a primary and secondary school in Gressier, to carry out a project for health care and nutritional therapy in Lamardelle and to improve the access to basic health provision as well as education in Cerca Carvajal.

We would like to express our deepest thanks to our donors and supporters. Without their help, our work would not be possible. In 2011, they donated more than 6.5 million euros to action medeor, so that people in need can have access to medical treatment. We are also grateful to the many voluntary supporters and cooperation partners with whom we work on a basis of trust. We are particularly pleased about the new partnerships with "Jungheinrich AG", "Fortuna Düsseldorf" and "Federal Express Europe". We hope that many people will work with us and support us in the future – so that we can get closer to our goal of health for all people worldwide together.

Two handwritten signatures in black ink. The first signature is 'Heinz Gommans' and the second is 'Bernd Pastors'.

Heinz Gommans  
(President)

Bernd Pastors  
(Executive Director)

Tönisvorst, June 2012



# “I heal, I help” — action medeor

Health is a human right. The vision of action medeor is to realise this right for all the people in developing countries.

## Who we are:

### The largest medical relief organization in Europe

The German medical relief organization action medeor e. V. was established on the initiative of committed citizens. Founded in 1964 in Tönisvorst, medeor is today Europe's largest medical relief organization and works for sustainable and improved health care for people, especially in developing countries.

## What we want:

### Worldwide health

All activities of medeor are directed towards the vision of improving health care in the poorest regions of our world to the point that health becomes possible for all.



Photo © medeor / B. Beitzel

## Why we exist:

### Development requires health

For people who live in poverty, even treatable infectious diseases are life-threatening: the risk of getting malaria, HIV/AIDS and tuberculosis increases in proportion to the level of underdevelopment. Conversely: illnesses cause and increase poverty. The considerable negative economic and social effects inhibit the sustainable development of a society. Breaking this vicious circle is the heart of action medeor's work.

## What we do:

### Helping and healing sustainably

medeor provides development assistance in all areas of health care: the aid organization supplies medicine and medical equipment to over 10,000 health centres in 140 countries. In addition, medeor advises on pharmaceutical and medical questions, provides emergency aid and disaster relief, supports the development of basic health services through its health projects and fights against malaria, HIV/AIDS and tuberculosis. The regional focuses of the aid are Africa, Latin America and Asia. In Germany, medeor uses public relations and fundraising to raise awareness and necessary resources.

## How we work:

### Sustainable, in partnerships, transparent

medeor helps long term, in accordance with the special needs of each area. In all aid projects, the organization therefore works with local partners: in dialogue, on an equal footing and according to strict guidelines. Medicines and medical equipment are provided for free or at cost price and dispatched worldwide. Relief is financed by donations and public funding. Transparency and quality standards, therefore, have highest priority.

Around a third of the world's population has inadequate access to medical care.

# The medical relief organization in 2011 — paths to aid

euros donations  
**6.5 Mio. Euro**  
received

Commitment by  
**25,356**  
donors

Warehouse capacity of  
**4,000 m<sup>2</sup>**

Dispatch of  
**15,000**  
packages

Know-how of  
**60**  
employees



Local  
production



Medical  
equipment



Medicines  
Generic drugs



Emergency and  
disaster relief



Research



Knowledge transfer  
Education



**MEDEOR. AID IN A PACKAGE.**



## MEDICAL AID

improves access to medicines  
and supplies health centres  
across the world.

In 2011, medeor sent 15,000  
packages weighing a total of  
360 tons and worth 7.7 million  
euros.

## HUMANITARIAN AID

provides emergency relief  
in disasters and helps  
reconstruction.

medeor stores Emergency  
Health Kits that can support  
10,000 people for three  
months.

## DEVELOPMENT COOPERATION

improves medical care  
continuously and combats the  
diseases of poverty.

In 2011, medeor supported  
33 health projects in Asia,  
Africa and Latin America.

## PROFESSIONAL PHARMA- CEUTICAL COUNSELLING

improves the medical infra-  
structure and trains health  
workers on location.

In 2011, medeor opened  
its own production plant  
for essential medicines in  
Tanzania.

## action medeor — Helping across the world

In addition to donating medicines, medeor provides humanitarian aid in disasters, carries out long-term health projects as part of the development cooperation and supports improvement of local health services through professional pharmaceutical counselling. Currently, medeor is active in 111 countries in all parts of the world.

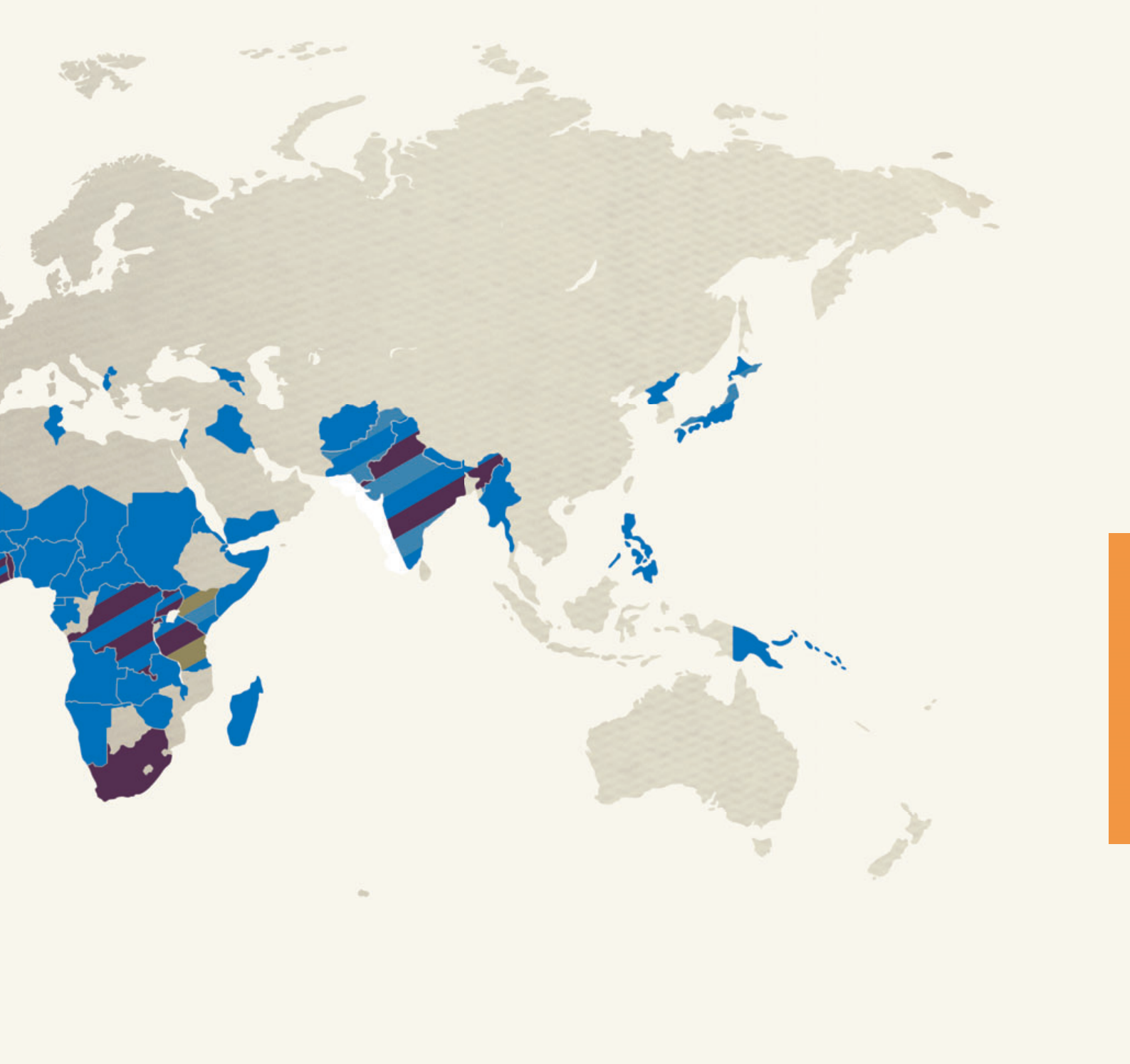
- Medical aid (goods worth > 10,000 euros)
- Humanitarian aid
- Development cooperation
- Professional pharmaceutical counselling

Afghanistan ■  
 Albania ■  
 Angola ■  
 Armenia ■  
 Benin ■  
 Bolivia ■ ■  
 Burkina Faso ■  
 Cameroon ■  
 Central African Republic ■  
 Chad ■  
 Chile ■

Columbia ■ ■  
 Congo ■ ■  
 Costa Rica ■  
 Cuba ■  
 Djibouti ■  
 Ecuador ■  
 El Salvador ■  
 Equatorial Guinea ■  
 Eritrea ■  
 Gabon ■  
 Gambia ■

Georgien ■  
 Ghana ■ ■  
 Guatemala ■ ■  
 Guinea ■  
 Haiti ■ ■  
 Honduras ■  
 India ■ ■ ■  
 Iraq ■  
 Israel ■  
 Japan ■ ■  
 Kenya ■





Kosovo ■  
 Liberia ■  
 Madagascar ■  
 Malawi ■  
 Mali ■  
 Malta ■  
 Mexico ■  
 Myanmar ■  
 Namibia ■  
 Nepal ■  
 Niger ■

Nigeria ■  
 Pakistan ■ ■  
 Papua New Guinea ■  
 Paraguay ■  
 Peru ■  
 Philippines ■  
 Ruanda ■ ■  
 Solomon Islands ■  
 Senegal ■  
 Sierra Leone ■  
 Somalia ■

South Africa ■  
 Sudan ■  
 Tanzania ■ ■ ■  
 Togo ■ ■  
 Tunesia ■  
 Uganda ■ ■  
 Yemen ■  
 Zambia ■  
 Zimbabwe ■

“I was particularly moved this year by the people who risked their lives to transport medicines to Misurata in Libya. The aid could only come in by sea and was brought into the harbour from Malta by a fishing trawler. Both the aid workers and the cargo survived unscathed.”

**Dirk Angemeer**

Employee responsible for medical aid



## Medical aid worldwide

Diarrhoea, malaria, tuberculosis – millions of people die each year from diseases that would be easy to treat. In developing countries in particular, vital medicines are not available. These are medicines that WHO considers basic for health care. Sufficient high-quality and inexpensive medicines in appropriate dosages should be available for everyone. This is also the objective of action medeor.

The medicine warehouse in Tönisvorst is 4,000 square metres large. It stocks over 300,000 medicine containers. From here, medeor improves and secures access to life-saving medicines for poor people as well. Aid is provided in packages. The recipients are health centres, church and secular institutions as well as aid organizations. medeor provides medical assistance for non-commercial purposes: as donations, partial donations or at cost price, the organization exclusively supplies countries outside the EU. Robust, compact and light large containers ensure safe arrival of the goods at their destinations.

In 2011, almost 15,000 packages with a total weight of nearly 360 tons and a value of 7.77 million euros were shipped from Tönisvorst. A large part was sent to Zimbabwe, Togo and Cameroon. In all, 109 countries were supplied.

### Low prices, tested quality

The requirement for medical aid: the medicines must be inexpensive and have a high quality. With this in mind, action medeor orders the production of the so-called generic drugs. The sale price of these medications is substantially lower than the price in the chemists and the minimum order amounts are low, so that even smaller health centres can be supplied. Nearly half the dispatches in 2011 had a value under 1,000 euros. In 2012, a bonded warehouse will be constructed within the Tönisvorst facility, enabling high-quality medicines from non-EU countries to be obtained inexpensively as well.

In order to ensure the high quality standards, two medeor pharmacists, supported by senior external experts, carry out so-called manufacturing audits and comprehensive product assessments. The adherence to the requirements of “Good Manufacturing Practice” and the German Medical Preparations Act is also regularly checked in Tönisvorst. Thanks to these high standards, medeor is certified by the European Commission for Humanitarian Aid as a central supply source.

### Donations in kind, appropriately used

Quality is also the decisive criterion for donations in kind, with which pharmaceutical companies support the work of medeor: only products which have a sufficiently long shelf life and are suitable for use in the developing countries are considered. They must also satisfy the quality criteria of both the donor and the recipient countries and come from a reliable source. medeor engages in detailed dialogue with the companies and thereby ensures that medicines and equipment are appropriately used to meet the needs.

In 2011, donated goods to a value of around 1.9 million euros were sent to medical centres worldwide, including Libya, Zimbabwe and Nigeria. Thanks to the donations in kind, medeor is able to provide even more help than through only monetary donations.





## Medical aid

# Libya: first aid under life-threatening conditions

It was only a question of time before the Arab Spring reached Libya as well. The dictator Gaddafi threatened with a massacre of his own people. The situation in Misurata looked particularly disastrous. action medeor was the first German organization to bring medicine to the besieged harbour city. By a route that put lives at risk.

31 March 2011. Fight has been raging in Misurata for more than 40 days. Gaddafi's troops are using heavy weapons against opponents of the regime. Rockets, cluster bombs, artillery – most victims are civilians. Their situation is critical, since the harbour city is isolated. In Tönisvorst in the Lower Rhine area, the telephones ring constantly during this time. Appeals for help from local partners reach Dirk Angemeer and his colleagues. There are shortages of everything, especially life-saving medicines. In the only hospital still in operation, hundreds of patients are waiting, people are dying and new casualties are arriving every day. The team of doctors is operating day and night – sometimes without anaesthetics, also infusions, antibiotics and bandages are running out.

### Aid can only arrive by sea

Misurata is under siege, with the roads blocked. The only access is also the riskiest: relief reaches the rebel stronghold by small fishing vessels over the Mediterranean Sea. U.S. military accompanies the transports, since the danger is high. Only a few days earlier, medeor lost its most important contact person, Mohammed Nabbous. The blogger and journalist was shot by snipers.

### 23 tons of packaged aid

The first dispatch leaves the Tönisvorst warehouse in the



The partners on location ensure that the wounded are given drugs as quickly as possible

middle of March, reaching the embattled city soon afterwards. By the end of the year, 799 parcels of medicines with a total weight of 23 tons will reach the North African country – pain-killers, antibiotics, bandaging, surgical equipment, splints, bandages, milk powder and milk cereal with a total value of over 300,000 euros. medeor also ships four Emergency Health Kits into the crisis zone. These four emergency kits provide medical and health support for a total of 40,000 people for three months.

## Field of expertise — Humanitarian aid

"In Haiti, we had almost completed the emergency relief when cholera broke out. A race against time followed: the victims needed to be treated within hours and our aid delivery was stuck in customs. It was extremely tense. However, our efforts paid off: there are no more cases of cholera in the region now."

**Alexandra Geiser**

Employee responsible for humanitarian aid



## Humanitarian aid for people in crisis areas

The number of extreme natural events and disasters caused by human actions is increasing worldwide. The EU has counted five times more humanitarian crisis situations than 30 years ago. Earthquakes, epidemics and armed conflict – whenever people are in urgent need, action medeor delivers fast medical help and starts the reconstruction.

The aim of humanitarian aid is to ease the suffering of victims. medeor provides the relief by humanitarian principles, regardless of origin, language, religion, political opinions, race or gender of those affected. The key question is: what do the people need in their emergency situation on location?

First-aiders, doctors and task force can only provide effective help if the right medicines and instruments have reached the scene. For this reason, the Tönisvorst warehouse maintains 300,000 medicine containers ready to be sent to the most remote parts of the world at very short notice. Local partner organizations in the crisis area ensure that they quickly reach the people in need.

### For every situation: prepared

action medeor is also prepared for special emergency situations. For example, special food provides starving people with concentrated nutrition; cholera kits provide patients with life-saving medicines for the treatment and prevention.

If basic medical care is unavailable in the crisis area, Emergency Health Kits are ready to be sent in a few hours: the 900 kilogramme package is filled with life-saving basic medicines and can provide support for up to 10,000 people over three months.

The aid does not cease as soon as the pressing need is eased. medeor supports the reconstruction of medical infrastructure, often over several years.

### Humanitarian aid 2011: an extreme year

In 2011, the total economic extent and the number of humanitarian disasters reached a historic record level. The medeor workers were almost continually confronted with great challenges: cholera in Haiti, floods in Pakistan, earthquakes, tsunami and nuclear emergency in Japan, unrest in Libya, starvation in East Africa – medeor provided emergency aid and disaster relief in a total of 61 countries with a value of more than 5 million euros. In Haiti, Pakistan and Japan, medeor also initiated long-term and preventive projects in 2011.



### Faster help together

action medeor is part of Aktion Deutschland Hilft (ADH), an alliance of well-respected German aid organizations. In the event of a disaster, they combine their efforts in order to provide fast and effective help together. If necessary, they will make joint appeals for donations. In 2011, the alliance gave medeor 1.22 million euros for drug aid in Pakistan, Japan and Haiti.





## Humanitarian aid

# Japan: Three successive disasters shake the country

Earthquake, tsunami, reactor accident – on March 11, 2011, three disasters set Japan into a state of emergency. An unexpected humanitarian tragedy. An unusual situation for action medeor to help a rich industrial nation.

The earth shook at 14.46 o'clock. A few minutes later, the worst earthquake in the history of Japan unleashed massive flood waves. They destroy a coastal stretch of around 1,000 kilometres. In the Fukushima nuclear power plant, the cooling systems fail. The nuclear threat soon overshadows the desperate state of emergency: tens of thousands of people die from the tsunami, hundreds of thousands lose their homes to the disasters and are evacuated or forced to flee. The power supply fails; water, fuel and food run low.

### Donations – for Japan too

Helping or not? – the question is one that Alexandra Geiser in Tönisvorst rarely has to ask for. She coordinates the humanitarian aid efforts of medeor in the countries where the organization operates. Donations for a highly-developed country are not without controversy. However, in view of the enormous extent of the disaster, the medeor staff still decides to help. action medeor supports two local partner organizations AAR Japan and NICCO. The aid mainly benefits the elderly, disabled children and adults as well as traumatised individuals. Together with the alliance Aktion Deutschland Hilft (ADH) action medeor supports the aid activity of its project partners with 830,000 euros.

### Fast help and psychological support

The situation in the overcrowded emergency shelters after



Portable generators provide comfort to families with children with particularly serious needs, if power cuts occur.

the disaster is dramatic. Supported by action medeor and in close coordination with the local authorities, the Japanese aiders provide refugees with the essential materials of life, including food, medicine, clothing, hygienic items and blankets. A mobile team of doctors treats injured and wounded people in the emergency shelters. During the year, attention turns to reconstruction, distribution of important equipment such as generators and supporting traumatised survivors. They are offered therapeutic assistance in overcoming what they have experienced – even after the project ends.





## Humanitarian aid

# East Africa: 19 tons of relief aid to the Horn of Africa

A missing rainy season and rising cereal prices lead to enormous drought and hunger in East Africa in the summer of 2011. For the first time in 30 years, the United Nations officially refers to it as a famine. 13 million people are affected by it. medeor helps swiftly – helped by its own local structures.

In the hope of food and water, hungry people from Ethiopia, Kenya, Somalia and South Sudan seek refuge in overcrowded emergency camps. The first priority for the incoming refugees is to give them medical treatment. They have been walking through the desert for days. Their cattle have died; their pastures and fields have dried out. Undernourished, people are also much more vulnerable to respiratory illnesses and diarrhoea conditions which often lead to death. Fast infusion and medicine can save lives.

## Packing packages nonstop – in Tönisvorst and Dar es Salaam

medeor helps swiftly. Not only the refugees in the camps but also the people in remote areas, to prevent them from having to leave their homes. The first medicines are dispatched from Tönisvorst in the middle of July. A decisive logistical advantage: through the Tanzanian subsidiary in Dar es Salaam, aid packages can be sent to the crisis region over a short distance. The packages contain special food and food to help regain weight, infusions, antibiotics, pain-killers and also tablets and filters for water decontamination. By the end of the year, more than 19 tons worth over 217,000 euros will have been sent by medeor to the refugee camps in Kenya and Ethiopia as well as to numerous health centres and hospitals in the northeast of Kenya, North Tanzania and Somaliland.



Jointly with the Kenyan partner MEDS, medeor sets up health centres with basic drugs and medical supplies.

Two partners play a decisive part in the famine relief. The aid organization of German Lions collects 500,000 euros for medicines and water filters. Each of these filters produces up to 1,200 litres of potable water per day – medeor is able to send 21 of these with the help of the Lions. Thanks to the Regine-Sixt-Kinderhilfe-Stiftung, medeor with the help of Aktion Deutschland Hilft (ADH) is able to send 600 kilogrammes of emergency food to the drought region.



Joseph (left) is given tuberculosis drugs in the health centre. He travels over a distance of 20 km each week to get them.



Photo © medeor / B. Breuer

### The rain comes – the aid goes on

In the autumn, the first rain drops fall. A great deal of rain will follow, bringing hope but also new dangers. The access roads, always far away in any case, are flooded. Epidemics can quickly spread through the overcrowded refugee camps. medeor will continue to supply medicine to the Horn of Africa until the next harvest in August 2012. In addition, the organization supports the development of longer-term structures. These help to improve the availability of medicines in future and to improve people's living conditions over a longer term.



Pharmacist Christoph Bonsmann as the Chief Executive is responsible for the medeor subsidiary in Tanzania.

## action medeor in Tanzania: Easier access to medicine

action medeor helps: thanks to its 100 % charitable subsidiary action medeor International Healthcare in Dar es Salaam, religious and non-commercial health centres can be supplied with high-quality affordable medicines.

Numerous small and large centres are the cornerstones of health care in Africa. The Tanzanian medicine warehouse provided a total of 200 centres in 2011 and delivered medicines worth a little over a million euros across the country, even to the most inaccessible areas. This was financed by donations from the German organization as well as by mark-up on the medicine to cover the operating costs. medeor works exclusively with approved suppliers and reliable manufacturers. The work is audited every year by external auditors.

Karl-Friedrich Steinhausen took over the leadership of the subsidiary in 2011. The team was also increased, so that now in addition to office and warehousing staff, five professionals ensure thorough pharmaceutical support on location. In 2012, quality assurance will be the central focus, in particular the training of suppliers and cooperation with the pharmaceutical faculty in Dar es Salaam for analytical tests of the medicines.





## Humanitarian aid

# Pakistan: the flood after the flood

After the emergency relief in 2010, medeor is working on reconstruction in Pakistan. In late summer 2011, a new flood disrupts the work and at times brings it to a complete stop. The reconstruction work needs to be converted into a disaster relief work at short notice.

In late summer 2011, the province of Sindh in the south of Pakistan on the Indian border is covered by a brown lake. With 20,000 km<sup>2</sup> the flooded area is as large as the German state Mecklenburg-Vorpommern. One year after a major flood, people are surprised by the heaviest monsoon rains seen for many years. The harvest is destroyed again. Again, the poorest are the victims. More than five million people are affected, with around 1.6 million losing their homes.

### Fast emergency relief and education

Sheets for protection from rain, hygienic items, mosquito nets and also just pots to carry water – more than 7,000 families are supplied with the essential materials by medeor and its local partner PVDP. Often transported with difficulties: many roads are impassable and in places the aides have to go by foot to reach the victims. In the improvised tent camps, hygienic conditions are terrible and water is an ideal breeding ground for mosquitos. Malaria, skin and respiratory diseases are spreading. Medical teams work overtime non-stop. They examine 300 patients a day; treat wounds, issue medicines and advice on hygiene. With the help of medeor, over 30,000 flood victims can be helped within a few months.

### Helping others to help themselves

medeor helps people in Sindh to build their own district-



Pakistani medical teams look after families in the flood regions with their mobile clinics. This is their only access to health care.

based health system. Voluntary health committees are set up and trained in topics of hygiene, midwifery and the most common symptoms of diseases. By 2013, twelve health centres should have been created, midwives and medical aides trained and inoculation and education programmes carried out. 31,000 people in 208 small villages will benefit. People will be further supported in additional projects to help them, enabling them to survive future floods.





## Humanitarian aid

# Haiti: difficult, but progress is being made

Two years after the earthquake: more than 500,000 people are still homeless, and the political situation is unstable. Janika Simon is coordinating the work for medeor. She has been living in Port-au-Prince for two years. Amid the rubble and the tent cities, she also sees new beginnings, opportunities and hope.

**Three catchwords dominate the news coverage: corruption, crime and cholera. How do you assess the situation in the area?**

It is true that Haiti has to struggle with countless problems and the work is just progressing slowly. But we should not forget: this is not just about reconstruction of the country destroyed by the earthquake but also about the strengthening and stabilisation of a country whose structures are generally weak.

**Where do you see progress, and where are the major difficulties?**

Electricity, drinking water, food, medical supplies, education, and work – there is shortage of all of them. That does not just apply to the victims of the earthquake but the everyday life of most Haitians. It is very difficult to find a way out of this spiral of poverty. The progress is made in small ways, in individual municipalities and in individual projects. There is no national coordination or measures implemented by the government nationwide. Without a stable state framework, it is difficult to provide sustainable help.

**What did your 2011 work concentrate on? What conclusions did you draw?**

We have started the first long-term projects for basic health care. An important element of this is education, since the catastrophic hygiene situation led to the major

cholera epidemic at the end of 2010. We have maintained a Cholera Treatment Centre, built latrines and constructed a water filtering system which provides 15,000 people access to clean drinking water. We are also supporting local preparation of pharmaceuticals. We cooperate with pharmaceutical producers, offering training in GMP and quality control. The decisive point: we were able to establish solid partnerships that will also be a feature of our future work and help secure results.

**How will the work continue?**

We have started three comprehensive projects with the RTL-Foundation "Wir helfen Kindern" (We help children), and have just started to plan the fourth. With these, we can really work to stabilise the sanitary infrastructures. We will increase our professional pharmaceutical counselling. The first training session with Haitian manufacturers will take place in the spring.

**You would like to spend another couple of years in Haiti. You have to struggle every day, what was your motivation?**

Every day I meet people who talk about their fate. Every day I see children on the streets that cannot go to school even though it is their greatest desire. Every day I see that there is still so much work to be done. That is incentive enough.

"I met women in Guatemala who had given birth to 20 children. The hard reality: many children die young. I feel especially sad about how little the women know about their own bodies and their rights. I admire our project partners, who patiently work to make those women stronger."

**Barbara Kühlen**

Employee responsible for development cooperation



## Health projects are long-term and sustainable

Freedom from disease is a basic human right. And yet this right is denied to many people around the world. The objective of the development partnership projects is to achieve sustainable improvement in medical care in poor countries and to fight against diseases such as HIV/AIDS, Malaria and Tuberculosis.



If access to medical care is denied, young children, pregnant women and mothers, as well as social and ethnic minorities are particularly vulnerable. They are the focus of the health projects which medeor is carrying out in Africa, Asia and Latin America. The prevention of diseases due to poverty such as malaria, HIV/AIDS and tuberculosis is one major focus of the work. Equally important is the development of basic health services for medical care.

### **Sustainable changes through local people**

The development cooperation projects are complex and designed to last. They integrate at several levels: they include preventive and educational measures as well as medical support and counselling for sick patients and the

education and training of local health workers, who ensure that the knowledge is passed on.

An important aspect for fundamental success is that medeor actively involves the local population in its activities. People do not just benefit from the improved medical support but also from the educational and informative activities. People participating in health projects become important multipliers themselves: by sharing their knowledge with relatives and friends, they ensure continual effective changes.

### **At eye level, with focus on quality**

medeor also works close with local partner organizations: in constant dialogue, at eye level and based on clear criteria for successful project implementation. But what medium- and long-term changes have been achieved with these projects? medeor attaches great importance to studying impact and quality of the projects. The goals attained are compared with previously defined indicators, concluding documentation is prepared and the medeor project staff and its partners are regularly trained.

In 2011, medeor supported 33 health projects in Asia, Africa and Latin America with a total volume of 766,600 euros. Nearly 58 % of these were financed by third parties, the Federal Ministry for Economic Cooperation and Development, the state government of North Rhine-Westphalia and the Stiftung RTL.



Development cooperation

## Ghana: main concern the maternal mortality

One woman dies every 90 seconds during birth or due to the consequences of giving birth. Over 350,000 women every year. Many of these deaths could have been prevented by midwives. But trained midwives are rare. With further training and education, medeor helps to protect mothers-to-be.

When Philomena Akeh speaks, the men listen too. The lively lady with the twisted braids is a traditional midwife. In Gbi Kledzo, a suburb of Hohoe in the Ghana Volta region, she is trusted and respected. This makes her an important ally in the fight against maternal mortality, the "problem child" of the UN Millennium goals. By 2015, it is supposed to fall by 75 % – but successes are hard to identify. A pregnant woman already has one foot in the grave, according to an African proverb. Philomena Akeh knows it too. Especially many mothers die in the south of Sahara. In the Volta region, the deaths have even increased and reached one of the highest levels in the world. Severe bleeding, blood poisoning and malaria are the causes, as well as long distances to a hospital. There is shortage of public education, medical equipment and qualified personnel.

### Midwives save lives

Most women in the Hohoe district give birth at home, assisted by other women without formal training. They gained their traditional knowledge from their mothers or through "Learning by experience". This was also the case for Philomena Akeh. In 2008 she attended one of the classes offered by action medeor and the local partner organization ATBAWA. She learned the basics of mid-

wifery and anatomy and above all learned to recognise the risks and how to act in case of emergency. At the end of the course she was given a "midwife chest" with mosquito nets and life-saving electrolyte solution. She has assisted deliveries by 57 mothers since then – every one healthy, she reports with pride.

Thanks to medeor, 80 women in 30 communities could be trained since 2008, a quarter of the midwives active in the Hohoe district. In 2012, a new project of training for another 40 women is under way.

action medeor supports the training of midwives not only in Ghana but also in Uganda and Guatemala. In faraway villages, they are an essential part of the health system and ensure an adequate level of support for pregnant women.

### Education achieves the goal

A focus of the work of the traditional midwives: education. In Totonicapán in the highlands of Guatemala, for example, many women now know much more about family planning, pregnancy and preparation for birth. With the help of medeor, they have learned to deal with greater confidence and independence with their own bodies. However, it will be a long time before all women in Totonicapán know their bodies and their rights – well-educated midwives are important for support.





## Development cooperation

# Results of selected projects in 2011

### Health and women's' rights: Guatemala

**focus:** Improvement of sexual and reproductive health and rights (SRHR) in indigenous communities

**EFFECT:** midwives are better trained and use the equipment provided. They are better able to identify risks during pregnancy and birth, ante-natal examinations and referrals to state health centres having markedly increased since 2010: maternal mortality has halved within one year.

**RESULTS:**

- » 365 traditional midwives took part in training courses.
- » Twelve emergency and health committees were established. They intervened in 43 emergency situations among the families.
- » 1,306 women took part in monthly informational and educational events
- » 1,098 pupils in schools were educated about SRHR topics and HIV/AIDS.
- » Over 4,600 pupils were educated and made aware through play of HIV/AIDS with subsequent discussion
- » 15 bilingual radio spots were produced and broadcasted over eight local and regional broadcasters as well as vehicles with loudspeakers. SRHR topics were raised and discussed during 68 interactive radio programmes.

### Health and women's' rights: Colombia

**focus:** Prevention of gender-based violence as well as sexually-transmitted diseases in indigenous communities

**EFFECT:** The topics of sexual health and domestic violence have become less taboo; traditional authorities now also discuss the issues and women are starting to talk about their experience of violence. Traditional macho role models

are increasingly questioned. More people know how an HIV infection can be prevented.

**RESULTS:**

- » 330 young adults and opinion leaders such as teachers, health promoters and programme coordinators were educated to promote preventive measures. They now independently spread knowledge by information through events, plays and home visits.
- » Three initial counselling centres were established. 17 promoters here advise other young people.
- » HIV infection is explained in the villages in a culturally appropriate way by a 25-minute film produced during the project, as well as by local radios. Flyers and posters inform about HIV prevention and the help available in cases of domestic violence.

### Basic health promotion: Ecuador

**focus:** Education of health promoters

**EFFECT:** Many families eat more healthy food, the villages are cleaner and the hygienic situation has been optimised. The connections to the state health system have improved.

**RESULT:**

- » 17 health promoters have completed their 18-month training with a certificate from the University of Guayaquil.
- » Health profile of all families was created, events for information and education were carried out in the villages.
- » A 10-minute information film was made about the work of the promoters.

## HIV/AIDS control: Congo

**focus:** HIV/AIDS education, voluntary testing and establishment of four test and counselling centres.

**EFFECT:** The population is better informed about HIV/AIDS and the willingness to be tested has markedly increased.

**RESULTS:**

- » The population was given information in 76 radio broadcasts. As an educational measure, more than 3,000 condoms and leaflets were distributed, and on World AIDS Day a demonstration was carried out.
- » The test centres were equipped with furniture. 4,000 tests with counselling were carried out there, and individuals tested positive were escorted and treated.

## HIV/AIDS control: South Africa

**focus:** Emergency provision of antiretrovirals (ARV) to HIV patients

**RESULT:**

- » 79 patients were given life-saving ARV for three months, after the South African Catholic bishops' conference had unexpectedly reduced the funding. Thereafter, the costs were taken over by the Free State health ministry.

## Malaria control: Tanzania

**focus:** Malaria control and construction of a children's centre in Lituhi

**EFFECT:** Parents and their children come earlier for treatment; the development of severe diseases has consequently been reduced. Mosquito nets are available in the homes.

**RESULTS:**

- » Two remote health centres were renovated; in addition, the operation room was rebuilt and renovated.
- » The hospital staff were further trained and increased in number.
- » In twelve villages, educational campaigns about malaria were carried out and mosquito nets distributed.

## Malaria control: Togo

**focus:** Community-based malaria control

**EFFECT:** There were no malaria deaths in 80 project communities. Parents bring in their sick children sooner to the health centres, and the development of severe diseases has been reduced.

**RESULTS:**

- » The project was successfully concluded after 30 months.
- » 240 local promoters were trained. They are established in all 80 villages and independently carry out information events.
- » 13,000 mosquito nets were distributed for a minor charge and the people know how to use them correctly.
- » More than 30,000 sick people were treated.

The mothers are waiting in the St. Elisabeth Hospital in Tanzania for the weekly consultation hour. The children are regularly examined and weighed.



## Field of expertise — Professional pharmaceutical counselling

“More than 1,000 children are still being infected with HIV through their mothers every day. That is the sad reality. To prevent AIDS breaking out, babies and small children must be treated as early as possible with medicine tailored to their needs. I am delighted that we have established a laboratory in Tanzania where AIDS medicines for children are now being prepared.”

**Christine Häfele-Abah**

Employee responsible for professional pharmaceutical counselling



## Knowledge transfer makes people independent and qualified

Precisely in the areas where millions of people have no access to inexpensive and high-quality medicines, there is a shortage of medical infrastructure and qualified professional staff. By providing professional pharmaceutical knowledge, action medeor effectively improves health-care in poor countries.



Photo © medeor / B. Breuer

In the teaching and research laboratory, pharmacy students and professional pharmaceutical staff from industry are trained through practical work.

Sustainability is at the heart of the work providing professional pharmaceutical counselling. In order to improve access to health care in poor countries efficiently and durably, medeor supports training to qualify local partners. This enables them to work independently and make themselves less dependent on expensive imports and external help.

The improvement of the structures and knowledge transfer takes place at different levels: medeor trains professional staff and supports local production and development of medicines as well as the establishment of local distribution

points. In addition, the organization ensures the quality of medicine manufacturing and distribution. The core objective of the pharmaceutical counselling is to secure better access to high-quality and also inexpensive essential medicines. The regional focus of the work is on East and West Africa as well as Haiti.

In concrete terms, medeor offers workshops and training in “Good Manufacturing Practice” (GMP), quality control and product development. medeor also cooperates more intensively with international organizations such as the World Health Organization. Senior experts from the pharmaceuticals industry pass on their knowledge on a voluntary basis. They take part in courses and also inspect production plants. In 2011, medeor carried out three workshops in Tanzania, Kenya and Haiti. In order to pass on the professional expertise, technical pharmaceutical literature was distributed to health establishments, especially in Africa. In addition, the teaching and research laboratory at Muhimbili University in Dar es Salaam has become an important site for the local development of medicines. Thus, in 2011 preparation of various dosages of medicine were produced to fight AIDS; in particular a combination syrup for children was researched which is easier to dose and apply than the drugs in general. In 2011, medeor also opened a modern production plant for AIDS medicines in Arusha, jointly with the local manufacturer TPI and with the support of the EU.





## Professional pharmaceutical counselling

# East Africa: medeor supports the local preparation of pharmaceuticals

Access to high-quality medicines is often denied to people in poor countries: imported brand products are mostly unaffordable, cheaper alternatives often of low quality. medeor therefore invests in the development of local structures and the training of professional staff, among other places, in Kenya and Tanzania.

Three letters make the difference: GMP. They stand for Good Manufacturing Practice – for the internationally recognised guidelines set out by the WHO for the production of high-quality medicines. Qualified staff is vital for their implementation. But precisely these are in short supply in the developing countries.

### Performance course in Good Manufacturing Practice

This is why medeor has supported further education of pharmaceutical staff by international training for many years. In 2011, the organization worked with the GIZ and the WHO for two intensive advanced training courses in Kenya and Tanzania. A better supply of life-critical medicines for the population is necessary here, including drugs against malaria and HIV/AIDS. The courses help to improve the quality of the medicines and also improve competitiveness for international markets. More than 60 professionals from Kenya, Tanzania, Uganda, Rwanda, Malawi and the Democratic Republic of the Congo became familiar in the workshops with the development, production and quality control of medicines as well as the establishment of the international GMP guidelines. In particular: thanks to the “Pharm R&D Lab”, the participants in Dar es Salaam could put their knowledge into practice

immediately. medeor has been supporting the pharmaceutical teaching and research laboratory at Muhimbili University since 2007.

### Local production: continuous aid

A milestone in 2011: in December, medeor opened a production plant built according to WHO standards in Arusha, Tanzania. From 2012, high-quality, inexpensive basic medicines have been rolling off the production line, including AIDS drugs. Production should eventually reach 100 million tablets for 100,000 people each year. At the same time, medeor is training pharmaceutical professionals. They are expected to run the factory independently soon.

Christoph Bonsmann had been attending the construction site. His work was hampered by poor infrastructure and persistent power failures. The pharmacist says that the plant, co-financed by the EU and supported by medeor with 500,000 euros, is an important investment in the future of one of the poorest countries in Africa. “In future, medicines will be produced locally. That creates jobs and makes the country more independent of the world market.” Help others to help themselves – persistently.

# Global project work 2011

Country / Local partner	Focus	Period	Costs 2011 / euros	medeor share / euros
DEVELOPMENT COOPERATION PROJECTS: BASIC HEALTH CARE, COMBATING HIV/AIDS, MALARIA AND TUBERCULOSIS				
Bolivia / CSRA	Prevention, control and treatment of tuberculosis	2007–2011	1,223.90	1,223.90
Columbia / Taller Abierto	Prevention of sexually transmitted diseases and domestic violence (BMZ)*	2010–2013	65,746.39	16,436.60
DR Kongo / ADEBES	New construction of a health centre	2008–2012	10,197.51	10,197.51
DR Kongo / AFPDE	HIV/AIDS and malaria prevention, basic health care	2011–2012	20,295.64	20,295.64
DR Kongo / APED	HIV/AIDS prevention, development of testing and counselling centres	2010–2011	5,897.70	5,897.70
DR Kongo / Pharmakina	Treatment and support of HIV/AIDS patients	2006–2013	13,943.23	13,943.23
Ecuador / Cerro Verde	Basic health care, training of health promoters	2010–2011	7,989.78	7,989.78
Ghana / ATBAWA II	Further training of traditional midwives (NRW)*	2011–2012	20,869.43	4,080.87
Ghana / Care Net Ghana	Water supply for the Ave-Afiadenyigba health centre and surrounding communities (NRW)*	2011	21,095.05	21,095.05
Ghana / The African Challenge	Rehabilitation of the Leklebi health centre (NRW)*	2011–2012	21,257.07	11,452.00
Guatemala / Ak'tenamit	Further training of health promoters and mobile care	2011–2012	16,837.82	16,837.82
Guatemala / MENACHOR	Basic health care by health promoters	2009–2011	7,452.96	7,452.96
Guatemala / PIES	Improvement of sexual and reproductive health, training of midwives (BMZ)*	2009–2011	151,053.21	37,763.30
India / Dr. Rousselot	Support for six leprosy communities	2011–2012	3,470.00	3,470.00
Mexico / Madre Tierra	New construction of a health centre, further training of promoters and traditional midwives (BMZ)*	2011–2014	37,910.30	8,719.37
Ruanda / RAPP	HIV/AIDS education by interactive theatre and support for self-help groups (BMZ)*	2009–2012	41,877.80	10,469.45
South Africa / ARV Thabang	Support of therapy for HIV/AIDS patients of the counselling and therapy centre	2011	10,000.00	10,000.00
South Africa / Elim Hlanganani	Improvement of the health situation of orphans and children in need	2011–2012	3,647.97	3,647.97
South Africa / Thabang	Improvement of the health situation and reduction of the HIV/AIDS new infection rate in the township of Tumahole/Parys (BMZ)*	2011–2013	63,646.34	9,082.33
South Africa / Thabang	Income-generating measures for HIV/AIDS victims	2011–2012	5,000.00	5,000.00
Tanzania / Diocese of Mbinga	Prevention, control and treatment of malaria on the Nyassa lake (Stiftung RTL)*	2007–2012	139,905.35	2,084.90
Tanzania / Kiwakkuki	HIV/AIDS education, prevention and treatment (BMZ)*	2007–2011	5,579.22	5,579.22
Tanzania / Mtwara	Equipment of a hospital pharmacy	2011	7,641.45	7,641.45
Togo / 2AD III	Malaria and HIV/AIDS education and prevention	2009–2011	35,240.12	35,240.12
Togo / ARBES II	Income-generating measures for HIV/AIDS victims	2010–2013	17,633.51	17,633.51
Togo / PSAS	Counselling and medical care for young sex workers	2010–2011	14,457.44	14,457.44
Uganda / Accod	Prevention and control of transmission of HIV/AIDS from mothers to children	2010–2011	601.05	601.05
Uganda / ACCOD	Improvement of prevention and control of mother-child transmission	2010–2011	13,648.77	13,648.77
Uganda / LITSHED	HIV/AIDS education and prevention, support to victims	2010–2011	601.06	601.06

\* Contributions by third parties

## HUMANITARIAN AID PROJECTS: ACUTE EMERGENCY RELIEF AND RECONSTRUCTION OVER SEVERAL YEARS AFTER CONFLICTS AND DISASTERS

Haiti / CSDI	Improvement of the health and hygiene situation of women and children in Cerca-Carvajal (ADH)*	2011–2012	76,942.34	0.00
Haiti / CSDI	Health and education for children and their families in rural Cerca-Carvajal (Stiftung RTL)*	2010–2013	521.00	0.00
Haiti / DESWOS	Improvement of the sanitary situation by training in the construction of dry toilets (ADH)*	2010–2012	36,898.71	0.00
Haiti / Don Bosco / Fondation Rinaldi	Construction of a canteen in the Gressier school complex (Lions Club)*	2011–2012	35,520.00	0.00
Haiti / FEJ	Health care and nutritional therapy for children and their families (Stiftung RTL)*	2011–2014	1,060.69	0.00
Haiti / HKH / Fondation Rinaldi	Construction of a primary and secondary school and a board of directors facility (Stiftung RTL)*	2011–2015	561,249.22	0.00
Haiti / OSAPO	Care of cholera patients and cholera prevention in Rousseau (ADH)*	2011	26,306.95	0.00
Haiti / OSAPO	Improvement of the hygiene situation and access to drinking water (ADH)*	2011	49,534.88	0.00
India / SEEDS	Reactivation of the basic health centres in Thoduvai and Tranquebar (Hartmannbund-Stiftung)*	2011–2014	16,197.07	0.00
India / SJDT	Development of health care in the Indian tsunami area (RTL)*	2007–2011	16,998.40	0.00
Japan / AAR	Distribution of aid goods in evacuation centres (ADH)*	2011	50,054.05	0.00
Japan / AAR	Distribution of aid goods in evacuation centres (ADH)*	2011	141,737.37	0.00
Japan / AAR	Distribution of generators to households with disabled children (ADH)*	2011–2012	96,129.58	0.00
Japan / AAR	Renovation of the heating supply system for a home for the disabled (ADH)*	2011–2012	131,060.57	0.00
Japan / ADRA	Emergency measures and reconstruction (ADH)*	2011–2012	90,000.00	0.00
Japan / NICCO	Medical counselling for tsunami victims in emergency shelters (ADH)*	2011	50,131.75	0.00
Japan / NICCO	Psycho-social support for especially needy tsunami survivors (ADH)*	2011–2012	190,493.19	0.00
Kenya / MEDS	Supporting rural health centres in Turkana by provision of medicines (LAV and Lions Club Bayern Süd)*	2011–2012	29,797.21	0.00
Pakistan / IHMWA	Distribution of mosquito nets (ADH)*	2011	24,363.06	0.00
Pakistan / IIRE Sustainable RP	Sustainable resource protection by reforestation	2011–2014	343.21	343.21
Pakistan / Light of Hope	Mobile medical camps in central Pakistan (ADH)*	2010–2011	3,986.26	0.00
Pakistan / Light of Hope	Distribution of winter clothing in three villages in the Punjab	2010–2011	36,424.23	36,424.23
Pakistan / PVDP	Improvement of the medical care of flood victims (ADH)*	2011–2013	51,392.44	0.00
Pakistan / PVDP	Distribution of aid goods to 1000 households in the Badin district (ADH)*	2011	8,317.94	0.00
Pakistan / PVDP	Distribution of aid goods to 2000 households and mobile medical care in the Umerkot district (ADH)*	2011–2012	51,033.28	0.00
Pakistan / PVDP	Mobile health care and distribution of aid goods in Taluka Samaro (aa)*	2011–2012	134,267.30	0.00
Tanzania / Funkuhr	Improvement of the health centre in Mbinga (ADH)*	seit 2008	550.00	550.00

## PHARMACY PROJECTS: LOCAL MEDICATION DEVELOPMENT, TRAINING AND FURTHER EDUCATION OF STAFF

Africa / WHO, DIFAM, EPN	Technical literature for hospitals	2011	4,000.00	4,000.00
Haiti / HUEH	Support of the manufacturing and training laboratory in the hospital pharmacy in Port-au-Prince	2011	291.75	0.00
Haiti / Pharmacy sector	GMP training	2011	13,433.96	13,433.96
Kenya / ABE	Artemisia extraction (process optimisation)	2011–2012	3,948.00	3,948.00
Kenya and Tanzania / PPB, TFDA, MUHAS	GMP-Workshops (WHO and GIZ)*	2011	25,999.06	3,494.60
Tanzania / MUHAS Laboratory	Extension of the analysis laboratory (GIZ)*	2010–2012	86,511.64	0.00
Tanzania / MUHAS Laboratory	ARV product development	2011–2013	16,857.39	16,857.39

\* Contributions by third parties



## The aid arrives — with local partners

How does action medeor guarantee that the aid medicine actually reaches where it is urgently needed? A series of criteria ensure that projects are effectively carried out locally, risks are minimised and challenges are tackled and problems solved.

A key feature of the work of action medeor is close cooperation with partner organizations in the project regions. This has many advantages for the success of the projects: the staffs of the local non-governmental organizations know the situation and health structures in the area. By involving the local population, medeor can orient the support optimally to the needs of the people and plan accordingly. The people in the projects themselves become important multipliers. In educational events, training or counselling sessions, they pass on their knowledge and thereby ensure a sustainable improvement in the health situation in the area.

### Effective work needs clear guidelines

Every good partnership is characterised by mutual trust and a permanent dialogue on an equal footing. They are the foundation for success, but there is no guarantee. medeor therefore attaches great importance to the agreement of all parties on the needs, the expectations, and the potential for implementation and the effects to be achieved before starting a project partnership. medeor has also laid down binding criteria for projects to be carried out. These are also decisive because the organization supports partner organizations in countries where smooth cooperation may be made more difficult by such factors as political instability, conflicts or lack of infrastructure.



Photo © medeor / B. Breuer

## The criteria for successful project implementation

- EXAMINATION** medeor carefully exams applications and applicants, including assessment of need, potential for success, financing, sustainability and references.
- CONTRACTS** medeor specifies the rights and duties of all contract parties in the project contracts.
- BOOKKEEPING** Local bookkeepers and external auditors take responsibility for the financial management. medeor additionally conducts its own intensive internal examinations.
- MONITORING** medeor ensures detailed, continuous monitoring through close contact, visits and reports.
- MEASUREMENT OF SUCCESS** medeor measures project progress and successes on the basis of jointly agreed indicators.
- DOCUMENTATION** Project partners make detailed reports on their activities and progress.
- PAYMENT IN INSTALMENTS** medeor transfers project funding in instalments and monitors spending.
- FINDING SOLUTIONS** medeor tackles problems jointly with the partners.
- CONTROLS** In the event of suspicion of inappropriate use of funds, medeor engages local auditors at short notice.
- BLACKLIST** In the event of a documentable fraud case, medeor suspends relationship immediately, demands the return of the funds and puts the organization on a "blacklist".



A continuous exchange of information is maintained with all project partners. All steps are agreed on mutually.



## Fundraising and public relations: Creating trust for reliable aid

Nothing can be achieved without donations. Only they make it possible to act: in emergency situations they make fast and effective relief possible; for long-term work they are a secure foundation. The prerequisite: awareness and trust. action medeor therefore invests in continuous public relations work and responsible fundraising.



Photo © medeor / B. Breuer

medeor ambassador Anke Engelke visits a health station in the north of Tanzania. Malaria is one of the most common diseases among children here.

What does my donation change? And does my money really reach its target? Many questions are important to donors. In order that they can get a picture of medeor, the organization regularly reports on its works and puts itself forward in the public spotlight as a serious organization for donations. Transparent and credible insight creates trust and thereby the basis for every contribution. Not only in the case of pressing disaster situations. In order to be able to provide reliable aid, medeor strives to build up durable relationships. Expenditure on public relations work, advertising and fundraising are essential for this purpose.

Whether by press releases, street actions, fundraising letters, print advertisements or advertising spots – medeor goes different ways. Always cost-efficient, transparent and responsible; guaranteed by the label of approval of the German Central Institute for Social Issues (DZI).

In 2011, the share of expenditure related to advertising and public relations work was around 15 %. Investment with a powerful effect: the press coverage in 2011 was again excellent. Over 1,700 media reports described the work of medeor, reaching more than 180 million contacts. Not only in Germany, but also abroad.



On World Malaria Day, action medeor demonstrates a net installation in Düsseldorf.

The challenges for fundraising were considerable: after a sharp rise in the number of donors and donations in 2010, medeor expected a decrease in 2011 overall. Although the number of donors did decline by 6,644, the volume of donations increased slightly by about 200,000: 25,536 donors supported the organization with a total of 6.5 million euros.



### Increasing press coverage, national and international

The year of extreme disasters is also reflected in public relations work. 2011 in focus: East Africa, Haiti and the emergency relief funds set up by medeor. The aid to Libya was a particularly current issue. medeor was one of the few organizations that sent aid to the country, and as a result there were reports by leading German media such as the FAZ, Süddeutsche Zeitung and Spiegel Online and also by the Norwegian daily newspaper Aftenbladet, the US television broadcaster CNN and the daily newspaper "The Malta Independent" about the hazardous aid mission from Tönisvorst. Foreign media increased their direct contact with medeor and reported on the work much more frequently than before.

### Successful media partnerships extended

medeor continued the cooperation with Klassik Radio and center.tv, in order to reach a wider public. While Klassik Radio principally reported on the supply of medicine to Tanzania and the on-going emergency relief, center.tv in Köln and Düsseldorf primarily reported on local actions, such as the city campaign. Malaria and background reports were therefore the focus of the local television broadcaster.

### Inspiring visits: in Tönisvorst and Tanzania

Watch with own eyes how aid is given? A visit to medeor leaves a lasting impression. In 2011, more than 3,000 people visited Tönisvorst. Exciting presentations convey knowledge live and close. Thus, Janika Simon visited several schools, to report on her work as project leader in Haiti. The impact was inspiring: regardless of age, many people started their own fundraising efforts. For example, a sponsored run by the Krefeld Primary School South raised almost 8,750 euros and the traditional



The 2011 Christmas Gala was again a great success, thanks to the sponsors Autohaus Hülsemann, Sparkasse Krefeld and Volksbank Krefeld.

benefit concert on the Krefeld Seidenweberhaus raised 28,000 euros. 13 participants of the first donor visit also had unforgettable experiences: during their two-week trip through Tanzania, they observed medeor's work directly. Conclusion: definitely do it again.

### Talking to the donors

Bonding new donors needs trust. medeor pursues this by direct means, informing by telephone about the possibilities of support. The organization is also intensifying communication with young donors, increasing its use of social networks such as Facebook. medeor reports by post on its work in pressing and silent crises. Another extremely effective approach: individual discussions with passers-by in inner cities were very well received, in particular with young people responding with enthusiasm.



Teaching in a different way: medeor staff member Norbert Vloet with pupils of the Arndt Gymnasium, Krefeld

### Increasing online activity

The importance of the Internet for gaining donations is increasing. And the pace is accelerating. medeor is extending its social network and increasing its involvement with the donation portal betterplace.org. In addition to the on-going campaign to donate payback points to medeor projects, separate fundraising campaigns, e.g. for famine in East Africa, attracted widespread support. In November, medeor released its own website. Online contributions, e.g. by credit card, are now possible through [www.medeor.de](http://www.medeor.de).

### Classical advertising – and partly free

In order to raise its profile and attract new donors, medeor also advertises through classical channels. An eye is always kept on the costs. In 2011 once more, the organization was able to attract largely free advertising: numerous television broadcasts showed spots on famine and on malaria in East Africa, and Klassik Radio and Antenne Düsseldorf also offered advertising time at special rates. A freshly developed medeor-melody for radio advertising makes the organization now recognised also by its melody. Advertising slogans appeared among other places in the German railway timetable, and in Einkauf Aktuell and Chrismon mailings. The campaign to donate by SMS helps reduce the gap between the advertisement and the contribution to charity.

### Campaign against malaria

After a successful city campaign 2009/2010 in Cologne, medeor is now mobilising in Düsseldorf: "Malaria: we have something to prevent that!" prominently supported by prime minister Hannelore Kraft and medeor ambassador Anke Engelke. The stated objective: to make medeor better known as an aid organization based in North Rhine Westphalia and to mobilise efforts for the fight against malaria. School classes, action groups and companies contributed with their own fundraising campaigns and numerous events throughout the year. For example, in November the Düsseldorf Symphony Orchestra appeared with Anke Engelke at a benefit concert. The medeor ambassador reported with the help of illustrations about the undertaking and her travels to Tanzania with medeor.

After four years, the European-African campaign STOP MALARIA NOW! initiated by action medeor reached its conclusion in 2011. 5,200 people allowed their pictures taken to remind the politicians about their commitment to halve the number of malaria-related deaths by 2015. The photos, assembled into a giant mosaic, were presented to Hans-Jürgen Beerfeltz, State Secretary at the Federal Ministry for Economic Cooperation and Development, in November.

Standing ovation at the charity concert of the Düsseldorf Symphony Orchestra in the Tonhalle Düsseldorf, with Martin Fratz at the conductor's desk and Anke Engelke.



Photo © medeor / S. Diesner



# Every Euro helps!

Many people support the work of action medeor every year – through voluntary work, donations or organization of their own fundraising campaigns. medeor says “Thank you!” to all its many supporters in 2011.



1



2



3



4



5

1 — Great enthusiasm in the Tönisvorst warehouse: Hand-Georg Frey, chairman of the board of directors of Jungheinrich AG, presented a very solid contribution to the medeor chairman Bernd Pastors and the medeor President Heinz Gommans (from right to left) with a fork lift worth 33,000 euros, which will provide immediate help in the dispatch of urgently needed medicines. The start of a great partnership, since the staff of Jungheinrich AG is participating as well. Following the motto “Small contribution, great effect”, many staff members are donating the cents after the decimal point in their monthly salaries. With this contribution they are making better health care worldwide possible.

2 — Professor Dr. Jörg-Michael Kimmig, spokesperson of the German Lions aid organization and Dr. Joseph Madai, health coordinator at the St. Elisabeth Hospital in Arusha (right) loading aid deliveries: more than 500,000 euros were collected by the German Lions for the famine in East Africa. Thanks to this support, medeor dispatched aid packages with special food, infusions against dehydration, antibiotics and pain-killers. In addition, the German Lions and medeor work with the University of Kassel

in developing the PAUL water filter. The transportable filter makes decentralised water supply possible even in remote places.

3 — Lawyer Dr. Anke Freckmann launched an exhibition by the artist Peter Reichenbach in the office of the Osborne Clarke law firm in Cologne. The colours of the pictures were obtained as part of the Sevengarden project from the so-called dye-plant gardens. 25% of the proceeds of sales are used to establish a new dye-plant garden by medeor in South Africa. With the creation of organic colours and cosmetics, the income situation of people suffering from HIV/AIDS can be persistent improved.

4 — 600 kilogrammes of emergency food were dispatched by the Regine Sixt Kinderhilfe Stiftung “Dry the little tears” with Aktion Deutschland Hilft and action medeor for the famine victims in East Africa. medeor staff member Christoph Bonsmann received the shipment in Tanzania, where it was supplemented by medicines and speedy sent to the crisis area in the north of Tanzania. The staff of Sixt AG made the delivery of aid possible with their collections.



6

5 — The pupils of the secondary school Leonardo da Vinci in Tönisvorst ran in the Forstwald forest for the eighth successive time for a good cause, raising 1,641.06 euros. The photo shows class 6 b with class teacher Anja Khoury (second from right) and principal Monica Ricken (third from left).

6 — The gospel choir Joyful Voices supported the work of medeor with a benefit concert in the city church of Mönchengladbach. They contributed 2,230 euros to the emergency relief fund, helping people in Japan, Libya and Zimbabwe. Norbert Vloet (left) thanks to Monika Blomenkamp-Berg, Petra Meinert und Stefan Kittner.



# Transparency creates trust

Anyone who supports an aid organization wants to be sure that the money is well invested. Donations to action medeor are in safe hands. The proof: a regular financial audit and the DZI label of approval. In addition, medeor ensures through further control bodies that the necessary transparency is provided.



The cooperation with local partners based on trust, often over many years, also helps Honorine in the Congo, who used to be very ill. Thanks to the medical support and income-generating measures she is now able to support herself.

action medeor is deeply committed to a transparent use of the donations entrusted to it. The organization consistently implements transparency and quality standards. Top priority: medeor undergoes an external and independent financial audit every year. The accounts of the society, foundation and charitable subsidiary in Tanzania are available for anyone to inspect online at [www.medeor.de](http://www.medeor.de). The German Central Institute for Social Affairs (DZI) has also certified medeor after detailed examination for transparent, frugal and correct use of donated funds. The DZI label, the hallmark of serious fundraising organizations, has been regularly awarded to the organization for many years. medeor accomplishes much more in addition to these recognised standard measures.

## Voluntarily committed to more

action medeor played a significant role in the creation of the code of conduct of the Verband der Nichtregierungsorganisationen (VENRO – Society of Non-Governmental Organizations). This goes beyond the DZI requirements to cover organizational management, communication and monitoring of impact. The organization also supports the objectives of Transparency International: its own anti-corruption guideline is a requirement for the work both at home and abroad. As a signatory to the Initiative

Transparente Zivilgesellschaft (Transparent Civil Society initiative), medeor additionally commits itself to publish its objectives as well as the source and use of funds in an easily-accessible form. Even in the case of disasters, organizations still have the duty to be accountable to aid recipients and donors – that is an important part of the code of conduct for disaster relief developed by the International Red Cross, to which medeor has committed itself.

## Strict criteria regulate the work

Clear regulations for responsibility and authorised signatories also guarantee internally the greatest possible transparency and control: in addition to the clear distinction of functions between operational and control levels within the organization, contract, orders, payments, etc. are countersigned using the “four eyes” principle. The organization management and the auditors have access to all the books and no additional accounts are maintained. The supply of medicines is organised using international tender rules, and local recipients monitor medeor with extensive questionnaires. Strict criteria also regulate both the selection of projects and their execution. Donors can therefore be confident: action medeor uses their money where help is really needed.



## Creating permanent outcomes: aid that lasts for generations

More and more people take over social responsibility and want their commitment to survive for future generations. Whether on-going or time-limited, tied to a specific purpose or freely available – action medeor offers numerous ways to help people in need effectively.

One major objective is at the heart of the work of action medeor: health for all. The organization has been working successfully and steadily for this for nearly 50 years. Many people share the vision and support the worldwide distribution of medicines. Inheritance, legacy, gift or endowment – in Tönisvorst, Linda Drasba explains various possibilities in detail, to help even beyond their own life time.

### Endowments for health

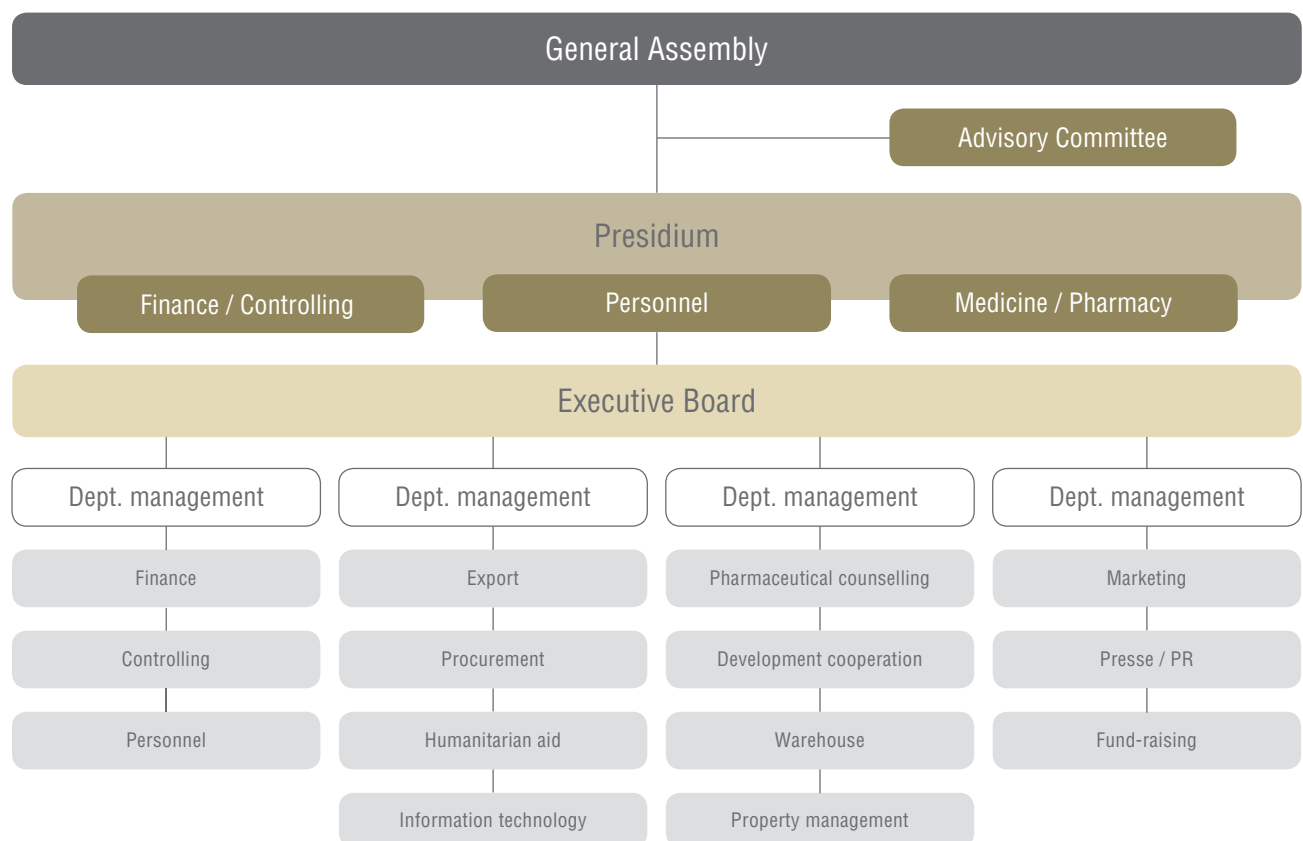
The action medeor Foundation offers many ways to invest capital on a long-term basis that preserves the value. Founded in 2001, it pursues the objective of supporting the work of the aid organization until the objective in the articles of association is achieved: providing everyone with access to effective medicines and medical support. The value of the assets has increased since then from 250,000 euros to over 1 million euros in 2011. A good foundation, since the objectives of the donation can be fulfilled purely by the interest. The dividend is paid annually. A large sum is not necessarily required to be invested in health. The personal preference of the investor is decisive: an investment increases the assets of the Foundation and therefore supports various medeor projects. Donors to a theme fund can decide themselves whether the proceeds should for example go towards the construction and equipment

of health centres or for the training of pharmacists and professional pharmaceutical counselling. A separate endowment fund can also be brought under the umbrella of the medeor Foundation without difficulty and dedicated to a particular purpose. A trust foundation is in turn managed separately from the action medeor Foundation and sets out its long-term objectives in its own articles of association. With the interest from an endowment loan, the work of the aid organization is supported within a fixed time period – the loan is maintained 100 % and is repaid at the end of the period.

### A legacy for tomorrow's world – the will

Considerations of wills are associated with many questions and uncertainties. An experienced professional lawyer explains during informational evenings the bases of inheritance law and the options for donation. "Far from gloomy, in fact even cheerful", is how Linda Drasba describes the atmosphere at these events. Trust, time and sensitivity are all required, since after all the issue is to make a choice about one's own life work. Every legacy – whether great or small – supports medeor without deductions, since charitable organizations are exempt from inheritance tax. Linda Drasba is available for further information, phone 0049 / (0) 21 56 / 97 88-173.

# The organization chart of the society



In 2011, 60 full-time employees were employed by action medeor, while 22 voluntary aiders supported the relief organization in lecturing activities and as experts in pharmacy. The activity of the Presidium and the Advisory Committee is on a voluntary basis. No payments for expenses are made.

## The General Assembly

The General Assembly is the supreme body of the society and among others, responsible for approving the annual accounts, the approval of the Presidium, the Advisory Committee and the Executive Board, as well as the election of the Board of directors and the Advisory Committee. On 31.12.2011, the General Assembly consisted of 55 individuals.

## The Presidium

The tasks of the voluntary Presidium include preparation of and calling the General Assembly, the approval of the business plan and verification annual accounts. The Presidium meets every two months, but reviews the key data monthly. There are three committees appointed by the Presidium, with the core tasks of human resources, finance and controlling, and medicine and pharmacy. The committees have advisory powers with respect to the Presidium. The members of the presidium are: Heinz Gommans, Krefeld (President), Heinrich Lauf, Viersen (Vice-President), Siegfried Thomaßen, Tönisvorst (member), Prof. Marlis Hochbruck, Karlsruhe (member), and Dr. med. Thomas Menn, Potsdam (member).

## The Executive Board

The Executive Board consists according to the statutes of the association of one or more full-time active members. It is responsible for managing the society. The Executive board is selected and dismissed by the Presidium. The Executive board must inform the Presidium of all important matters. The full-time Chairman of action medeor is currently Bernd Pastors, Mönchengladbach.

## The Advisory Committee

The voluntary members of the Advisory Committee are elected by the General Assembly on the recommendation of the Presidium for a period of three years. The Advisory Committee is to advise the Presidium in the execution of its duties. In particular, it expresses its opinion on the motions of the Presidium to the General Assembly and makes a recommendation. Members of the Advisory Committee are: the Suffrage Bishop Karl Borsch, Bistum Aachen (chairman), Walter Schöler, Tönisvorst (deputy chairman), Walter Otto Fricke, Krefeld (MdB-member of parliament), Uwe Schummer, Willich (MdB), Dr. Gisela Schneider, Tübingen (Deutsches Institut für Ärztliche Mission), und Christine Busch, Düsseldorf (official of the regional church – Landeskirche).

Articles of association can be seen on [www.medeor.de](http://www.medeor.de) and can be requested by post.



# Report of the Presidium

## Setting the course



President Heinz Gommans honours Winfried Heikamp for 25 years of working for action medeor.

It is the task of the Presidium not just to supervise and monitor the organization but also to set the strategic course and consider its medium- and long-term development. In 2011, important strategic switch positions will be set and important decisions will be made, in consultation with the Executive Board and the Chairman of the Advisory Committee. They relate to external developments as well as internal issues. Some will be identified here:

We have got closer to an important objective: thanks to stronger local structures, the organization has been able to make medicines available in the region of need easier. With this background, the dispatch of medicines from Tönisvorst is declining. A major operational challenge, however, is and will remain the price structure. In order to be able to reduce the prices in some segments, we will create a customs warehouse in 2012. Securing quality is the first priority here. We guarantee it by, for example, supplier audits, since the quality of some Asian suppliers does also meet international standards.

I am pleased to be able to report in connection with quality assurance that medeor in 2011 was again registered as a qualified supplier of essential medicines for the PEPFAR funds (President's Emergency Plan for AIDS Relief). The medicines from our warehouse in Tönisvorst are used in various projects to combat HIV/AIDS on behalf of the United States government.

Internally, staff development is at the top of the agenda. Through further training and additional qualifications, we will strengthen our staff for new challenges and equip them with the necessary know-how.

A further important task is the further development of the mission statement of the organization, which sets out the visions, values and long-term objectives of action medeor in writing to friends, donors, partners and staff. We want to complete this mission statement by 2013.

I would like in the name of the Presidium to very warmly thank the members, the Advisory Committee, the Executive Board and all employees for their excellent and successful work.

Heinz Gommans (President)

# Audit certificate



## Bestätigungsvermerk des Abschlussprüfers

An den Verein Deutsches Medikamenten-Hilfswerk "action medeor" e.V.

Wir haben den Jahresabschluss bestehend aus Vermögensrechnung und Ertrags- und Aufwandsrechnung unter Einbeziehung der Buchführung des Vereins Deutsches Medikamenten-Hilfswerk "action medeor" e.V., Tönisvorst, für das Geschäftsjahr vom 1. Januar bis zum 31. Dezember 2011 geprüft. Die Buchführung und die Aufstellung des Jahresabschlusses nach den deutschen handelsrechtlichen Vorschriften und den ergänzenden Regelungen in der Satzung liegen in der Verantwortung des gesetzlichen Vertreters des Vereins. Unsere Aufgabe ist es, auf der Grundlage der von uns durchgeführten Prüfung eine Beurteilung über den Jahresabschluss unter Einbeziehung der Buchführung abzugeben.

Wir haben unsere Jahresabschlussprüfung nach § 317 HGB unter Beachtung der vom Institut der Wirtschaftsprüfer (IDW) festgestellten Grundsätze ordnungsgemäßer Abschlussprüfung vorgenommen. Danach ist die Prüfung so zu planen und durchzuführen, dass Unrichtigkeiten und Verstöße, die sich auf die Darstellung des durch den Jahresabschluss unter Beachtung der Grundsätze ordnungsmäßiger Buchführung vermittelten Bildes der Vermögens-, Finanz- und Ertragslage wesentlich auswirken, mit hinreichender Sicherheit erkannt werden. Bei der Festlegung der Prüfungshandlungen werden die Kenntnisse über die Geschäftstätigkeit und über das wirtschaftliche und rechtliche Umfeld des Vereins sowie die Erwartungen über mögliche Fehler berücksichtigt. Im Rahmen der Prüfung werden die Wirksamkeit des internen Kontrollsystems sowie Nachweise für die Angaben in Buchführung und Jahresabschluss überwiegend auf der Basis von Stichproben beurteilt. Die Prüfung umfasst die Beurteilung der angewandten Bilanzierungsgrundsätze und der wesentlichen Einschätzungen des gesetzlichen Vertreters sowie die Würdigung der Gesamtdarstellung des Jahresabschlusses. Wir sind der Auffassung, dass unsere Prüfung eine hinreichend sichere Grundlage für unsere Beurteilung bildet.

Unsere Prüfung hat zu keinen Einwendungen geführt.

Nach unserer Beurteilung aufgrund der bei der Prüfung gewonnenen Erkenntnisse entspricht der Jahresabschluss den gesetzlichen Vorschriften und den ergänzenden Bestimmungen der Vereinssatzung und vermittelt unter Beachtung der Grundsätze ordnungsgemäßer Buchführung ein den tatsächlichen Verhältnissen entsprechendes Bild der Vermögens-, Finanz- und Ertragslage des Vereins.

Krefeld, den 10. Mai 2012  
Kr/Va



**thp treuhandpartner gmbh**

Wirtschaftsprüfungsgesellschaft Steuerberatungsgesellschaft

*leitor*  
Manfred Steinborn  
Wirtschaftsprüfer

*Dieckmann*  
Annette Dieckmann  
Wirtschaftsprüfer

## Table showing aid

Numbers given in millions of euros

AID PROVIDED	2009	2010	2011
Professional pharmaceutical counselling	0,766	0,120	0,210
Development cooperation projects	1,117	0,920	1,190
Humanitarian aid projects	0,521	0,450	2,020
Educational projects	0,227	0,330	0,300
Emergency and disaster relief	3,950	9,250	5,275
Supply of basic medicines	4,760	2,650	4,940
<b>TOTAL</b>	<b>11,341</b>	<b>13,720</b>	<b>13,935</b>

MEDICINES AND EQUIPMENT DISPATCHED	2009	2010	2011
Supply at cost price	5,310	4,690	3,760
Supply from donations	3,400	7,190	3,987
<b>TOTAL</b>	<b>8,710</b>	<b>11,880</b>	<b>7,747</b>

REGIONAL DISTRIBUTION OF THE AID	2009	2010	2011	2009	2010	2011
	Supply at cost price			Supply from donations		
Africa	3,728	3,007	2,758	2,288	2,892	2,738
Asia	0,678	0,593	0,456	0,742	2,737	0,436
Central America	0,379	0,788	0,301	0,267	1,515	0,292
South America	0,365	0,165	0,141	0,086	0,035	0,136
Eastern Europe	0,115	0,068	0,091	0,010	0,007	0,088
Oceania	0,049	0,069	0,070	0,003	0,003	0,070
<b>TOTAL</b>	<b>5,314</b>	<b>4,690</b>	<b>3,817</b>	<b>3,396</b>	<b>7,190</b>	<b>3,760</b>

DONATIONS RECEIVED	2009	2010	2011
Monetary donations (incl. membership fees, donations from fines and donations from sale of greeting cards)			
– Donations for unrestricted use	3,437	5,982	4,171
– Donations tied to recipients	0,326	0,332	2,428
Donations in kind	2,209	4,783	1,907
<b>TOTAL</b>	<b>5,972</b>	<b>11,097</b>	<b>8,506</b>



## Balance sheet as of 31 December 2011

ASSETS	EUROS	EUROS	(PREV. YEAR) THOU. EURO
<b>A. FIXED ASSETS</b>			
I. Intangible assets	69,556.50		92.3
II. Tangible assets	3,476,666.72		3,614.9
III. Financial assets	116,308.35	<b>3,662,531.57</b>	116.1
<b>B. FLOATING ASSETS</b>			
I. Stocks			
1.Raw-and operating supplies	2,284,912.89		2,378.9
2.Advance payments	0.00	<b>2,284,912.89</b>	0.5
II. Accounts receivable and other assets			
1.Receivables from supplies and services	380,160.27		373.7
2.Receivables from investee companies	164,953.41		183.0
3.Other receivables	92,872.47	<b>637,986.15</b>	88.2
Residual term for more than one year:			
– Item 1: 0 euros (previous year: 0 euros)			
– Item 2: 139,693.40 euros (previous year: 164,953.42 euros)			
– Item 3: 0 euros (previous year: 0 euros)			
III. Receivables from major projects		<b>649,626.96</b>	981.5
IV. Investments			
Other investments		<b>58,897.00</b>	58.9
V. Cash on hand and cash in banks			
1.Cash on hand	4,808.45		12.4
2.Cash in banks	6,242,553.87	<b>6,247,362.32</b>	7,753.6
<b>C. ACCR. EXP. AND DEFERRED INCOME</b>		<b>7,820.16</b>	9.3
		<b>13,549,137.05</b>	<b>15,663.3</b>

LIABILITIES	EUROS	EUROS	(PREV. YEAR) THOU. EUROS
<b>A. NET ASSETS</b>			
Balance 01.01.2011	10,309,551.52		10,223.8
Changes in reserves	27,775.58		38.8
Net results 2011	107,472.09		46.9
Balance 31.12.2011		<b>10,444,799.19</b>	
– of which from granting by will: 170,253.26 euros (previous year: 142,477.68 euros)			
<b>B. RESERVES</b>			
Other reserves		<b>89,711.83</b>	107.3
<b>C. DONATIONS AND PROJECT FUNDS NOT YET USED</b>		<b>1,848,712.00</b>	1,160.7
<b>D. FUNDS FOR MAJOR PROJECTS NOT YET USED</b>		<b>749,982.91</b>	3,598.4
<b>E. LIABILITIES</b>			
1.Liabilities from supplies and services	95,892.52		168.9
2.Other Liabilities	320,038.60	<b>415,931.12</b>	318.5
– of which taxes: 23,028.70 euros (previous year: 36,862.23 euros)			
– of which relating to social security: 1,504.14 euros (previous year: 7,955.12 euros)			
Due in less than one year:			
– Item 1: 95,892.52 euros (previous year: 168,952.77 euros)			
– Item 2: 320,038.60 euros (previous year: 318,487.34 euros)			
		<b>13,549,137.05</b>	<b>15,663.3</b>

# Accounting and valuation policy

The annual accounts (balance sheet and profit and loss account) of the society were prepared in accordance with the principles of proper accounting and adhering to the regulations applying to all traders in Sections 242 ff. and 264 ff. of the German Commercial Code (HGB). The balance sheet was drawn up in a statement of accounts form and was structured based on Section 266 of the HGB. The special features of the society as an organization to canvass on behalf of charity were included in accordance with Section 265 of the HGB. The structure of the profit and loss account was based on Section 275, paragraph 1 of the HGB, using the cost of sale method. The balance sheet was audited by an independent financial auditor according to the principles of Sections 316 ff. of HGB. This is a voluntary audit in accordance with Section 12, paragraph 3 a of the articles of association of the medeor Foundation. In the course of the audit, the audit standard "Auditing of alliances" (IDW PS 750) and the IDW statement on the presentation of society accounts (IDW RS HFA 14) as well as on organizations collecting donations (IDW RS HFA 21) were adhered to.

The **intangible assets** were valued at purchase price and written off linearly on the basis of what is normally a three-year period of use, according to Section 253 paragraph 3 of HGB and Section 7 paragraph 1 p. 1 of EStG (Income Tax Act).

**Fixed assets** are valued at purchase cost according to Section 255 par. 1 of HGB, after depreciation by the planned straight line method, taking into account depreciable asset life. The depreciation rate for the building is 2 % and 4 % and for the courtyard attachment and exterior plant between 5.26 % and 10 % per year. For assets of minor value worth more than 150.00 euros but not more than 1,000.00 euros, a collective entry was made in the current reporting year in accordance with Section 6, par. 2a of the EStG, depreciated at a rate of 20 %.

Under the **investments**, the society basically holds with 100,000.00 euros 100 % share of the charitable action medeor International Healthcare GmbH, as well as shares in the Ökumenischen Entwicklungsgenossenschaft e. V. to the value of 10,868.35 euros.

The **stocks** of current assets were in principle valued at purchase cost taking into account lower-of-cost -or -market principle according to Section 254 par. 3 of the HGB and are divided into medicines, equipment, packaging material and handicrafts.

**Receivables and other assets** are set at their face value and listed individually. Debts from large projects are made up as follows:

- 1) Local ARV production (production of HIV/AIDS medicines) 622,222.54 euros
- 2) Stop Malaria Now! (Awareness Project II) 27,404.42 euros.

Re 1): In a contract on 24 November 2006, the society has committed itself to the European Union to carry out a major project in Tanzania for production of HIV/AIDS medicines. The project started on 1 December 2006, with an operational phase of 40 months. This was extended on 11 February 2010 to 72 months, running until 30 November 2012, by the extension of the contract mentioned above. In 2008, a partnership agreement with the project partner was concluded, under which the partner was committed to support the project with 727,902.00 euros. On 31 December 2011 the outstanding debt for the project (including that of the cooperation partner) was 622,222.54 euros.

Re 2.) In a contract dated 30 October 2009, the society committed itself to the European Commission to carry out a second awareness campaign on the subject of malaria. The project started on 1 January 2010, with an operational phase of 24 months again. In the current reporting year, services to a value of 298.865.91 euros were charged. No support funding was called for in 2011. This left a receivable amount of 27,404.42 euros as at the end of the balance sheet period.

The **investments of the current assets** are shown at purchase cost taking into account the lower-of-cost -or -market principle according to Section 254, par. 3 of the HGB.

**Cash on hand and cash in banks** were set at the respective nominal values.

The **deferred income** item covers costs before the balance sheet date according to Section 250, par. 1 of the HGB, insofar as they represent costs for a specified time after the balance sheet date.

The **reserves** were set in accordance with Section 253, par. 1 p. 1 of the HGB, based on a reasonable commercial estimate at the time when they are expected to be called. They take account of recognisable risks and unknown liabilities.

The **donations and project funds not yet used** are liabilities from not yet spent freely disposable donations as well as donations in kind. Cash liabilities (free and tied to recipients) were recognised as liabilities with the repayment amounts on the balance sheet date in accordance with Section 253, para.1, p.2 of the HGB. The not yet used payments in kind were set at their current value. In the case of free donations and donations in kind, this relates to donations which have not been allocated to certain recipients. The free donations include donations from greeting cards totalling 14,734.65 euros as well as income from granting by will. The donations tied to recipients are recipient-specific donations and donations arising from "sponsorship campaigns". The use of donations tied to recipients is treated in bookkeeping terms as credits in the relevant debtor account of the recipient. They were shown on the balance sheet day under miscellaneous liabilities, as of 31 December 2011 they have not yet been used in full for delivery of medicines and equipment.

## Profit and loss statement from 1 January to 31 December 2011

	EUROS	EUROS	(PREV. YEAR) THOU. EUROS
1. Income from sales		3,760,439.29	4,691.2
2. Proceeds from the investment of donations		6,456,545.06	9,648.7
3. Proceeds from the contributions of third parties to projects		5,095,390.16	2,785.8
4. Other revenues		74,618.00	81.6
5. Expenditures for raw materials and good purchased		-4,922,761.06	-8,789.4
<b>6. GROSS PROFIT</b>		<b>10,464,231.45</b>	<b>8,417.9</b>
7. Personnel expenses			
a) Wages and salaries	-1,882,046.01		-1,726.6
b) Social security contributions and expenditures for pension and support	-389,538.52		-352.8
c) Voluntary social security payments	-26,065.90	-2,297,650.43	-24.9
8. Depreciation of intangible and tangible assets		-295,866.96	-305.7
9. Other operating expenses		-7,797,029.75	-5,989.5
10. Operating profit		73,684.31	18.4
11. Interest and similar income	52,174.71		51.0
12. Interest and similar expenses	-18,386.93	33,787.78	-22.5
<b>13. NET PROFIT</b>		<b>107,472.09</b>	<b>46.9</b>



# Overview of key figures and explanatory notes on the profit and loss account

Numbers given in millions of euros

KEY FIGURE OVERVIEW 2007–2011	2007	2008	2009	2010	2011
Sales revenue	4.97	6.09	5.31	4.69	3.76
Proceeds from the use of donations	4.30	6.71	6.12	9.65	6.46
Proceeds from third-party grants for projects	0.44	0.70	1.28	2.79	5.09
Subtotal	9.71	13.50	12.71	17.13	15.31
Purchases	-4.34	-7.14	-5.82	-8.79	-4.92
<b>GROSS PROFIT</b>	<b>5.37</b>	<b>6.36</b>	<b>6.89</b>	<b>8.34</b>	<b>10.39</b>
Net profit	0.16	0.37	0.07	0.05	0.10
Donations	5.51	8.54	5.97	11.09	8.50
Net assets	10.73 <sup>1</sup>	10.62 <sup>2</sup>	10.22 <sup>3</sup>	10.30 <sup>4</sup>	10.44 <sup>5</sup>

<sup>1</sup> including 1.07 Mio. euros reserves / <sup>2</sup> including 0.57 Mio. euros reserves / <sup>3</sup> including 0.10 Mio. euros reserves /

<sup>4</sup> including 0.14 Mio. euros reserves / <sup>5</sup> including 0.17 Mio. euros reserves

The profit and loss accounts were prepared in accordance with the regulations applicable to all traders in Sections 238 ff. and 264 ff. of the German Commercial Code (HGB). The structure was based on Section 275, paragraph 1 of the HGB, using cost of sales method.

The **revenue from sales** consists of the supply of medicines and equipment as well as the providing professional pharmaceutical counselling at cost price.

The **proceeds from the use of donations** arises because costs financed by donations are treated as a reduction in the entry "donations not yet used". These costs include the donation of medicines and equipment, the cost of public relations, the implementation of projects, pharmaceutical counselling and management of donations.

The **other operational costs** are costs of administration as well as costs to carry out projects for development cooperation, humanitarian aid, pharmaceutical counselling and education and public relations. The costs for the transport of medicines and equipment to the destination countries come to a total of 650,784.60 euros. The costs of supplements and information material for donation

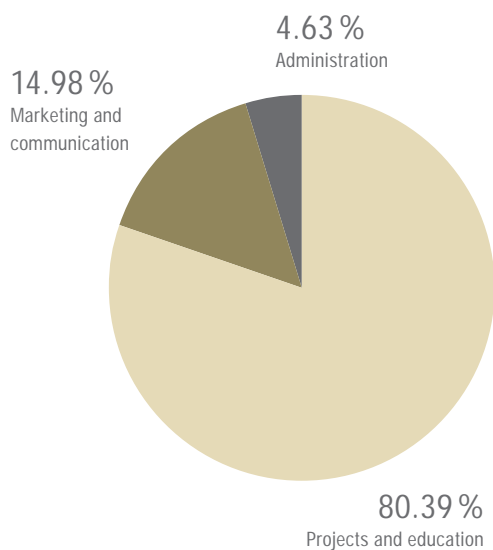
campaigns come to a total of 674,830.67 euros. According to the provisional calculations for the calendar year 2011, the share of administrative and cost of the Marketing and communication comes to 19,61 % (in the previous year 16.07 %).

The **payment of staff** is in the scale of civil services (TVöD) and of the wholesale- and foreign trade. The payment of pharmacists is based on the pay scale for pharmacy staff. The wages and salaries include salaries for the management level amounting to a total of 214,005.72 euros.

**Interest and similar income** comes primarily from the management of assets.

Further details can be found in the 2011 year end statement, which can be viewed at [www.medeor.de](http://www.medeor.de).

## Expenditures 2011



OVERVIEW OF EXPENDITURES FOR 2011	THOU. EUROS
Project costs * (medical aid, project implementation, pharmaceutical counselling and education)	12,316
Marketing and communication costs *	2,296
Administrative costs *	709
<b>TOTAL</b>	<b>15,321</b>

\* including personnel costs

## Business plan 2012

BUSINESS PLAN 2012	THOU. EUROS
Monetary donations and donations in kind	6,100
Donations not yet used in 2011	1,850
<b>TOTAL</b>	<b>7,950</b>
Costs for donation shipments *	4,330
Emergency aid and disaster relief *	400
Projects for development cooperation *	420
Pharmaceutical counselling *	200
Marketing, communication and education	1,800
Administration	700
<b>TOTAL</b>	<b>7,950</b>

\* Project costs

# Progress report

## Presentation of the business- and general conditions



Last year the activities of action medeor were again marked by many disasters, including those in Japan, Libya and East Africa. Thanks to the large medicine warehouse in Tönisvorst and many good local partners, effective drug aid could be supplied speedy and safely.

In addition to the speedy emergency- and disaster relief, medeor is in demand as a non-profit supplier of medicines and medical products for numerous small projects in Africa, Asia and Latin America. Thus, in 2011, 64.86 % of all aid shipments had an average value of only 2,000 euros.

Overall, the dispatch of medicines is declining, because many partners in the south have gradually been able to acquire the necessary medicines locally. We have worked intensively to maintain the high quality standard in the improvement of local infrastructure, as part of our pharmaceutical counselling. A large part of the East Africa relief programme could be directly handled by our local partners in Tanzania and Kenya, no longer needing our medicine stores in Tönisvorst.

The institutional support of medeor projects reached a new peak with over 900,000 euros from third parties. Organizations such as the Federal Ministry for Economic Cooperation BMZ, the Foreign Office, the World Health Organization WHO and the Gesellschaft für Internationale Zusammenarbeit (Society for International Cooperation) GIZ rely on the timely delivery of the medeor aid.

Monetary donations could be increased slightly in 2011, partly because the donations to action medeor through the disaster relief society "Aktion Deutschland hilft" and the "RTL-Stiftung – Wir helfen Kindern e. V." again increased.

### Financial position

- » Profit situation: With a total revenue of around 15.3 million euros, there were around 1.8 million euros less than last year available to use, but this is still the second best result in the last 10 years. In total, in 2011, a net profit of 107,472.09 euros is shown which can be added to the net assets.
- » Pecuniary circumstances: thanks to granting by will, net assets increased by 170,253.26 euros.

Full-time Chairman Bernd Pastors, Mönchengladbach

### Supplementary report

Up to the time of our report, no unusual events occurred after the end of the reporting year.

### Description of the opportunities and risks for future development and forecast

The development of the non-profit tax-exempt activities of medeor will continue to depend on the cost trends of storage, quality assurance and processing of orders, but will also be decisively influenced by the conditions for exporting to the partner countries. In addition allowance must be made for the creation and development of local structures for the production and distribution of medicines, as supported by action medeor. This development will shift the aid from Europe directly to Africa, improving sustainability. A consequence of this development is a decline in the medeor aid sent from the medicine warehouse in Tönisvorst. The falling profits due to this decline will need to be compensated by the construction of a customs warehouse, the extension of the medeor product range and close cooperation with local suppliers in Africa.

In years with numerous disasters the amount of medeor aid will increase automatically, as action medeor is needed as a fast and reliable partner. The successful construction of the medicine production facility in Tanzania has led to further enquiries for pharmaceutical counselling, among others in Haiti, Rwanda and Ghana. With a view to sustainable development by our partners in the southern countries, action medeor will steadily extend its commitment in this sector. In order to finance the diverse activities of action medeor persistently, further increase in the regular medeor donor base is needed. The continuing favourable trend for long-term donors, the development of online fundraising and the increased commitment to enter into additional enterprise partnerships have all been achieved.



## 2012 outlook



Up to now there was no electricity: thanks to the new solar installation, now patients in Luilo, in southwest Tanzania, can also be treated at nights.

### **Humanitarian aid: East Africa, Pakistan, Japan**

In East Africa, medeor is concentrating on reconstruction activities and long-term relief works in the north and north-west of Kenya. Major challenges are to overcome long distances in the regions which are difficult to access and to obtain all the necessary resources – for the aid workers as well as for the people on location who are struggling with these problems every day. A further project here: reduction of infant mortality.

action medeor is already active with extensive measures in Pakistan. In 2012, the projects that are already started will be consolidated; disaster relief and reconstruction are further focal points. After the triple disasters in Japan, many people remain traumatised. medeor will continue to focus on the psycho-social support of the victims in 2012.

### **Medical aid: solar power in Tanzania**

Two projects for the acquisition of medicines and other required items are in the focus of attention: in addition to the establishment of a customs warehouse in Tönisvorst, medeor will equip health centres in Tanzania with solar installations, if these are not connected to the public electricity network or there is a possibility to replace expensive diesel generators. The first of these installations was already completed in August 2011.

### **Development cooperation: Capacity Building and monitoring of effects**

As part of project monitoring, medeor attaches particular importance to measuring the effects. The organization will increase its efforts further in 2012, together with the partners who have been trained for this purpose. After the first training for three partner organizations in Togo in 2011, medeor will now organise a further course in Guatemala. A meeting of all Latin American partners is planned for 2012, in particular to facilitate the exchange of experiences in sanitary projects and networking.

### **Professional pharmaceutical counselling: international convention**

medeor's professional pharmaceutical advisers look forward to a stimulating discussion and a lively exchange of ideas at the international convention on the topic "Local production and access to medicines", which the department plans to take place in Bonn in the autumn.

### **action medeor International Healthcare gGmbH: quality assurance**

The charitable action medeor International Healthcare gGmbH in Tanzania is focusing on further expansion of quality. The main objective here is the qualification of the suppliers and the improvement of internal operational processes. For analytical testing of the medicines, medeor's subsidiary company also plans to cooperate with the pharmaceutical faculty in Dar es Salaam.

### **Fundraising and public relations activities: continuing expansion of the donor base**

The opinion of the donors is important. action medeor therefore plans to carry out a survey in the summer. The city campaign in Düsseldorf which is successfully started in 2011 will be intensified, including an exhibition on the topic of "Malaria" in the NRW state parliament. medeor continues to pursue the tried and tested approaches of telephone fundraising, bill boards and regular mailings. Always in the focus: a moderate increase of the donations. Disasters are not predictable, so the level of donations fluctuates naturally. In order to plan and finance important projects safely, reliable and continuous donations are essential. medeor therefore works continuously to gain new donors and to attract and retain them over the long term.

# Alliances and networks: achieve more together

action medeor is a member of numerous societies and alliances. Involvement in alliances and networks as well as cooperation with other aid organizations helps to combine common interests and objectives and implement them more effectively.



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