

Annual Report 2010

GLOBAL HEALTH ADVOCATE



Health
wemos FOR
ALL

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WEMOS ADVOCATES FOR THE RIGHT TO HEALTH OF WOMEN, MEN, AND CHILDREN, ESPECIALLY IN DEVELOPING COUNTRIES

OPPORTUNITIES FOR CHANGE



Wemos contributes to the structural improvement of the health of all people, especially of those in developing countries. The advocacy activities of the organization that are geared towards influencing policies to ensure strong health systems have been extremely **successful**, thanks to the partnerships with likeminded civil society organizations in Africa, Asia, Latin America, and the Western world. **Collaboration** has always been one of Wemos' key strategies in contributing to the realisation of people's right to health. Wemos strongly believes in generating clout to fight injustice and enhance equity in health.

Wemos is excited about the recent collaborative initiative with Cordaid in the new Dutch alliance **Together for Change**. This alliance offers great chances for realising the right to health of people in low-income countries. In the coming years, in collaboration with Cordaid, Wemos focuses on the themes **Human Resources for Health** and **Health Financing**. In addition, Wemos continues its successful work on **Medicines**, narrows down its activities on **Nutrition**, and renews its focus on breastfeeding.

The organization entered a **fresh and exciting new decade**. Wemos satisfactorily concluded its five-year strategy 'Breaking the Vicious Circle' (2006-2010) and, in 2011, looks back on thirty years of very successful achievements in the area of global health advocacy. In the past years, Wemos faced serious financial insecurity, challenges in policy priorities of the government, and a number of organizational transformations. Yet, Wemos, the **global health advocate**, is still going strong, and continues energetically to advocate for **health for all**. It is my pleasure to take up the position of director, as of May 2011, of this vivid organization with capable high professionals who are truly engaged in all aspects of global public health.

Anke Tijtsma
Director



Monique Lagro, Sector Manager Health and Well-being at Cordaid, the Netherlands: 'Cordaid and Wemos share a long history of collaboration that dates back to the eighties. A communal past that has now culminated in an alliance. Wemos and Cordaid are complementary organizations.'

Source: Dutch Wemos Newsletter, December 2010

Wemos in a nutshell

Wemos advocates for the right to health of people in developing countries

Our approach

- Convincing policymakers
- South-North collaboration
- Networking
- Commissioning research
- Involving health workers
- Raising awareness
- Mobilising the public
- Informing the media

Wemos aims at strong, well functioning health systems that guarantee health for all

Our themes

- Human Resources for Health
- Health Financing
- Medicines
- Nutrition



Wemos attaches great value to partnerships

Our partners

- Civil society organizations in developing countries
- National stakeholders and networks composed of a wide range of actors
- International networks

Advocacy

Influencing decision making

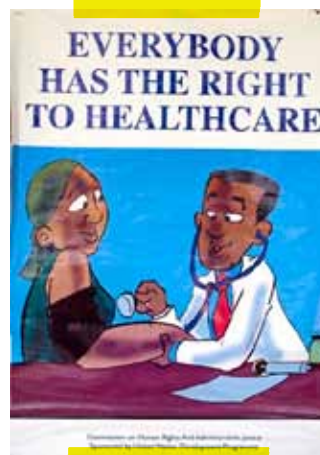
Wemos contributes to the structural improvement of the health of people in developing countries by influencing decision making. In its role as **global health advocate**, Wemos participates in policy processes and collaborates with Southern partners to create leverage for its case. Partnerships with organizations and networks across the world are indispensable for effective lobby activities.

In 2011, Wemos' advocacy work focuses on **Human Resources for Health, Health Financing, Medicines and Nutrition**.



Kathleen Ferrier, Member of Parliament, the Netherlands: 'I wholeheartedly support the work of Wemos. Ongoing attention to the right to health of people in developing countries is crucial.'

Source: *Dutch Wemos Newsletter, April 2010*



Convince policymakers *Shift in priorities*

Before Wemos' advocacy work on the issue, the **medical exploitation of people** in developing countries hardly received any attention of politicians and media. Now, protecting people against unethical clinical trials is a **priority of the European Commission**. Wemos' intense campaigning and lobbying in the period 2006-2010 caused a shift in priorities. The publication *A Bitter Pill* (2007), for instance, immensely contributed to awareness raising about the risks involved when carrying out clinical drug trials in developing countries. Another advocacy instrument was the research report *Ethics for Drug Testing in Low and Middle Income Countries. Considerations for European Market Authorisation* (2008), implemented by Wemos' partner the Centre for Research on Multinational Corporations (SOMO).

Western countries attract health workers from developing countries and thus aggravate these countries' scarcities



Human Resources for Health

Our concern: health workers are distributed unevenly

Wemos is worried about the worldwide maldistribution of health workers, as it particularly affects the health of people in developing countries. Shortages of health personnel are experienced worldwide, in poor and rich countries. Many Western countries, however, attract health workers from developing countries and thus aggravate these countries' scarcities. Wemos advocates for measures to improve the situation.

Wemos' advocacy work focuses on **ethical recruitment practices** and measures that ensure a better distribution of health workers globally.

In 2010, Wemos successfully lobbied for the adoption of the **World Health Organization (WHO) Code of Practice on the International Recruitment of Health Personnel**. In 2011, advocacy concentrates on the implementation and monitoring of the Code in the Netherlands and, jointly with partners, such as Medicus Mundi International (MMI), in a number of other countries and at the global level. Collaboration with the Dutch Human Resources for Health alliance strengthens the national advocacy work on the issue.

Our solution

Encourage Dutch stakeholders

In 2009, on Wemos' initiative the **Dutch Human Resources for Health alliance** was founded. In 2010, this multisectoral partnership issued **Chances for Change**, a publication that presents straightforward measures to improve the global distribution of health personnel, with special attention for the health situation in developing countries. The publication inspires Dutch stakeholders, including health care institutions and the Dutch Ministry of Health, Welfare and Sport, to collaborate and undertake tailor-made actions.

Our solution

Advocate for a code of practice

Wemos successfully advocated for the **WHO Code of Practice on the International Recruitment of Health Personnel**. All member states of the WHO accepted the Code, in May 2010. It intends to better balance the interests of the countries of origin of health workers and of the recipient countries, including the Netherlands, and promotes ethical recruitment practices.

Partners

Action Group for Health, Human Rights and HIV/AIDS (AGHA), Uganda
African Centre for Global Health and Social Transformation (ACHEST), Uganda
Cordaid, the Netherlands
Dutch Human Resources for Health (HRH) alliance, the Netherlands
EQUINET, Zimbabwe
Global Health Workforce Alliance (GHWA), Switzerland
Health Workforce Advocacy Initiative (HWAI), US
Medicus Mundi International (MMI) Network, Switzerland
Merlin, UK
United Kingdom Human Resources for Health (HRH) Working Group, UK
Realizing Rights, US



Medicines

Our concern: test subjects are exploited

Wemos is concerned about the exploitation of people in developing countries by pharmaceutical companies. Clinical trials often take place in poor countries. Here, test subjects are usually poor, illiterate and hardly have access to health services.

Wemos aims at **ethics** in clinical trials. Advocacy work focuses on **adherence to the rules** that protect people in developing countries against unethical practices.

In 2010, Wemos successfully lobbied for improved medicines registration procedures in Europe. In 2011, Wemos advocates for further integration of ethical guidelines in the registration procedures for new medicines. Wemos also lobbies for alternative models for the funding and implementation of clinical trials.



Lilian Haneveld-Witteveen, Pharmacy Assistant, the Netherlands: 'It really hurts me that pharmaceutical companies take the risk of injuring people for commercial reasons only. During my search on Internet, I discovered the FairDrugs.org campaign and, of course, added my signature.'

Source: Wemos' FairDrugs.org Newsletter, February 2010

Our solution

Promote fair medicines

In 2010, Wemos' years of lobbying culminated in **proposals** by the European Medicines Agency (EMA) to improve the monitoring of compliance with ethical guidelines for clinical trials in developing countries. During a **meeting in Brussels**, Wemos addressed Members of the European Parliament and representatives of the European Commission on ethics of clinical trials in developing countries. In **London**, Wemos and its partners conferred with delegates of the EMA, pharmaceutical companies, patient organizations and the media. At a global level, Wemos' ongoing online **campaign FairDrugs.org** appeals to policymakers, regulators and pharmaceutical companies to respect the rights of test subjects.

Our solution


Involve the media and the public

In 2010, the Dutch prime time television programme ‘Uitgesproken VARA’ showed parts of the ARTE **documentary film ‘Body Hunters’** about unethical clinical trials in India. Wemos staff was interviewed on the issue as well (click **here** to watch the broadcast online). ARTE developed the film with input of Wemos. In addition, in 2010, the Dutch national and medical press paid attention to the Wemos **publication *The Globalization of Clinical Trials***, with testimonies of test subjects in Poland, Russia, the US, China, and India. Wemos and the International Federation of Medical Students’ Associations – the Netherlands (IFMSA-NL) co-organized a **film debate** with Member of the European Parliament Judith Sargentini to discuss the documentary and the publication.

“I was lucky to get into a study, so I could survive financially.”

The Globalization of Clinical Trials:

Testimonies from Human Subjects



“I asked the trial officials some questions but they said explaining everything would take too much time.”

“I totally trust what the doctors are telling me.”

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Partners

Centre for Research on Multinational Corporations (SOMO), the Netherlands

Centre for Studies in Ethics and Rights (CSER), India

Latin American Network on Ethics and Pharmaceuticals (RELEM), Latin America

Nutrition

Our concern: people suffer from malnutrition

Proper nutrition is the key to health. However, every year, millions of children die of malnutrition, particularly in developing countries. The traditional focus of donors on food production insufficiently addresses nutrition problems.

Wemos advocates for a **multisectoral approach** to address malnutrition. Wemos also discourages unethical marketing of **baby milk products and baby foods** in developing countries.

In 2010, Wemos lobbied for a higher priority for under-nutrition on the Dutch development policy agenda. It also developed its new child nutrition strategy with a focus on breastfeeding and the International Code on Marketing of Breast Milk Substitutes. In 2011, Wemos conducts a research on recent violations of this Code.

Our solution

Advice policymakers

Wemos actively influences Dutch policymakers to contribute to solutions for malnutrition in developing countries, also as a member of the Netherlands Working Group on Nutrition. In 2010, the Working Group sent a **policy letter** to the Ministry of Foreign Affairs, arguing that more attention to nutrition security ought to be guaranteed within food security policies. Wemos took the lead in discussing the contents of the letter with principal Ministry officials. As a result, the Working Group was requested to give workshops at the Ministry to clarify malnutrition challenges.

Partners

European Nutrition Action Group

Netherlands Working Group on International Nutrition

Our solution

Stimulate public debate

In 2010, during World Food Day, Wemos put the spotlight on child nutrition by showing to the public its documentary film ***A world without malnutrition – Bolivia leading the way*** about under-nutrition in Bolivia. The film was screened in six Dutch cinemas.

The Ambassador of Bolivia in the Netherlands, His Excellency Roberto Calzadilla Sarmiento, was welcomed at the viewing in Amsterdam. The film effectively stimulates the public debate about food and nutrition security.



South-North Collaboration Reinforcing each other

Wemos closely collaborates with civil society organizations in **Bangladesh, Bolivia, Kenya, and Zambia**. The partner organizations provide Wemos with context data, while Wemos supports their local advocacy work. At the international level, Wemos and its Southern partners jointly undertake advocacy activities directed towards international actors, such as the WHO and the International Monetary Fund (IMF).

In 2010, Wemos continued the valuable exchange of information and joint lobby activities, and also contributed to capacity strengthening of its Southern partners. Wemos' **Budget Monitoring project**, which ran in the period 2006-2010, effectively strengthened the national advocacy processes of the partner organizations. It focused on encouraging their governments to invest adequate amounts of money in the health sector.

Leading up to 2011, Wemos initiated a **new type of international collaboration**, which, even more than before, combines advocacy and South-North collaboration.

Join forces

Communities of Change

In 2010, Cordaid and Wemos started collaborating in **Communities of Change**, which bring together individuals and organizations, ranging from community based volunteers to international parties, to **tackle challenges** that impede the realisation of people's right to health. Wemos' role is to **stimulate policy improvements** in the areas of human resources for health and health financing, at the international level.

Exchange knowledge

Partner meeting

In November 2010, Wemos staff and its Southern partners met during their **annual gathering**, in Montreux, Switzerland (see picture on page 15). The meeting provided partners a good opportunity to exchange experiences with regard to the Budget Monitoring project.



Bangladesh

Challenge: lack of medical facilities and staff

Bangladesh is one of the most densely populated and also one of the poorest countries in the world. Although the health situation in Bangladesh has considerably improved in recent years, the country still suffers from a chronic lack of health facilities and personnel.

In Bangladesh, Wemos closely collaborates with the **Development Organization of the Rural Poor (DORP)**, an organization that campaigns against poverty and for social justice. In 2010, DORP continued to participate in Wemos' Budget Monitoring project. In collaboration with organizations in the sub-districts (*upazilas*), DORP monitored the allocation of the national health budget and the quality of services.

Our solution

Monitor health budgets

In 2010, several civil society organizations in Bangladesh **adopted the approach** of Wemos' partner DORP, and they also decided to collaborate. Currently, health budget monitoring and advocacy are implemented in different regions and by different Bengal organizations. This cooperation considerably strengthens the lobby work directed at the national government and, thus, contributes to the improvement of the health situation in Bangladesh.

Our solution

Put a spotlight on health workers

Bangladesh experiences a serious shortage of health personnel. Particularly in rural areas, nurses and midwives are lacking. In 2010, a Wemos **research** supported by Cordaid, on donors' contributions to human resources for health in Bangladesh, demonstrated that international actors mainly focus on health staff scarcities in African countries. This outcome encouraged governments, donors and civil society organizations to pay more attention to the health staff situation of Bangladesh.



Partners

Bangladesh Forum on Development Cooperation and Human Rights (BOOM), the Netherlands

Christian Service Society (CSS), Bangladesh

Dhaka Ahsania Mission (DAM), Bangladesh

Development Organization of the Rural Poor (DORP), Bangladesh

International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Bangladesh

Rangpur Dinajpur Rural Service (RDRS), Bangladesh

Village Education Resource Center (VERC), Bangladesh

Bolivia

Challenge: widespread malnutrition

Bolivia is one of the least developed countries in Latin America. The country faces numerous health problems, originating in, amongst others, inadequate financial resources for the health sector and insufficient health workers in remote areas. Also a focus on curative, rather than preventive, measures contributes to the meagre health situation. One of the country's challenges is that approximately a quarter of the children suffer from malnutrition.

Wemos' partner in Bolivia, **Acción Internacional por la Salud Bolivia (AIS Bolivia)**, campaigns for human rights, especially the right to health. In 2010, AIS Bolivia, Plan Nederland and Wemos jointly monitored the implementation of the government's Malnutrition Zero Programme. They joined forces in the Strong and Healthy Children project, which combats malnutrition in five Bolivian municipalities. Wemos supported AIS Bolivia's advocacy activities.



Our solution

Open the eyes of policymakers

In 2010, in close collaboration with AIS Bolivia and Plan Bolivia, Wemos produced a noteworthy **documentary film** on malnutrition in Bolivia, *A world without malnutrition – Bolivia leading the way*, in Spanish, with English subtitles. The film explores the strengths and weakness of Bolivia's Malnutrition Zero Programme. Bolivian authorities, civil society representatives, embassy staff, academics, and national press attended the formal launch, in La Paz. The film was also shown in New York, during the United Nations Summit on the Millennium Development Goals; in the Netherlands, during World Food Day; in Malaysia, on the Global Breastfeeding Partner's Forum of the World Alliance for Breastfeeding Action (WABA); and, in Switzerland, during Medicus Mundi Switzerland's Swiss Health Cooperation Symposium.



Partners

Acción Internacional por la Salud Bolivia
(AIS Bolivia), Bolivia
Plan Bolivia, Bolivia
Plan Nederland, the Netherlands

Kenya

Challenge: weak health system

Kenya is a densely populated country with a rapidly growing population. Although the country is experiencing a steady economic development, it still suffers from poverty and an inadequately functioning health system.

In Kenya, Wemos collaborates with **Health NGOs Network (HENNET)**, in which 82 Kenyan organizations join forces, and with **Great Lake University of Kisumu (GLUK)**. The member organizations of HENNET exchange knowledge and experience, and jointly lobby for improvements in the health situation in Kenya. In 2010, the lobby work focused on sufficiently resourcing the Community Health Strategy by the Kenyan government.



Our solution

Reach poor families in their homes

In Kenya, the government's **Community Health Strategy** aims to improve the health status of the most vulnerable, and to reduce the disease burden of the country. Starting-point is that health services and preventive messages reach families in their homes via community workers. HENNET, GLUK, and Wemos jointly contributed to the adequate implementation of the Strategy. In 2010, HENNET's advocacy work on the Strategy was especially effective as HENNET held the secretariat for the Inter-Agency Coordination Committee on the Community Health Strategy. This role enabled HENNET to directly discuss matters with the Kenyan Minister of Public Health and Sanitation as well as with other officials. GLUK successfully advocated for increased budgets for community health centres, using **budget monitoring** as a lobby instrument. Wemos supported both HENNET and GLUK by strengthening their advocacy activities.



Partners

Great Lake University of Kisumu (GLUK), Kenya

Health NGOs Network (HENNET), Kenya

Zambia

Challenge: health staff scarcity

Zambia's economy is rapidly developing. However, since the population is expanding even faster, many people are still poor and have a bad health status. In the past years, donors and Zambian churches provided funds to improve the health of the people, while the Zambian government launched a new health policy. Even so, Zambia has a health sector that functions inadequately. One of the challenges is the shortage of health workers.

Wemos and Cordaid collaborate to strengthen civil society organizations in Zambia, to enable them to participate in the country's health policy development. Zambian non-governmental organizations have joined forces in the **Human Resources for Health Network**, a partnership that comes up with suggestions for improvements in the health system, in particular regarding the health workforce. One of the Network's members is **Centre for Health, Science and Social Research (CHESSORE)**. In 2010, CHESSORE participated in Wemos' Budget Monitoring project.

Our solution

Raise awareness on an unexpected reality

In 2010, during a **workshop** in Zambia, the alarming results of the research *Global Fund Proposals: Meeting Health Work Force Constraints in Zambia?*, commissioned by Wemos and implemented by CHESSORE, were presented. The research explored the inclusion of health staff strategies in donor programmes, and demonstrated an unexpected reality. In spite of good intentions, the activities of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) have unwelcome side effects. In Zambia, the Fund pulls many health workers from the public health sector towards its programmes and thus increases the existing personnel shortage. The research **contributed** considerably to **increased awareness** on the issue.



Partners

Centre for Health Science and Social Research (CHESSORE), Zambia

Cordaid, the Netherlands

Human Resources for Health Civil Society Network of Zambia, Zambia

Communications

Mobilising support

Communications is one of the pillars of Wemos' advocacy work. It is about mobilising support of the public and politicians, through campaigning, organizing events and attracting the attention of the media.

Outreach

In the Netherlands, Wemos reaches out for support to health workers and medical students as well as their associations. At the European and global level, Wemos reaches out to international health and human rights organizations. New communications technologies and social media, such as Facebook and Twitter, offer ample opportunities for Wemos to contact supporters and raise awareness.

Making news

Wemos generates free publicity on global health issues, to influence public opinion and to put pressure on politicians.

Collaboration

Cooperation reinforces communications. Partners include IFMSA-NL, MMI Network, and the Netherlands Society for Tropical Medicine and International Health (NVTG, *Nederlandse Vereniging voor Tropische Geneeskunde en Internationale Gezondheidszorg*).

Attract attention

Mother's Night campaign

In 2010, in the open air, Wemos and others served sixteen Dutch Members of Parliament a breakfast in bed, to draw attention to the Mother's Night (*Moedernacht*) campaign. Annually, the Mother's Night campaign advocates for the improvement of maternal health in developing countries.

Raise awareness

Conference for medical students

In 2010, the Global Health Congress, organized by IFMSA-NL, the Dutch Medical Association for Peace Research (NVMP, *Nederlandse Vereniging voor Gezondheidszorg en Vredesvraagstukken*), the Johannes Wier Foundation, and Wemos, encouraged medical students to ponder on their future work and the right to health. Since its foundation, awareness raising among future health workers has been one of Wemos' core activities.



Godelieve van Heteren, Chair of the Wemos Board [as of May 2011], the Netherlands: 'I believe in the significance of critical lobby organizations like Wemos. Wemos is a thorn in the flesh of the authorities. This is the kind of organization I want to be part of. Back in my days as a medical student, I felt strongly connected to the organization. Later on in my career, I often became involved with the Wemos work.'

Source: Dutch Wemos Newsletter, July 2010

Partnerships across borders

Wemos' partner organizations in the South

Acción Internacional por la Salud Bolivia (AIS Bolivia), Bolivia
Centre for Health Science and Social Research (CHESSORE), Zambia
Centre for Studies in Ethics and Rights (CSER), India
Development Organization of the Rural Poor (DORP), Bangladesh
Great Lakes University of Kisumu (GLUK), Kenya
Health NGOs Network (HENNET), Kenya
Latin American Network on Ethics and Medicines (RELEM), Latin America

Wemos' involvement in networks

Action for Global Health (AfGH)
Bangladesh Forum on Development Cooperation and Human Rights (*Bangladesh Overleg Ontwikkelingssamenwerking en Mensenrechten*) BOOM
Co-financing Programme Related Broad Network on Bolivia (*Medefinancierings Programma Breed Netwerk Bolivia*) MBN Bolivia
Co-financing Programme Related Broad Network on Zambia (*Medefinancierings Programma Breed Netwerk Zambia*) MBN Zambia
Corporate Social Responsibility Platform (*Maatschappelijk Verantwoord Ondernemen Platform*)

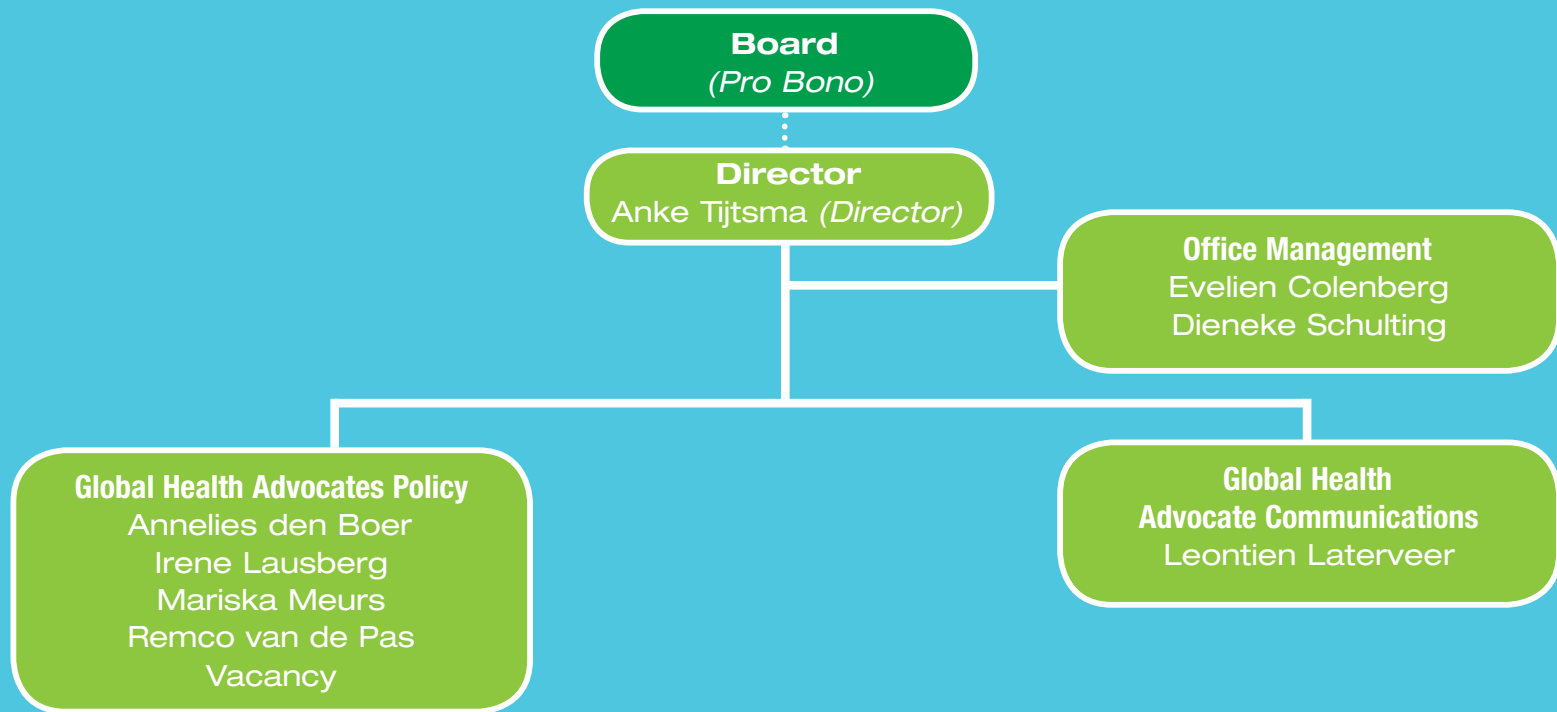
Dutch Human Resources for Health (HRH) alliance (*Nederlandse HRH alliantie*)
EEN, Dutch Platform Millennium Goals
EQUINET, Regional Network on Equity in Health in Southern Africa
European Food Security Group (EFSG)
European Network on Debt and Development (Eurodad)
European Nutrition Action Group (NAG)
Global Health Education Project (GHEP)
Global Health Workforce Alliance (GHWA)
Health Action International (HAI)
Health Insurance Platform (HIP)
Health Workforce Advocacy Initiative (HWA)
Human Resources for Health Civil Society Network of Zambia
Jubilee The Netherlands
Medicus Mundi International (MMI) Network
Netherlands Platform for Global Health Systems and Health Policy Research
Netherlands Working Group on International Nutrition (NWGN)
Partos, Association for Dutch NGOs in the International Development Cooperation Sector
People's Health Movement (PHM)



Carlos Mediano, Vice President of Medicus Mundi International Network, Spain: 'Wemos' strength lies in experience with and skills of international advocacy. Moreover, Wemos has experience in coordinating international campaigns. Within the network, we can learn from and use that.'

Source: Dutch Wemos Newsletter, December 2010

The organization 2011



Moved on

Cily Keizer
Mary Jansen
Rosemarijn de Jong
Alke Friedrichs
Brigitte Boswinkel
Marga Sijmonsbergen
Jacob Sijtsma
Ellen Verheul
Kees Zevenbergen

Interns

Daniëlle Branje
Ilona Sips





Financial statements

Abbreviated financial statements for the year 2010

Amounts in Euros (EUR)

The unabridged financial statements 2010 (in Dutch) can be obtained or consulted at www.wemos.nl.

Balance sheet as at December 31, 2010

	31 December 2010	31 December 2009
ASSETS		
<i>Material fixed assets</i>	25,539	39,803
<i>Current assets</i>		
Subsidies	386,713	156,316
Other receivables	25,411	31,858
Cash and cash equivalents	<u>367,926</u>	<u>554,437</u>
	<u>780,050</u>	<u>742,611</u>
TOTAL ASSETS	<u>805,589</u>	<u>782,414</u>
EQUITY AND LIABILITIES		
<i>Reserves and funds</i>	462,731	490,956
<i>Short term liabilities</i>		
Taxation	24,729	17,529
Subsidies payable	-	19,880
Debts to subcontractors	45,765	99,211
Other short term liabilities	<u>272,363</u>	<u>154,838</u>
	<u>342,857</u>	<u>291,458</u>
TOTAL EQUITY AND LIABILITIES	<u>805,589</u>	<u>782,414</u>

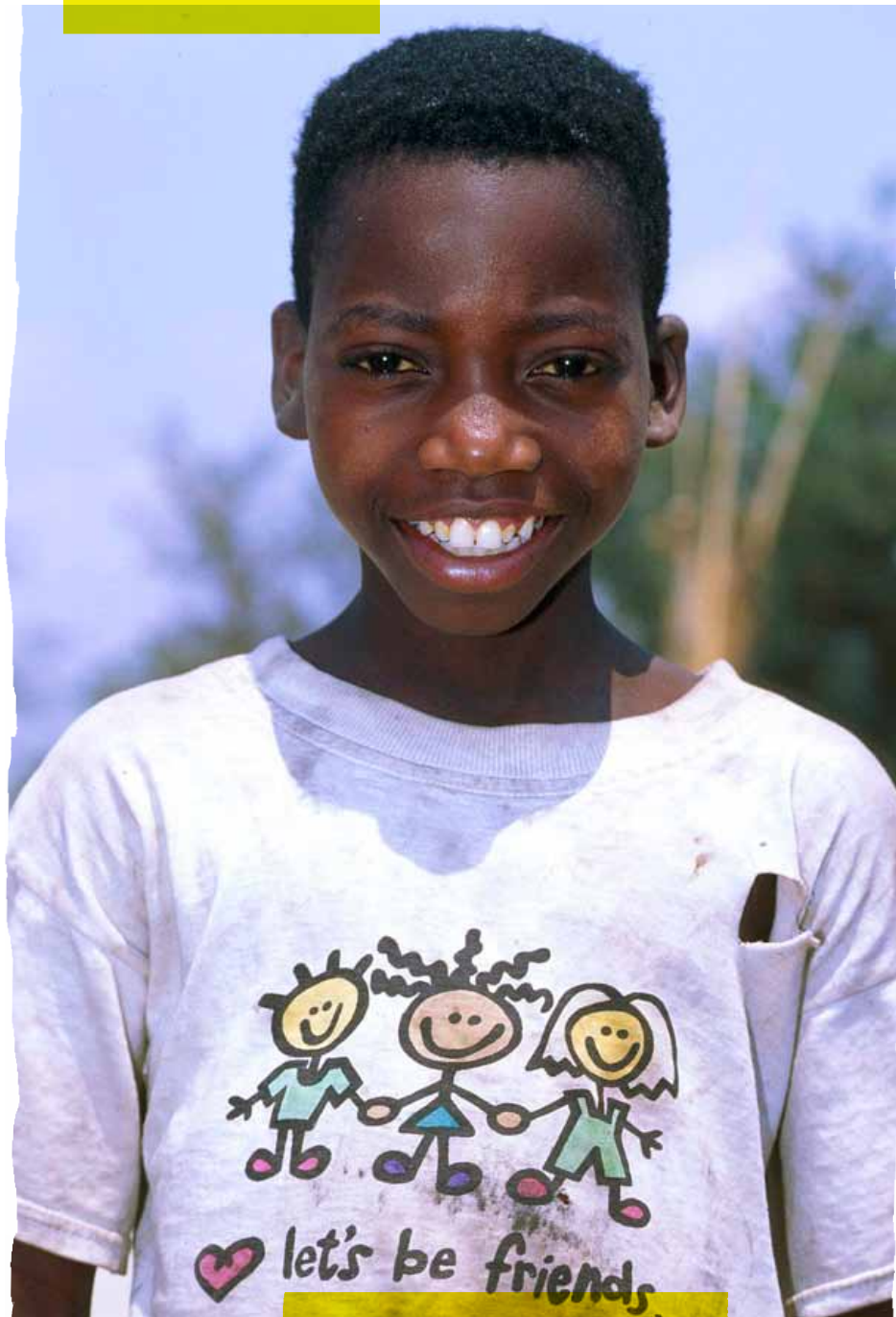
Statement of income and expenses for the financial year 2010

	2010	2009
INCOME		
Income own fund raising	54,490	90,116
Share in actions by third parties	510,099	409,060
Subsidies from governments	1,044,697	1,019,101
Investment income	7,224	9,031
Other income	<u>8,832</u>	<u>10,510</u>
TOTAL INCOME	1,625,342	1,537,818
EXPENDITURES		
Expenditures for objective To strengthen national health systems that contribute to the structural improvement of people's health through advocacy	1,411,172	1,346,405
Costs of generating income		
Own fund raising expenses	4,913	5,112
Expenses for share in actions by third parties	36,728	14,482
Expenses for subsidies	<u>25,321</u>	<u>32,186</u>
	66,962	51,780
Management and administration		
Expenses for management and administration	175,433	137,395
TOTAL EXPENDITURES	1,653,567	1,535,580
RESULT	<u><u>-28,225</u></u>	<u><u>2,238</u></u>
ALLOCATION OF RESULT		
Addition to/withdrawal from		
- continuity reserve	<u>-28,225</u>	<u>2,238</u>
	<u><u>-28,225</u></u>	<u><u>2,238</u></u>

Explanatory notes to the abbreviated financial statements for the year 2010

Specification and breakdown of expenditures according to allocation

Allocation	Objective	Generating income			Management and administration	Realization 2010	Realization 2009
		Own fund raising	Actions by third parties	Subsidies			
Expenditures	Advocacy for health						
	EUR	EUR	EUR	EUR	EUR	EUR	EUR
Country advocacy	318,383					318,383	321,332
International advocacy	145,740					145,740	127,057
Joint project activities	72,521	1,320	1,559	2,699		78,099	67,717
Personnel	722,645	2,969	29,061	18,693	144,965	918,332	789,846
Housing	70,470	290	2,834	1,823	14,137	89,553	90,556
Office and organization costs	70,187	288	2,823	1,816	14,080	89,194	123,697
Depreciation and interest	11,225	46	451	290	2,252	14,264	15,375
Total	1,411,172	4,913	36,728	25,321	175,433	1,653,566	1,535,580



Valuation standards

General

The financial statements are prepared on the basis of the historical costs convention. Unless stated otherwise, all assets and liabilities are valued at their nominal value. Donations and gifts are recognized in the year in which they are received. Provided subsidies are recognized in the year they relate to. Costs are included in the year in which they are incurred and will be accrued if foreseeable. The report has been drawn up according to the “Directive 650 Fundraising Institutions (reviewed 2011)” (*Richtlijn 650 Fondsenwervende Instellingen - aangepast 2011*) of the Council of Annual Reporting (*Raad voor de Jaarverslaggeving*), in accordance with the recommendations of the Central Bureau Fundraising (*Centraal Bureau Fondsenwerving*) for fundraising institutions.

Fixed assets

The fixed assets are valued at the historical cost-price less a straight line depreciation charge for the year. The depreciation is based on the expected economic lifetime and is calculated according to a fixed percentage of the historical cost-price minus expected residual value. Fixed assets purchased during the year are depreciated proportional for the remaining period of the year.

- Inventory is valued at the historical cost-price less a straight line depreciation of 20% a year;

- Computer hard- and software are valued at cost-price less a straight line depreciation of 33.3% a year;
- Renovations building are valued at the historical cost-price less a straight line depreciation of 10% a year.

Current assets

The current assets are expected to mature within one year. They are valued at nominal value after deduction of necessary provisions for insolvency, based on the individual valuation of the receivables.

Reserves and funds

The reserves and funds are designated to the foundation’s objectives. The part of the reserves which are not recognized as fixed reserves set apart for the foundation’s objectives, is presented as continuity reserve.

Foreign currency

Transactions arising in foreign currencies are translated into Euros at the exchange rate prevailing at the date of transaction. At year-end, assets and liabilities denominated in foreign currencies are translated into Euros at the exchange rate prevailing at balance sheet date. Resulting currency exchange results are included in the statement of income and expenditure.

Donations and gifts

Donations and gifts are recognized as income in the year to which they relate.

Subsidies

Only subsidies from governments, including the European Union and similar international institutions, governmental institutions and public bodies, are presented under the heading 'Subsidies from governments'. Subsidies from others are presented under the heading 'Income from own fund raising'. Subsidies consist of contributions which have been related to the costs of execution of the project by the supplier. All subsidies are recognized in the year of report as far as the subsidy is granted to the year of report. Subsidies which have been granted, but which are not allocated in the year of report are presented as assets.

Allocation of costs

Costs are allocated to the foundation's objectives on the basis of generally accepted principles on accounting. The costs of management and administration are allocated to the expenses made by the foundation for raising funds and the expenses made for the realisation of the foundation's objectives. Allocation of the costs will take place according to a fixed percentage.

Direct costs related to the projects are recognized as costs related to the foundation's objectives. Direct costs accountable to the raising of funds are recognized as costs related to fund raising.



Accountability statement 2010, summary

This is a summary of the Wemos Foundation's accountability statement for 2010. It provides details of how the Board has incorporated the principles of good governance within the organization.

These principles are:

- to distinguish between the roles of supervision, governance and execution;
- to optimize the efficiency and effectiveness of expenditure;
- to optimize relations with stakeholders.

For the full version of this accountability statement (in Dutch), please contact the Wemos Foundation (+31 (0)20 4352050 or info@wemos.nl).

The Board

The Wemos Board is the Foundation's highest authority and bears ultimate responsibility for the Foundation's work. Its role is to set the policy of the Foundation. The Board

has delegated the development and implementation of policy to the Director. The distribution of roles between the Board and the Director is regulated in the Articles and in the Management Regulations.

The Wemos Board is made up of a minimum of five members, appointed for a four-year term with possible re-appointment for a further four years.

No close family or comparable relationships are permitted within the Board. Board members are unsalaried and receive an expenses allowance of €75 for each meeting they attend. In 2010, the Board met eight times. For the purposes of financial supervision, the Board appoints an Auditing Committee from among its number, which applies the Auditing Regulations established by the Board. The Board evaluates its performance annually.

At the end of 2010, the Board included the following members:

Name	Portfolio	Positions/Additional positions
G.R. (Kick) Visser	Chair	<p><i>Positions:</i></p> <p>Advisor to the National Register Non-Executive Directors & Regulators, The Hague</p> <p>Chair of the Supervisory Board <i>Fonds NutsOhra</i>, Amsterdam</p> <p>Chair of the Rehabilitation Innovation Programme at the Netherlands Organization for Health Research (<i>ZonMw</i>), The Hague</p> <p>Member of the Supervisory Board, Comprehensive Cancer Centre North East</p> <p>Chair of the Board, Library Foundation, Zwolle</p> <p>Secretary of the Supervisory Board <i>ROC Deltion College</i>, Zwolle</p>

Name	Portfolio	Positions/Additional positions
A.L. (Loes) Valk	Secretary	<i>Position:</i> Director/owner Menea BV
O. (Oscar) van Agthoven	Treasurer	<i>Position:</i> Partner, BDO Accountants & Adviseurs
C.G.J. (Chris) Knoet	General board member	<i>Positions:</i> Director, Office for Catholic Education (<i>Bureau Katholiek Onderwijs</i>) Director/owner Knoet Consult <i>Additional positions:</i> Member of the Supervisory Board, Comprehensive Cancer Centre West Member Auditing Committee, Association of Comprehensive Cancer Centres Board member, Foundation for the Promotion of Special Primary and Secondary Education (<i>SBfBO</i>)
A.A.L.J. (Ankie) van den Broek	General board member	<i>Position:</i> Senior Public Health Advisor, Royal Tropical Institute (<i>Tropical Institute (KIT), Amsterdam</i>) <i>Additional positions:</i> Physician, Stichting Kruispost
J.H.J. (Jos) Dusseljee	General board member	<i>Position:</i> Consultant, ETC Crystal <i>Additional positions:</i> Board member, Foundation Doctors for Developing Countries (<i>Stichting Artsen naar Ontwikkelingslanden – SANO</i>) Board Member, Josephine Nefkens Foundation
G.M. (Godelieve) van Heteren	General board member	<i>Positions:</i> Coordinator Rotterdam Global Health Initiative Directour/owner Europa Arena <i>Additional positions:</i> Chair European Movement The Netherlands (<i>Europese Beweging Nederland</i>) Vice-chair International press centre Nieuwspoot, The Hague Member National Committee for the Societal Dialogue on Nanotechnology (<i>Nationale Commissie Maatschappelijke Dialoog Nanotechnologie</i>) Member advisory board <i>Nieuwe Kerk</i> Amsterdam Chair of the Young people's sexual health Programme at the Netherlands Organization for Health Research (<i>ZonMw</i>), The Hague Member Supervisory Board care provider <i>De Opbouw</i> , Utrecht Chair Supervisory Board Orthopedagogical Medical Center 't <i>Kabouterhuis</i> , Amsterdam

Director

The role of the Director is to develop and implement policy within the framework of the multi-year plans, annual plans and budgets set by the Board. The Director works in accordance with the job description and the Management Regulations. The Board evaluates the Director's performance on an annual basis. Director Ms Cily Keizer decided to leave the organization in May 2010. The board appointed Mr Kees Zevenbergen as interim director until May 1, 2011. His mission concentrated primarily on the development of the new strategy 2011-2015 and on the MFS-2 coalitions and linked subsidy applications. Another focus of the interim director was to explore the possibilities of extensive collaboration with other organizations working in the field of health advocacy.

Personnel

In the final quarter of 2010, as one of the subsidy applications submitted to the Ministry of Foreign Affairs was rejected, the interim director was asked to take immediate measures to ensure Wemos' subsistence in the period 2011-2015. These painful measures entailed among others the dismissal of 6 staff members, which was finalised by common accord with those concerned before the end of 2010. The staff reduction also led to an overhaul of the structure of the organization. This process is still ongoing in 2011.

Planning, monitoring and evaluation

Wemos' planning is based on context analyses. These are updated annually and focus on the health care sector and the Wemos themes. They are used as a basis for setting the multi-year strategy plan (five years) and the annual plans and budgets. The plans clearly reflect the logical relationship between the Foundation's vision, objective, results and activities. Much attention is given to establishment of measurable SMART¹ performance indicators in order to gauge the results achieved.

Progress in the projects is monitored on the basis of the annual plans. In addition to the progress made in activities and the achievement of planned results, the use of resources (human and financial) is also subjected to regular monitoring. Where necessary, the management team will make adjustments based on this monitoring. During the implementation of the five-year strategy plan, there is at least one external evaluation, the results of which are applied in the subsequent policy cycle.

Wemos places great emphasis on the need for continuous learning within the organization and this is included as a regular point on the agenda in the theme and strategy meetings. During the meetings with the Southern partners, the alliance's capacity for continuous learning is also a key agenda issue.

Relations with stakeholders

Health care providers (medical students and specialists in (tropical) medicine, including health care institutions and professional associations) constitute Wemos' longstanding target group with a view to reinforcing the lobbying message and generating support for the Wemos themes across Dutch society. When communicating with the different target groups, Wemos always aims to highlight the results of its work as clearly as possible.

Funding bodies

Wemos updates those who fund its work on the results achieved by issuing annual general and financial reports. All funding bodies also receive the annual report including the financial statement and auditor's statement.

Partner organizations

Alliances with partner organizations are essential for the achievement of Wemos' lobbying objective. Project staff communicate intensively with partner organizations in the South, in Europe and in the Netherlands by means of e-mail and regular visits.

Complaints regulations

In 2010 one complaint was made and settled following the Complaints Regulations that were established in 2009. An evaluation of the Regulations in 2010 concluded they meet the requirements. The English translation of the Complaints Regulations is now available on our English web pages.



Independent auditor's report

The accompanying summary financial statements, which comprise the summary statement of financial position as at 31 December 2010 and the summary statements of comprehensive income for the year then ended, and related notes, are derived from the audited financial statements of Stichting Wemos for the year ended 31 December 2010. We expressed an unqualified audit opinion on those financial statements in our report dated 29 March 2011. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by Directive 650 Fundraising Institutions of the Guidelines for Annual Reporting. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Stichting Wemos.

BOARD'S RESPONSIBILITY

The board is responsible for the preparation of a summary of the audited financial statements on the bases described in the Valuation Standards on page 34 and 35.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Dutch Law, including the Dutch Standard on Auditing 810 "Engagements to report on summary financial statements".

OPINION

In our opinion, the summary financial statements derived from the audited financial statements of Stichting Wemos for the year ended 31 December 2010 are consistent, in all material respects, with those financial statements and in accordance with the Valuation Standards on page 34 and 35.

Amsterdam, 6 juni 2011

MAZARS PAARDEKOOPEL HOFFMAN N.V.

T. Haremaker RA

A handwritten signature in blue ink, appearing to be 'T. Haremaker'.



**WEMOS REACHES OUT FOR SUPPORT TO HEALTH WORKERS
AND MEDICAL STUDENTS AS WELL AS THEIR ASSOCIATIONS**

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