



Health for the Poorest

# Annual Report 2021



How enduring  
is our work?

# Foreword from the foundation board

It is not only for what we do that we are held responsible,  
but also for what we do not do.

(Jean-Baptiste Poquelin, Molière, 1622 – 1673)

It was another important and enriching year for FAIRMED, marked by successful activities and transitions. Internally, we experienced the transition from our longstanding and greatly successful Director René Stäheli, who retired in the middle of the year, and the handover to Lorenz Indermühle, who joined FAIRMED from the Swiss Red Cross and brought with him extensive experience and a deep knowledge of the field. The significant development and profiling of FAIRMED and the entire FAIRMED team that we have seen over a period of decades is thanks to the profound effort and impressive commitment of René Stäheli. Over this time, the organisation has grown to become a broadly accepted partner nationally and internationally for improving the health of some of the most neglected and vulnerable people and population groups.

As this report underlines, the various country teams have comprehensively implemented their strategies and achieved their defined goals in a manner that will help the projects to endure. This is against a backdrop of the sometimes grave challenges posed by the pandemic situation as well as specific socio-political difficulties. The key to sustainable action is not only in a broad systemic and transdisciplinary approach to health problems and needs, but above all in the understanding and of cooperation across systems and cultures and how this is ultimately put into practice. This frequently neglected aspect becomes particularly clear in emergency situations, when the means of pursuing robust development processes must be in the form of emergency aid.

Approaches that are designed to help will fail if not supported by a process of “learning from one another in order to grow and change.” Who supports who (and how) is secondary – what matters is that there is a respect-based process of collaboration. This engenders trust across systems and cultures, which in turn facilitates stable, context-appropriate and evidence-based transformations and development processes. It is this kind of collaboration and not highly focused interventions that lead to the very best results and which bring change with regard to significant societal challenges – from health and well-being to addressing issues of climate change and sustainable socio-ecological systems. FAIRMED is very glad to be continuing in this stimulating, dynamic and catalysing role, and to be able to effect change through concrete action.



Thank you for your interest and cooperation, and we hope you enjoy reading this report.

Marcel Tanner,  
Foundation Board





Three voluntary health workers known as "Ashas" in Maharashtra district in India. They have received training from FAIRMED in the area of leprosy.

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## Imprint

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## Cover image

Marie Noëlle Messok, Delegate for Culture and Health in Bankim, with her assistant Christelle. Messok is providing support to ongoing health projects following FAIRMED's withdrawal.

# Can you plan sustainability?

**Six months ago, I took over management of FAIRMED from René Stäheli. Since then, I have gotten to know the many facets of the FAIRMED programme and have seen for myself what FAIRMED is doing to ensure that its programme for the very poorest in Asia and Africa results in lasting change.**

Our vision is of a world where no one must suffer or die from a curable disease and where everyone has equal access to health. We aim to do this by breaking the cycle of poverty and disease, by empowering people to stand up for themselves and for their right to health, and by ensuring that women and men – and in particular people with physical impairments – have equal access to health. Our vision is positioned within the UN Sustainable Development Goals: by combating poverty (Goal 1: To end poverty), by advocating for people's health (Goal 3: Health and wellbeing) and by promoting the voice and empowerment of the very poorest (Goal 16: Peace, justice and strong institutions). We are also committed to ensuring that all people are taken into account, regardless of gender (Goal 5: Gender equality). To ensure that our work has a broader and longer-term impact, we are committed to the sustainable development and financing of our partner organisations and programmes (Goal

## Swiss Agency for Development and Cooperation (SDC) contribution to FAIRMED

The alliance "Leave No One Behind" from FAIRMED and SDC partner Christoffel Blindenmission (CBM) has been underway since 2021. In the joint implementation plan, the alliance is aimed at sustained improvements in the quality of life of poor and neglected people. The SDC is supporting this implementation plan with around one third of the total costs.

17: Revitalise the global partnership for sustainable development). What does lasting change demand? It demands that from the very first day of cooperation, FAIRMED strives to make itself no longer needed as an organisation. The initiatives at the heart of the FAIRMED programmes must continue without us. At the end of the day, this is the only way of guaranteeing that we will have a positive and above all sustained impact on people's health.

### Participation and empowerment

From the outset, every project strives towards the participation of all affected persons. The example of Lumbini in Nepal demonstrates the importance of this prerequisite for good planning. Through this process of empowerment over the entire lifetime of the project, the people can take ownership of these projects that are in service of \*their\* health. Moving health services forward is of huge importance for policymakers and health workers alike, while mothers groups and volunteers have a right to expect robust services in their health system.

### Building on and reinforcing local systems

In the projects in Bankim in Cameroon and Lumbini in Nepal, we can see how vital it is to strengthen local health. Thanks to the process of decentralisation in Lumbini, policymakers are using their newly gained responsibility to ensure viable and ongoing financing with specific contributions for the health system. Also in Bankim, the responsible members of government are supporting new approaches for raising income for maintaining and growing the much improved health system. Indeed, only better-reinforced systems that are supported and financed by the public sector and population can expect to be in place and successful for a long time.

### Training and trust

The training of local staff is an important component of all projects pursued by FAIRMED. The right training enables the provision of much better services and fosters



Health volunteer Ibrahim (centre) in Bankim, Cameroon. Through training courses offered by FAIRMED, Ibrahim is specialised in the early detection of Buruli.

trust on the side of patients. Informal health practitioners (e.g. natural healers and shamans) are also involved. This has the aim of reinforcing existing interactions between service providers in the health system and the general public. They help to ensure that the health posts are visited by those people that require treatment with Western medicine. This is an appropriate and context-based utilisation of the health system.

The goal of FAIRMED is therefore an eventual withdrawal after the work of development, advice and support is completed. In this way, we can make an effective contribution to reducing poverty and to improving health and autonomy. It also allows us to teach the values of equality and to ensure that healthcare systems work to break down barriers for people with physical impairments. This is how our activities contribute to the sustainability goals. And of course, this also gives us the opportunity to support more communities and people in their efforts and ability to gain access to health.



Lorenz Indermühle  
Director of FAIRMED



# How do we ensure that **we are no longer needed?**

**At the end of 2021, FAIRMED ended its health project in Bankim in, Cameroon, after eleven years. The focus was on better health for the poorest, the treatment and containment of leprosy and Buruli ulcer, and improving the conditions of people suffering from physical impairments. The population is now committed to continuing these health services together with the local health authorities, which is no longer financed by FAIRMED donations but by self-generated means.**

FAIRMED commenced its work on reinforcing and expanding the poor-quality health system in Bankim district back in 2010. At the time, in the case of illness it was difficult if not impossible for the predominantly very poor people that live in the widely dispersed and inaccessible villages to get the medical treatment that they needed. The numerous tributaries of the Mape River as well as the terrible condition of the roads prevented them from reaching health posts appropriately quickly. There was also a lack of well-trained health workers and medically well-equipped facilities – the power supply in the local district hospital was so unreliable that operations were regularly carried out under mobile phone flashlight. FAIRMED has renovated and expanded the hospital and brought it up to the required technical level. It has also trained doctors, nurses and numerous local health workers and has carried out awareness-raising campaigns to help affected people to identify signs of illness at the earliest possible stage.

## Step by step towards true independence

FAIRMED has built upon and consolidated medical expertise and departments so that the healthcare in Bankim district also works for the very poorest. Together with the public funding, the local government will finance healthcare independently from 2022 with no further donations from Switzerland.

### Local health committees



**Moïse Noirsam Lemy,  
Chair of the Health Council  
in Attah**

Moïse coordinates the 27 volunteer health workers in the neighbouring villages. These serve as the link between the health facilities and the public. "We remind the women to do their pregnancy checks, ensure that newborn babies are vaccinated, identify suspected cases of Buruli ulcer, leprosy and yaws, and encourage traditional midwives and healers to work with the health centre," summarises Moïse. "We are also coordinating all of the income-generating initiatives that will fund health services in the future. Every year, the total income will enable us treat 20 leprosy patients, 30 Buruli patients and 100 yaws patients, as well as carry out 50 public awareness-raising activities."

Bankim,  
Cameroon

## Local self help groups



**Madeleine, who is blind, is President of the Association of People with Disabilities in Bandam.**

Every other Sunday, the 15 members of the self help group for people with disabilities meet in Madeleine's little house. "At our meetings, we talk about the impacts of the physical impairment on our lives, discuss topics such as disability cards or walking aids, and plan income raising activities," she explains. FAIRMED bought the association land on which they grow their corn – the sale will compensate for the loss of donations from Switzerland.

## How the Bankim health project continues without FAIRMED's support

### Community projects for financing healthcare



**Aboubakar, a villager in Songkolong, has harvested his first melons.**

In the villages of Nyamboya, Songkolong, Attah and Bandam, they are already generating their first incomes through melon and potato farming, and by raising pigs. The income from these activities is set to benefit the entire community. "We will continue to be able to ensure healthcare for those in need – just as FAIRMED has done up to now," says Aboubakar.

## Local authorities



**Marie Noëlle Messok, Delegate for Culture and Health**

"The municipality of Bankim will monitor the management of the funds through spot-check visits and regular controls," explains Marie Noëlle

Messok, the local delegate for Culture and Health. "The municipal councils are our eyes and ears on the ground. As such, we make every effort to involve them in the implemented activities," explains Messok.

## Local government



**Angelbert Mveing, Mayor of Bankim**

"Perhaps above all else, FAIRMED has revolutionised the treatment of people suffering from neglected tropical diseases. In the past, people suffering from Buruli, leprosy or yaws were seen as cursed and were ostracised from society. With the assistance of Fairmed, we have learned to live alongside our patients, to help them through this time and to accompany them in their recovery. We are grateful and determined to maintain this achievement."

# How can **success** grow?

**Dependable basic medical care for the poorest in isolated villages: this has been enabled by the FAIRMED health project underway in the Nepalese province of Lumbini since 2019. Despite COVID-19, cholera and political unrest, the project was expanded from 18 to 28 communities in 2021. This kind of success story is only possible thanks to the sustainable approach pursued by FAIRMED.**

In the southern province of Terai in Lumbini, directly on the border with India, large parts of the population live in remote areas and in great poverty. Before FAIRMED began its health project in this location, there was barely any access to health services, making it the perfect breeding ground for neglected tropical diseases (NTDs) such as leprosy. Maternal and newborn mortality was high, in part due to the large number of home births. "I am glad that we could play our part and can continue to help the people here to live healthy lives," says Bharath Sundar, Programme Manager for the FAIRMED projects in Nepal. And this is despite the challenging circumstances of 2021: "During the COVID-19 epidemic, we used up a great deal of resources to support the government in their efforts to combat the virus," remembers Sundar. "Moreover, the government was dissolved. This led to poorly defined roles and responsibilities within the Ministry of Health, one of our strongest partners. On top of all this, there was a cholera outbreak in the project region in October. "For our employees, this meant a full two weeks of involvement in the emergency response before things could get back to normal." Nevertheless, the project was expanded to include a further ten communities in 2021 and it will continue to grow in 2022. This was only possible because FAIRMED consistently configures its projects to be as permanent and crisis-resistant as possible. But what does this approach actually necessitate? "A major part of the formula for success lies in the fact that we integrate all of our stakeholders in the project planning from day one," explains Bharath Sundar. FAIRMED identified the problems for access to health through numerous discussions with people with access to only poor medical care, as well as with health authorities and experts. "As in every FAIRMED project, we took measures to remedy the specific health problems of the local population," continues Sundar.

## **Problems at different levels**

These problems were numerous and varied. "Many people in the project area live in remote regions. We enabled their medical care by setting up birth centres and small medical outposts," he explains. In addition, it was soon clear that NTDs and maternal and neonatal mortality were major issues. "In response, among other measures we made sure that through training and development, we were in a position to provide health-care workers with the required medical expertise for treating NTDs and complications during pregnancy. In addition, FAIRMED has tackled these challenges with other activities such as awareness-raising campaigns and by founding self help groups for affected persons.

But FAIRMED goes beyond the level of those immediately impacted. A further cornerstone of the project is experience transfer and training for local policymakers and the heads of health facilities. "This is important – political decentralisation in Nepal meant that for the first time the communities had the task of independently planning and implementing health policy activities in their region. In many cases however, those responsible lacked the necessary knowledge for this new and demanding task," says Bharath Sundar, describing the challenge. Now, thanks to courses training provided by FAIRMED, the communities have robustly improved the financing of their health services.

## **Local employees are the key to success**

But is the participation of all stakeholders enough to ensure long term success? "No – our approach of working exclusively with local employees is indispensable for safeguarding the long term viability of services and is an irreplaceable component of our formula for success. They know the culture, speak the local languages and are a part of the communities in which they work. The local people know and trust them," emphasises Sundar. But the formula for success is also a work in progress. "Regular monitoring visits and review meetings for improving and adapting measures are also necessary. This is the only means of strengthening local health structures for the long term," says Bharath Sundar, summarising the FAIRMED philosophy.



FAIRMED has **trained and helped to develop this many people** since the start of the project:

**477**

**local policymakers  
and public officials**



**1,728**

**volunteer health workers**



**825**

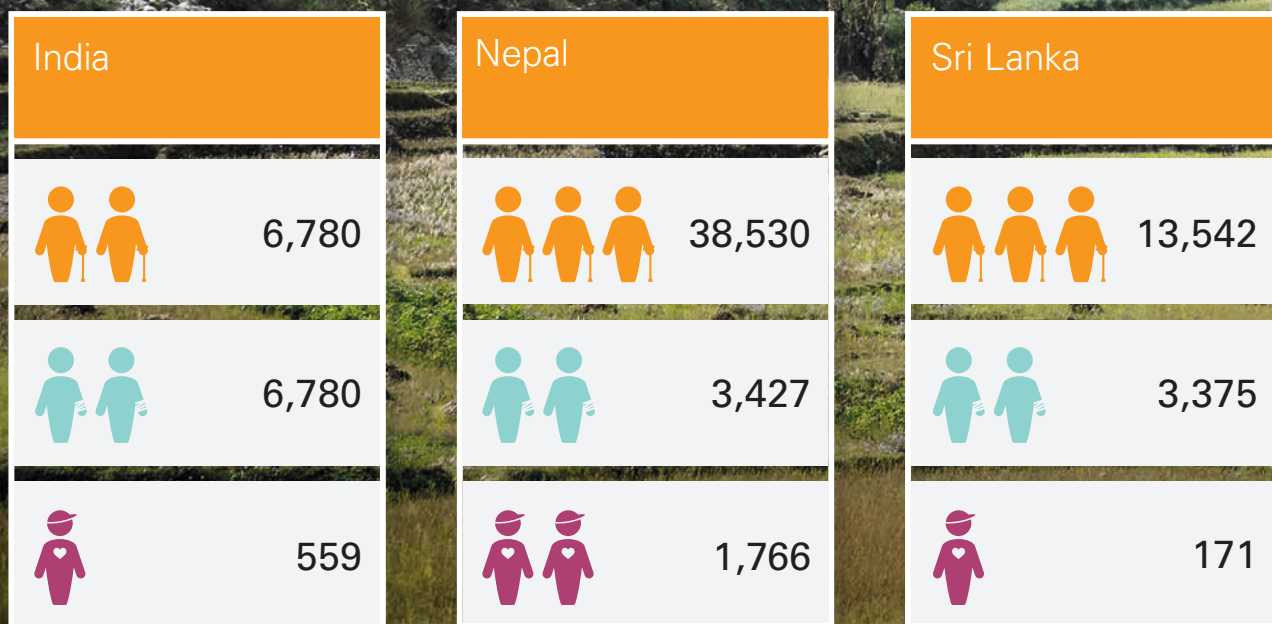
**health workers**





# 2021 FAIRMED projects in figures

## Asia



FAIRMED directly supported this many people in 2021, and through personal exchange and interaction, helped increase their awareness of health issues.









This many people have been treated for neglected tropical diseases, including leprosy, Buruli ulcer and yaws.



The number of local qualified health workers and volunteer health workers who were trained by FAIRMED.



# Africa

| Cameroon  | Central African Republic   |
|---|--|
|  107,551 |  95,045 |
|  1,811   |  9      |
|  658     |  240    |

In the countries in which FAIRMED was active over the course of the past year, 261,448 people benefited from diagnosis, treatment, knowledge transfer and awareness-raising measures pursued through personal exchange and interaction. The number of people FAIRMED has reached through broader awareness-raising initiatives such as posters and advertisements in newspapers is not included.

**This has only been possible through the support of countless individuals who are committed along with us. Our heartfelt thanks goes out to all of you who helped us to achieve our goals over the course of the year.**



# How do we counter the coronavirus?

Despite rising coronavirus figures over the course of 2021, FAIRMED could still ensure access to health for the people in the projects. While the team in Bern has had to contend with travel restrictions in recent months, the exclusively local FAIRMED employees on the ground could take quick and effective measures to protect against the coronavirus.



## Cameroon

**Belobo M. Marguerite epse  
Belibi, Country Coordinator  
Cameroon**

"Fortunately, we could continue working in 2021 despite the rising number of cases. In addition

to our usual project activities, we have distributed protective materials and supported the government's vaccination campaign."



## Central African Republic

**Emmanuel Mbouem Mbeck,  
Country Coordinator Central  
African Republic**

"Despite the restrictive measures taken by the government to contain the pandemic, the situation has worsened and numbers have

been rising steadily. We have used posters to raise awareness of protective measures, distributed masks, gloves and disinfectants and have generally supported the government in the vaccination campaign."



## Nepal

### **Nirmala Sharma, Country Coordinator Nepal**

"2021 was tough, mainly because of the second wave, which depleted oxygen supplies and led to a significant increase in death rates. Throughout, FAIRMED not

only supported vaccination campaigns and distributed protective material, but also provided food packages to people who had been driven to hunger by the pandemic."



## India

### **John Kurian George, Country Coordinator India**

"COVID-19 hit India with full force. In the spring, there were times when we had over 400,000 cases a day. Many people with leprosy found it difficult to get

the treatment that they needed. The employees of the GRETNALTES hospital, which is supported by FAIRMED, visited people at home and gave them medical care, food, clothing and protective materials."



## Sri Lanka

### **Nayani Suriyarachchi, Country Coordinator Sri Lanka**

"Sri Lanka was hit hard by the coronavirus in 2021. The country was under strict lockdown for most of the year. Ultimately the health system was able to cope

with the number of cases, but the economic consequences for the country were far-reaching. The FAIRMED staff predominantly worked from home by telephone – many leprosy patients were also cared for over the phone."

## Balance Sheet As at 31 December 2021

| (in CHF)                                  | 31.12.2021       | %            | 31.12.2020       | %            |
|---|------------------|--------------|------------------|--------------|
| <b>Assets</b>                             |                  |              |                  |              |
| Cash                                      | 4 159            |              | 3 147            |              |
| Postal accounts                           | 1 316 381        |              | 1 382 228        |              |
| Banks                                     | 535 366          |              | 926 938          |              |
| <b>Cash equivalents</b>                   | <b>1 855 906</b> | <b>46.5</b>  | <b>2 312 313</b> | <b>53.1</b>  |
| Receivables                               |                  |              |                  |              |
| · Other short-term receivables            | 160 632          |              | 185 516          |              |
| Prepaid expenses (A&D)                    | 43 221           |              | 168 179          |              |
| <b>Receivables and A&amp;D</b>            | <b>203 853</b>   | <b>5.1</b>   | <b>353 695</b>   | <b>8.1</b>   |
| <b>Current assets</b>                     | <b>2 059 759</b> | <b>51.6</b>  | <b>2 666 008</b> | <b>61.2</b>  |
| Equipment & IT                            | 3 053            |              | 6 103            |              |
| <b>Tangible assets</b>                    | <b>3 053</b>     | <b>0.1</b>   | <b>6 103</b>     | <b>0.1</b>   |
| <b>Financial investments</b>              | <b>1 930 763</b> | <b>48.3</b>  | <b>1 681 508</b> | <b>38.6</b>  |
| <b>Fixed assets</b>                       | <b>1 933 816</b> | <b>48.4</b>  | <b>1 687 611</b> | <b>38.8</b>  |
| <b>Total assets</b>                       | <b>3 993 575</b> | <b>100.0</b> | <b>4 353 619</b> | <b>100.0</b> |
| <b>Liabilities</b>                        |                  |              |                  |              |
| Liabilities                               |                  |              |                  |              |
| · Assistance and costs                    | 202 982          |              | 406 129          |              |
| · "Leprahilfe" linked account, affiliated | 20 034           |              | 7 213            |              |
| Other short-term liabilities              | 18 044           |              | 16 719           |              |
| Prepaid income                            | 40 755           |              | 49 233           |              |
| <b>Short-term liabilities and A&amp;D</b> | <b>281 816</b>   | <b>7.1</b>   | <b>479 295</b>   | <b>11.0</b>  |
| Dedicated funds                           |                  |              |                  |              |
| · Nepal RHIP Baglung                      | 0                |              | 270 457          |              |
| · Baka                                    | 0                |              | 1 666            |              |
| · EHP Nepal                               | 0                |              | 55 912           |              |
| · Fonds DLPC phase II Sri Lanka           | 17 515           |              | 27 972           |              |
| · Fonds Gertrud von Haller Stiftung       | 65 334           |              | 120 000          |              |
| · Fonds Santé Primaire Lobaye RCA         | 0                |              | 20 562           |              |
| · Fonds Bobélé RCA                        | 6 253            |              | 268 421          |              |
| · Fonds Sangha Mbaere RCA                 | 37 831           |              | 0                |              |
| <b>Fund capital</b>                       | <b>126 933</b>   | <b>3.2</b>   | <b>764 990</b>   | <b>17.6</b>  |
| <b>External and fund capital</b>          | <b>408 749</b>   | <b>10.2</b>  | <b>1 244 284</b> | <b>28.6</b>  |
| Foundation capital                        | 500 000          |              | 500 000          |              |
| Corporate funds (free capital)            | 2 698 826        |              | 2 441 335        |              |
| Fluctuation funds                         | 386 000          |              | 168 000          |              |
| <b>Organisational capital</b>             | <b>3 584 826</b> | <b>89.8</b>  | <b>3 109 335</b> | <b>71.4</b>  |
| <b>Total liabilities (capitalisation)</b> | <b>3 993 575</b> | <b>100.0</b> | <b>4 353 619</b> | <b>100.0</b> |



## Operating Statement

| (in CHF)  | 2021              | %            | 2020             | %            |
|---|-------------------|--------------|------------------|--------------|
| <i>Donations received and other revenue</i>                     |                   |              |                  |              |
| Donations   | 3 757 436         |              | 3 542 659        |              |
| Dedicated project grants  |                   |              |                  |              |
| · General   | 2 201 865         |              | 3 099 929        |              |
| · SDC   | 0                 |              | 216 000          |              |
| · Cantons and municipalities                                    | 296 500           |              | 345 350          |              |
| SDC program contributions                                       | 3 150 000         |              | 0                |              |
| Bequests and legacies / condolences                             | 359 339           |              | 932 228          |              |
| Foreign currencies  | 4 980             |              | 8 194            |              |
| Consultations and other income                                  | 37 135            |              | 28 563           |              |
| <b>Operating revenue</b>  | <b>9 807 255</b>  | <b>100.0</b> | <b>8 172 922</b> | <b>100.0</b> |
| <i>Expenses for projects</i>                                    |                   |              |                  |              |
| Project expenses  | 6 828 296         |              | 5 825 102        |              |
| Ancillary project expenses                                      | 833 489           |              | 834 087          |              |
| Fundraising and general advertising expenses                    | 1 385 574         |              | 1 069 481        |              |
| Administrative expenses   | 1 086 261         |              | 930 666          |              |
| <b>Operating expenses</b>                                       | <b>10 133 621</b> | <b>103.3</b> | <b>8 659 335</b> | <b>106.0</b> |
| <b>Operating result</b>   | <b>-326 367</b>   | <b>-3.3</b>  | <b>-486 413</b>  | <b>-6.0</b>  |
| Financial income  | 269 667           |              | 201 461          |              |
| Financial expenses  | -105 865          |              | -185 279         |              |
| <b>Financial result</b>   | <b>163 802</b>    | <b>1.7</b>   | <b>16 183</b>    | <b>0.2</b>   |
| <b>Result prior to modification of funds</b>                    | <b>-162 565</b>   | <b>-1.7</b>  | <b>-470 230</b>  | <b>-5.8</b>  |
| Use / withdrawal of funds                                       | 2 046 851         |              | 411 235          |              |
| Allocation / deposit of funds                                   | -1 408 795        |              | -436 955         |              |
| <b>Fund result</b>  | <b>638 057</b>    | <b>6.5</b>   | <b>-25 720</b>   | <b>-0.3</b>  |
| <b>Annual result prior to organisational capital allocation</b> | <b>475 491</b>    | <b>4.8</b>   | <b>-495 951</b>  | <b>-6.1</b>  |
| Change in fluctuation funds                                     | -218 000          |              | -2 000           |              |
| Allocation (-) / withdrawal (+) from corp. funds                | -257 491          |              | 497 951          |              |
| <b>Total allocations (-) / withdrawals (+) from funds</b>       | <b>-475 491</b>   | <b>-4.8</b>  | <b>495 951</b>   | <b>6.1</b>   |
| <b>Annual result following allocations</b>                      | <b>0</b>          | <b>0.0</b>   | <b>0</b>         | <b>0.0</b>   |

The detailed financial statement is published on the website at <https://www.fairmed.ch/en/media-downloads>



In India's Maharashtra district, the father of these twin boys has been cured of leprosy and can return to work. The family's situation has been alleviated and they are no longer hungry.



# 2021 – Over one million more for projects

**FAIRMED reached more communities in 2021 than in the previous year – a total of 261,448 persons received our direct help. For this, we are dependent on our donors and the results of ongoing marketing efforts. Alongside, we're building up the project teams that do the work on the ground to help the very poorest people. In the year under review, the programme volume was increased from 6.7 million to 7.7 million francs.**

While the second full year of Covid brought fewer uncertainties than the first, the communities in the project areas in Asia and Africa were severely affected by the spread of the virus. In India and Nepal, the second Covid wave in the first half of the year was many times more destructive than previous waves. In Sri Lanka, 2021 was marked by curfews and quarantine regulations, meaning that far fewer trips to the project areas from Switzerland were possible. In the face of this, our colleagues in Africa and Asia managed to continue the projects for the benefit of local communities. And by distributing protective materials and food or by assisting with vaccination campaigns, they could also provide better support to those affected by Covid.

Despite the challenges we have all faced, the sources of income that sustain the work of FAIRMED have developed well in Switzerland. Since this reporting year, FAIRMED in alliance with the Christoffel Blindenmission (CBM) can count on a programme contribution from the institutional partnerships with SDC involvement. For FAIRMED, this came to 3.15 million francs in 2021, which can now be put to use in the programme for the poorest and most neglected. This gives our organisation the planning security that we and our partners depend upon.

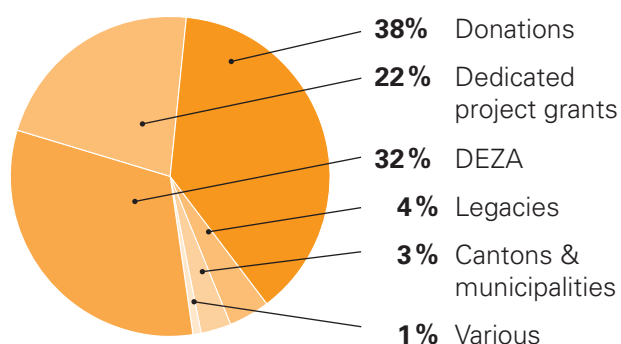
Although information and fundraising campaigns requiring direct contact with the public could not be carried out due to Covid measures, financing through private donations nevertheless increased from 3.5 to 3.8 million. Together with other financing, this has permitted a strong diversification of resources for FAIRMED.

Once again, there was an emphasis this year on transparency and integrity. A committee from the Foundation Board were involved in the analysis of all project auditing and our employees worldwide and the Foundation Board have confirmed their commitment to the essential guidelines on conduct, corruption, gender, \*PSEAH and sexual harassment in the workplace. An anonymous whistleblowing service has also been put in place.

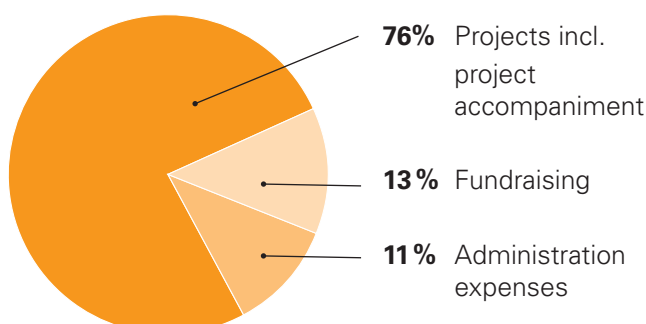
For the coming year, we plan a budget of a similar amount for the work in the countries supported by FAIRMED. In 2022, we will continue to devote our energy to projects aimed at those most in need – to help them exercise their right to health and to support access to healthcare. Throughout, our efforts to combat neglected tropical diseases are underway and making a difference.

\*prevention of sexual exploitation, abuse and harassment

## Sources of funds 2021



## Use of funds 2021





# Where are we making a difference?

**FAIRMED is active in seven countries on two continents. The organisation operates from Bern and bears the ZEWO seal of approval since 1963. FAIRMED is also certified with the NPO label for management excellence. FAIRMED emerged from the association Leprosy Relief Emmaus Switzerland in 2009 and is a foundation in pursuance of Article 80 et seq. of the Swiss Civil Code. The main organs are the foundation board and the board of control.**

## Cameroon

In Cameroon, FAIRMED is working to ensure that the indigenous Baka people and the population in impoverished and neglected districts can receive medical care. As part of the OCEAC project, FAIRMED is working with the health ministry and WHO to eradicate yaws in the Congo Basin, with a focus on indigenous people (Baka). As part of the WHO Morges Strategy to eradicate yaws, 550,893 people were treated with azithromycin for yaws. Together with the health ministry, FAIRMED is reinforcing the monitoring of diseases such as leprosy, Buruli ulcer, lymphatic filariasis and scabies.

## Congo

In the Republic of the Congo, FAIRMED is working with the health ministry, the organisation OCEAC and WHO to eradicate yaws, particularly among the indigenous Aka population. FAIRMED is also supporting the health ministry in efforts to combat other skin NTDs such as leprosy and Buruli ulcer.

## Chad

FAIRMED works in partnership with the local health ministry and the AMASOT Association on the monitoring and treatment of leprosy and leishmaniasis in neglected and remote areas. In 2021, over 148 people were treated for cutaneous leishmaniasis.

## Central African Republic

In war-torn Central African Republic, FAIRMED is working to rebuild the much-weakened health system and to give the people access to much needed health services – in particular the Aka ethnic minority. FAIRMED is working with the health ministry, OCEAC\*\* and WHO on a project to eradicate yaws through the implementation of the WHO's Morges Strategy (widespread treatment with azithromycin), with a focus on the Aka population.

## Nepal

In Nepal, FAIRMED is working with the public and village communities in the remote regions of the south and the plateau landscapes of Baglung district to gain access to improved healthcare. In both regions, neglected tropical diseases are rampant.

## India

FAIRMED supports four reference hospitals in India that are specialised in the treatment and rehabilitation of leprosy patients, and is also undertaking a research project into the status of medical care for migrants impacted by leprosy. Research is being conducted into how to improve their access to health services.

## Sri Lanka

In Sri Lanka, FAIRMED is working in cooperation with the government to combat leprosy and the stigmatisation of affected people, and is promoting education activities among the respective communities as well as providing support for people with leprosy-related physical impairments. In 2021, one large project was completed and new projects were planned.

### Branch Office Bern, as at 31.12.2021

The office is responsible for the planning and implementation of projects, programmes and initiatives at home and abroad. In 2021, the office employed 19 employees in Bern, spread across 14.65 full-time positions.

- Lorenz Indermühle, Managing Director and ad interim Head of Programs
- David Maurer, Head of Marketing
- Corinne Abegglen, Head of Finance and Personnel

### Members of the Honorary Board, as at 31.12.21

- Rolf Lehmann, President, attorney-at-law and solicitor, member since 2009
- Goran Radin, Vice President, lic. rer. pol., economist, member since 2009
- Beat Ritschard, lic. rer. pol., economist, member since 2009
- Prof. Dr. Dr. h.c. Marcel Tanner, Director Emeritus Swiss TPH and Prof. Uni Basel, President of the Swiss Academy of Sciences Bern, member since 2014
- Dr. med. Marina Carobbio Guscetti, doctor and Councillor of State, member since 2019
- Dr. Susanna Hausmann-Muela, Doctoral Epidemiologist and MSc Medical Anthropology, Chief Program Officer Fondation Botnar, member since 2019

\*Association pour le marketing social au Tchad

\*\*Organisation de coordination et de coopération pour la lutte contre les grandes endémies en Afrique Centrale



In Sindhupalchowk district in Nepal, health volunteer Nobina (left) educates a family about worm diseases.

On behalf of FAIRMED, we would like to thank all of the **municipalities, cantons, companies, lottery funds** and **foundations** that have supported our projects financially or through the provision of content. We would also like to extend our great thanks to the **Lottery Fund Bern**.

A special thank you goes out to our partners: the Swiss Agency for Development and Cooperation **SDC**, the Fondation Follereau Luxembourg **FFL**, Medicor and the Swiss Tropical and Public Health Institute **Swiss TPH**, our partner organisations International Federation of Anti-Leprosy Associations **ILEP**, Secours aux Lépreux Canada **SLC**, the Swiss Alliance against Neglected Tropical Diseases **SANTD** and the Fondation Raoul Follereau **FRF**.

And of course we would like to thank all of the private donors who gave us their loyal and generous support in 2021.

**Our sincere gratitude goes out to you all!**

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**FAIR MED**  
Health for the Poorest