



# Foreword from the President

Health is a global concern! Right now, this message is being brought starkly into the open by the global impact of the coronavirus. With grim perseverance, the virus travelled from China to Europe and Switzerland, and almost all corners of the Earth. In our globalised world, in which great distances are easily overcome, the virus has spread in a very short time, bringing public health systems everywhere to their knees.

What we have seen is that an inadequate health system in one place can impact the health of people on the other side of the globe. SARS-CoV-2 is thought to have 'jumped' to humans from an infected animal at a market in China. Following initial hesitation, China's broadly well-functioning health system was at least able to curb the rapid proliferation of the virus. But even these measures could not prevent its global spread, leading one to wonder what would happen if an epidemic caused by a similar pathogen were to originate in a market in Africa, where there is no health system in place to manage such an event. This global crisis teaches us how important it is that ALL people have access to health care – even the world's most neglected.

The UN member states are also pursuing this goal in the form of the 2030 Agenda and its 17 Sustainable Development Goals. With the implementation of the Millennium Development Goals, the international community has learned from experience that sustainable development can only be successful and efficient if the measures reach ALL sections of the population. This includes the poorest and the most neglected. Against this backdrop, the 2030 Agenda takes "Leaving no one behind" as its official motto.

This same guiding principle has underpinned the work of FAIRMED for over 60 years. In the past, it was the lepers who were socially excluded and had no hope of access to adequate healthcare. Today, this barrier is predominantly the result of other factors – above all the factor of poverty. We are committed to ensuring that even the most neglected are able to lead healthy lives. And as this current and ongoing crisis shows, in doing so we are not only helping and supporting those immediately affected by poverty, but are also making a difference to our own well-being.

I would like to offer my heartfelt thanks on behalf of everyone who has enjoyed improved access to healthcare through your support over the past year. Thank you for having a positive impact on the lives of these people, and perhaps also your own.



A handwritten signature in blue ink, appearing to read 'Hehl', written over a light blue grid background.

Adrian Hehl  
President of the FAIRMED Foundation





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## Impressum

Editorial staff: Adrian Hehl, René Stäheli, Saskia van Wijnkoop, Arno Meili  
 Photos: Peter Käser, Simon Opladen, Simon Huber, Pravin Pagare, Sarthak Karki,  
 Nirvan De Zylva, Franziska Rothenbühler  
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# When inequality **causes illness**

**Living in poverty means more than working for little money. Malnutrition, sparse accommodation, unsanitary hygienic conditions and a lack of access to clean water mean that for poor people, the reality of life is one of poor health. The very poorest are the most profoundly impacted by this inequality of health. The poorer you are, the more sick you are likely to be – and vice versa.**

It is the poorest that suffer most frequently from so-called “diseases of poverty”. While malaria, tuberculosis and HIV/AIDS are well known and receive a correspondingly high-level of attention, the NTDs (neglected tropical diseases) such as Buruli ulcer, leprosy or elephantiasis suffer from a lack of attention and research funding. For the people on the ground, this has devastating consequences: while NTDs are not usually fatal, they threaten 1.5 billion people worldwide, and if left untreated can cause disabilities and an inability to work, which leads inexorably to debt. Those affected are caught in a vicious cycle of poverty and illness. If they fall ill, they are less able to work or learn, and they become even poorer.

The occurrence of NTDs is thus an indicator of those regions that are home to especially poor and neglected people. These diseases thrive where housing is poor, drinking water is dirty and access to healthcare is limited or non-existent. NTDs find their ideal breeding ground where disease-transmitting insects are an ever-present companion.

Although poverty also has a negative impact on health here in Switzerland, we are largely spared such diseases of poverty. This also means that most Swiss people are unaware of the widespread nature of neglected tropical diseases in poor countries.

## **Nobody should have to suffer or die from a curable disease**

FAIRMED’s vision is for ALL people to have equal access to adequate and affordable medical treatment and dis-

ease prevention. EVERYONE should be able to live in a healthy environment that is characterised by fairness. We believe that nobody should be permitted to suffer or die from a curable disease. To implement this vision, our program takes a holistic approach that incorporates the most important factors affecting the health of the very poorest.

Our program is based on the following three pillars: Firstly, FAIRMED promotes fair health opportunities for the very poorest in Africa and on the Indian sub-continent, with the hope of breaking the vicious circle of poverty and disease. Secondly, we are helping to reduce the burden of poverty-related illnesses, above all the neglected tropical diseases. Through our efforts to combat leprosy, we have many years of experience with neglected diseases and their various health, social and economic aspects, and we continue to build on this expertise. Thirdly, in Switzerland, we are strengthening the awareness that health inequality is not an inevitability.

Our guiding principles represent the ethical compass of our program. At all times, our activities are premised on human rights, in particular the right to fair access to good quality basic healthcare for all. Equal rights for men and women is likewise an essential aspect of our program, and we thus follow a consistent gender policy – from our headquarters all the way to our beneficiaries.

## **Sustainability in the foreground**

Throughout our activities, we work exclusively with local employees, and by investing in their training and further education, we strive to safeguard independent and local expertise. We also involve the beneficiaries of our projects in the planning and implementation. This is the sole means of ensuring that our efforts genuinely meet the needs of those affected. Moreover, to achieve broad acceptance for our work, we plan and work with local governments and partner organisations, always in a climate of mutual learning and respect. Among other





objectives, this is to ensure that our program has a long-term and sustainable effect.

Our cross-sectoral approach represents a further guiding principle of the program. In order to create healthy living environments and equitable health opportunities, a variety of sectors must be able to take joint action and different partners must be able to work together, especially with regard to WASH (access to water, sanitation, hygiene) and the inclusion of people with disabilities, both of which are immensely important to us. Globally, around one billion people live with some form of disability, whereby people in developing countries are more strongly affected. Disabilities impair productivity and lead to more poverty. Neglected tropical diseases can also result in severe disabilities, and thus the inclusion of people with disabilities is therefore of the utmost importance in the FAIRMED program.

### **Leave no one behind**

In the implementation of our program, we strictly adhere to the guiding principle of cost diligence. FAIRMED receives funding from donors, foundations and the public sector. This confidence that is invested in us obliges us to use these resources carefully and responsibly. However, a cost efficiency that takes the approach of “how many people can we support per franc spent” is

not the determining factor in the majority of our interventions. For example, the cost of reaching neglected communities in remote areas is higher than for large cities, which is also one of the reasons why these people are neglected. Distributing medication in an urban environment is far cheaper than treating neglected tropical diseases through intensive disease management.

However, it is precisely these interventions that are required in order to reach the people who are most left behind. These people are the focus of our activities and of the measures of the 2030 Agenda, which has “Leave no one behind” as its motto. In keeping with the concept of universal health coverage, FAIRMED is committed to ensuring that all people have comprehensive access to health care without the risk of financial ruin.

Our heartfelt thanks for your support for our work!



René Stäheli  
Director of FAIRMED

# A diagnosis of **poverty**

**FAIRMED gives the world's poorest people a fair chance of a healthy life, with the aim of breaking the vicious circle of poverty and disease. Together with the local population on the ground, we identify the most important factors that are affecting their health. These insights then serve as the basis for our projects.**

Over four years ago, the 193 member states of the United Nations unanimously adopted the 2030 Agenda for Sustainable Development. At its heart are the 17 sustainable development goals. These goals include ensuring a healthy life for each and every person. To achieve this, it is vital that every person is guaranteed access to healthcare services. Only in this way will it be possible to achieve the 2030 Agenda motto of "Leave no one behind," and it is precisely this undertaking to which FAIRMED is committed. But how do we find and identify those people who are left behind? We find them where they and the healthcare system have suffered particular neglect, whereby a reliable indicator is the prevalence of NTDs (neglected tropical diseases – more on pages 8/9).

## **Exclusively local employees**

However, NTDs such as yaws, leprosy or elephantiasis are frequently not the only problem faced by the people in these regions. Treating diseases of poverty is not enough on its own to break the cycle of poverty and disease. The health of people in our project areas depends on numerous different factors. Together with the local population, we work to identify these factors. And when planning projects, we ensure that the local population is represented, alongside the responsible local official agencies and our employees, who are exclusively local. In this way, we develop solutions that enjoy the support of all stakeholders and which are sustainable in nature. This approach ensures that our activities in the project area can be continued even after we are no longer directly involved.

One such example is our activities in the Central African Republic. Here, as in all of our projects, we strive to provide people with access to urgently

## **Chad**

Since 2019 FAIRMED is working in partnership with the local ministry and AMASOT on the monitoring and treatment of leprosy and leishmaniasis in neglected and remote areas of the country.

## **Cameroon**

In Cameroon, FAIRMED is committed to ensuring that the indigenous Baka people can lead healthy and self-determined lives. A further project is aimed at ensuring that the population in the poor and neglected commune of Bankim has sufficient access to health services. FAIRMED is also working to advance the mapping and monitoring of NTDs in Cameroon.

## **Central African Republic**

In the war-torn Central African Republic, FAIRMED is striving to (re)build the decimated health system and to give people, in particular the indigenous Aka, access to vital health services.

## **Cameroon, Central African Republic and Congo**

In a cross-border and harmonised project, FAIRMED is working since 2019 with the participating health ministries, the organisation OCEAC and the WHO on the eradication of yaws.



## Nepal

In Nepal, FAIRMED is reinforcing the provision of basic medical care for the rural population in the predominantly remote southern regions that are most affected by NTDs. A further project in Nepal is the improvement of the health of the rural population in the plateau landscapes of Baglung district.

needed health services. The indigenous Aka are a demonstration of just how many factors – alongside the treatment of NTDs – that are involved in achieving this goal. Not only do the Aka have no civil and land rights, they often live in genuine bondage as the “property” of the higher-status Bantu. The life expectancy of the Aka in the Central African Republic is among the lowest in the world. If they fall ill or have an accident, they have little chance of receiving adequate healthcare.

## Sustainable solutions

Last year, among numerous other achievements, our work on the ground enabled pregnant Aka women to make use of free prenatal examinations and to give birth to their children under appropriate medical care, all thanks to the voucher system that we helped to put in place. As FAIRMED project coordinator in the Central African Republic Jean-Pierre N'Tozo explains, last year FAIRMED also expanded the transport and treatment system for the remote Aka people: “Today, we are able to provide all of the Aka in our project area with transportation to the hospital if they become seriously ill or have an accident.”

## Holistic approach

FAIRMED also campaigns strongly for the empowerment of the Aka people, continues Jean-Pierre N'Tozo: “We encourage the members of the Aka community to become involved in their respective health committees and to better represent their own interests. We also mediate in disputes between the Bantu and the Aka. The latter are generally too submissive, leaving them unable to defend themselves on their own initiative.” A holistic approach such as this is vital for ensuring a long-term and enduring impact.

## India

FAIRMED is supporting five reference hospitals in India that specialise in the prevention, treatment and rehabilitation of leprosy-related disabilities. One crucial aspect of prevention is the early detection of leprosy.

## Sri Lanka

In Sri Lanka, FAIRMED is working with the government to fight leprosy and the stigmatisation of those affected by the disease.

\*Association pour le marketing social au Tchad

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



# 60 years of experience **with NTDs**

**FAIRMED is helping to reduce the burden of poverty-related diseases, above all the neglected tropical diseases. More than 1.5 billion people worldwide are affected by diseases of poverty. If left untreated, they can lead to disabilities.**

The World Health Organization (WHO) defines 20 tropical diseases as “neglected.” A characteristic shared by all of these diseases, which include leprosy, river blindness, elephantiasis, sleeping sickness, intestinal parasites, rabies and schistosomiasis, among others, is that they are often treatable, sometimes even with simple means. When left untreated, they rarely result in death but often go on to cause blindness, disfigurements and disabilities. Moreover, the victims are frequently discriminated against or ostracised from their communities.

## Indicator of poverty and inequality

NTDs occur where medical care and clean drinking water are lacking. They predominantly affect the poorer population groups in remote and rural areas, namely the very poorest people of all. As such, they are a reliable indicator – also for FAIRMED – of poverty and inequality, and of the regions that are home to the most neglected people in the world. Today, programs are in place that are working to combat NTDs and, accordingly, to open up access to health-care for the most vulnerable communities. In such efforts, it is vital that the established health systems are geared towards all neglected tropical diseases.

## Giving affected people a voice

This is a prominent component in all of the projects pursued by FAIRMED. We have been committed to combating NTDs since our foundation began its activities over 60 years ago. Last year alone, we ensured, among other things, that the health centres in our projects are equipped with all of the resources necessary for the treatment of these diseases. We also ensured that the health workers on the ground and local employees are trained and prepared in the detection of NTDs. We organised active case finding of NTDs, including through home visits, and carried out a range of activities to safeguard the inclusion of people with disabilities.



## Yaws

Yaws is a chronic skin infection with debilitating and disfiguring effects that typically affects children under 15 years of age. In 1950, it was one of the first diseases to be targeted for eradication, and since 2012, new efforts are underway in which FAIRMED is playing an important role.



## Buruli ulcer

The disease Buruli ulcer is caused by a bacterium that predominantly affects the skin and sometimes also the bones. It is not known how it is transmitted to humans.



Cameroon

Chad

Central African Republic

Congo



## Leishmaniasis

Leishmaniasis is a group of diseases that are caused by parasites and transmitted to humans through the bite of infected sand flies. Leishmaniasis can manifest itself in an ordinary infestation of the skin but also in the severe infestation of several organs. If left untreated, it can be fatal.





## Lymphatic filariasis

Lymphatic filariasis – commonly known as elephantiasis – is a painful and profoundly disfiguring disease. Nearly all infected people suffer lymphatic damage and up to 40% suffer kidney damage. The disease is caused by infection with nematodes, which are transmitted by various insects.



## Leprosy

The chronic infectious disease leprosy is caused by a slow-growing bacterium. The disease mainly affects the skin, peripheral nerves, mucosal surfaces of the upper respiratory tract and the eyes.



## Worm infections

These diseases are transmitted by eggs contained in human faeces, which in turn contaminate the soil in areas with poor sanitary conditions. They can lead to intestinal bleeding, loss of appetite, diarrhea, abdominal pain, general indisposition and weakness. The impact on the nutrition status of patients can affect educational performance, which can go on to have lifelong consequences.

We enable medical treatment for people with disabilities, empower them to exercise their rights, give them a voice in their communities and assist them as they further their education. Nobody must be left behind, and this is why the inclusion of people with disabilities is particularly important to us and our work.

## Combating discrimination

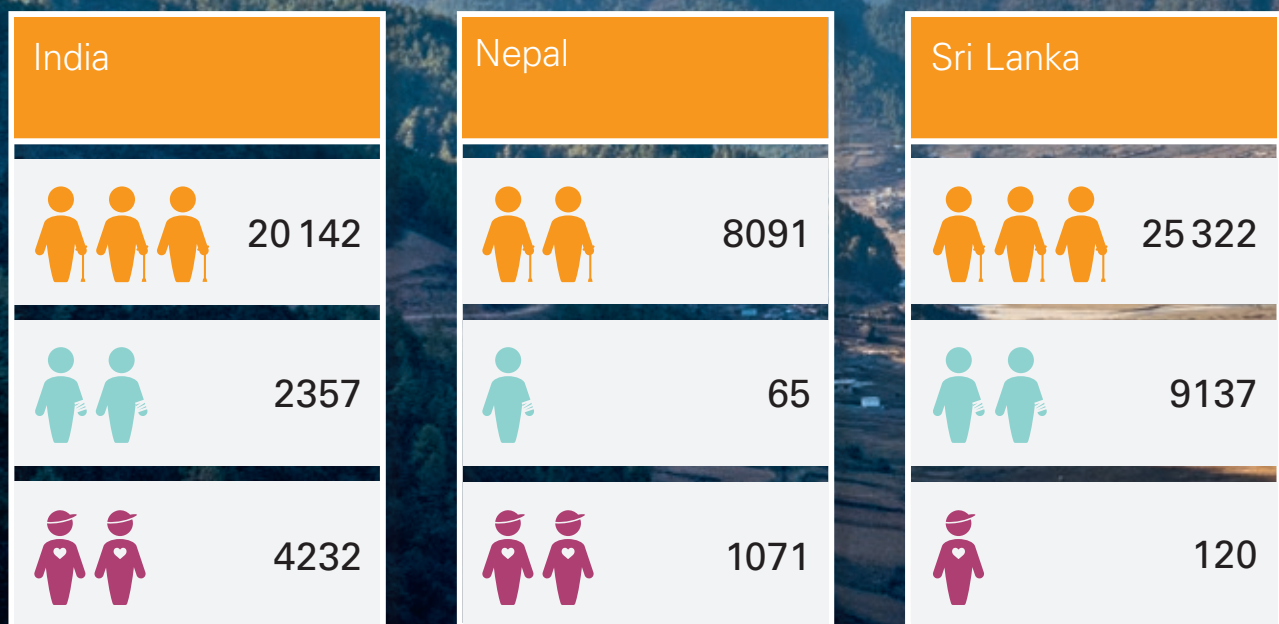
People affected by NTDs, in particular those with visible disabilities, often additionally suffer from discrimination. They are shunned or even expelled from society. Against this backdrop, we are committed to reducing discrimination. Among other things, this is achieved through large-scale awareness-raising measures among the general public, such as events and posters. For example, last year in Sri Lanka, where leprosy is strongly stigmatised, we produced educational comics for local newspapers and organised humorous puppet shows in schools, which convey to children everything there is to know about leprosy in a playful manner.

## Difficult data situation

A further component that is incorporated into our projects is data collection. In order to combat NTDs, it is essential to have an understanding of their prevalence. This is a prerequisite for being able to respond immediately when a disease is on the advance.

# 2019 FAIRMED projects in figures

## Asia



FAIRMED directly supported this many people in 2019, and through personal exchange and interaction, helped increase their awareness of health issues.









Number of people who were diagnosed with neglected tropical diseases such as leprosy, Buruli ulcer or yaws.



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



# Africa

Cameroon	Central African Republic
 74 908	 304 121
 913	 2513
 175	 416

In the countries where FAIRMED has been active for many years, 575840 people benefited in 2019 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.**



# Combating health inequalities

**You can make a difference! FAIRMED is helping to increase awareness among the general public in Switzerland about the difficult situation of the world's very poorest people. In 2019, we launched a cryptic campaign in Swiss train stations to draw attention to the serious issue of worldwide health inequalities.**

On 10 and 13 November at the four major Swiss train stations in Bern, Sankt Gallen, Lugano and Geneva, FAIRMED installed three seemingly genuine hiking trail signposts. Each of the signs featured examples of extremely long distances to the nearest health facility for our respective beneficiaries. All of the examples are taken from longtime FAIRMED project countries, namely the Central African Republic, Cameroon, Nepal, India and Sri Lanka.

## Trail signposts are also brainteasers

On the first two days, passers-by in the stations puzzled over what the unusual signs were all about. The campaign revealed its secrets in mid-November: via the website as well as through social media and a press

release, FAIRMED identified itself as the creator of the campaign and told the stories behind the distances on the signposts. In addition, FAIRMED employees handed out informational materials in the four stations. The long distances to the health facilities served as a jumping-off point to attract the attention of the Swiss general public. However, the different stories also told of further obstacles that stand in the way of good healthcare for our beneficiaries.

## Reaching commuters, readers and listeners

Through this campaign, FAIRMED reached a total of 1,021,000 commuters\* in four train stations. The FAIRMED homepage enjoyed around a 40 percent higher click rate during the duration of the campaign. Various print media and radio stations at the different locations reported on the signposts and came up with their own theories about the puzzling distances. FAIRMED reached an estimated 920,000 Swiss people in German- and French-speaking Switzerland and Ticino via popular media.

\*figure based on Swiss Federal Railways commuter frequency.





**Gugauli Health Post, Nepal**  
out of service

**Just one kilometre away, Rinki Tharu gave birth to her child in the newly equipped Gugauli health post.** After some years of preparation, the Gugauli health post is finally in operation and thanks to a nearby bridge, can also be reached within a reasonable period of time.



**Hospital Polonnaruwa,**  
**Sri Lanka** 3 h 30 min

**Shyama's grandfather would have faced a three and a half hour walk to Polonnaruwa Hospital.** A conspicuous skin fleck indicated that Wimal Pathirana had contracted leprosy.



**Bagandou Health Post,**  
**Central African Republic** 72 h

**A three-day journey on foot to the nearest health facility. Of all the distances highlighted on the signposts, Aka tribe member Julienne Mokongo has by far the longest journey to the nearest health facility.** The 50-year-old indigenous woman travelled to a health post on foot for three days, but when she arrived, there was no way of helping her. For the final stretch, a FAIRMED employee carried her on a motorcycle to the nearest hospital (a further 50 km!), where a two-kilo-gram cyst was removed in an operation that required the transfusion of six litres of blood. FAIRMED is putting an emergency system in place in the Central African Republic. Bicycles for use in emergencies are stationed at villages that have no electricity, Internet or telephone lines. In addition, health posts are equipped with motorcycles that can be used to carry seriously ill or injured people to the nearest hospital.

## The response of commuters



**Martin Josef Manser**  
**St. Gallen**

I think the campaign is super. It's a good thing that once again it is being brought to our attention just how privileged we are here in Switzerland, and how we have access to medical care practically everywhere in a few minutes – and that this is not the case everywhere.



**Jeanne Schwarzenbach**  
**St. Gallen**

I think the campaign is cool. It is a very good way of shaking people up and show that healthcare in other countries is not as good as here in Switzerland. The cryptic approach immediately gives you something to talk about – I like that.

Extract from the St. Galler Nachrichten, 11/2019

## Balance Sheet as at December 31 2019

(in CHF)	Notes	31.12.2019	%	31.12.2018	%
<b>Assets</b>					
Cash		4 288		6 112	
Postal accounts		810 451		716 761	
Banks		1 762 271		1 354 557	
<b>Cash equivalents</b>		<b>2 577 011</b>	<b>54.5</b>	<b>2 077 430</b>	<b>52.9</b>
Receivables					
· Other short-term receivables		185 894		254 379	
Prepaid expenses		295 763		106 405	
<b>Receivables</b>		<b>481 657</b>	<b>10.2</b>	<b>360 784</b>	<b>9.2</b>
<b>Current assets</b>		<b>3 058 668</b>	<b>64.7</b>	<b>2 438 214</b>	<b>62.1</b>
Equipment & IT		12 203		6 004	
Torbey, Yaounde property		0		0	
<b>Tangible assets</b>		<b>12 203</b>	<b>0.3</b>	<b>6 004</b>	<b>0.2</b>
<b>Financial investments</b>		<b>1 660 127</b>	<b>35.1</b>	<b>1 483 273</b>	<b>37.8</b>
<b>Fixed assets</b>		<b>1 672 330</b>	<b>35.3</b>	<b>1 489 277</b>	<b>37.9</b>
<b>Total assets</b>		<b>4 730 998</b>	<b>100.0</b>	<b>3 927 492</b>	<b>100.0</b>
<b>Liabilities</b>					
Liabilities					
· Assistance and costs		232 139		276 348	
· "Leprahilfe" linked account, affiliated		30 181		42 361	
· Other short-term liabilities		343		38 949	
Prepaid income		79 942		74 589	
<b>Short-term liabilities</b>		<b>342 604</b>	<b>7.2</b>	<b>432 246</b>	<b>11.0</b>
Dedicated funds					
· Sri Lanka AIM project		0		50 000	
· Nepal RHIP Baglung		418 592		34 781	
· Baka		2 484		4 350	
· LRI Cameroon		43 839		0	
· OCEAC Pian Cameroon		120 477		0	
· OCEAC Pian Congo		98 667		0	
· EHP Nepal		99 051		0	
<b>Fund capital</b>		<b>783 108</b>	<b>16.6</b>	<b>89 131</b>	<b>2.3</b>
<b>External and fund capital</b>		<b>1 125 713</b>	<b>23.8</b>	<b>521 377</b>	<b>13.3</b>
Foundation capital		500 000		500 000	
Corporate funds (free capital)		293 928		2 758 115	
Fluctuation funds		166 000		148 000	
<b>Organisational capital</b>		<b>3 605 285</b>	<b>76.2</b>	<b>3 406 115</b>	<b>86.7</b>
<b>Total liabilities (capitalisation)</b>		<b>4 730 998</b>	<b>100.0</b>	<b>3 927 492</b>	<b>100.0</b>



## Operating Statement

(in CHF)	Notes	2019	%	2018	%
<i>Donations received and other revenue</i>					
Donations		3 748 774		3 851 909	
Dedicated project grants					
· General		2 210 884		3 469 235	
· DEZA		184 000		0	
· Cantons and municipalities		518 350		426 600	
Bequests and legacies / condolences		1 177 158		765 749	
Foreign currencies		8 055		5 709	
<b>Operating revenue</b>		<b>7 847 221</b>	<b>100.0</b>	<b>8 519 202</b>	<b>100.0</b>
<i>Expenses for projects</i>					
Project expenses		4 206 422		6 273 195	
Ancillary project expenses		770 104		728 645	
Fundraising and general advertising expenses		1 256 834		1 253 110	
Administrative expenses		856 198		797 663	
<b>Operating expenses</b>		<b>7 089 557</b>	<b>90.3</b>	<b>9 052 613</b>	<b>106.3</b>
<b>Operating result</b>		<b>757 664</b>	<b>9.7</b>	<b>-533 411</b>	<b>-6.3</b>
Financial income		281 021		50 950	
Financial expenses		-145 537		-139 714	
<b>Financial result</b>		<b>135 484</b>	<b>1.7</b>	<b>-88 764</b>	<b>-1.0</b>
<b>Ordinary result</b>		<b>893 148</b>	<b>11.4</b>	<b>-622 175</b>	<b>-7.3</b>
Extraordinary income		0		944 349	
<b>Result prior to modification of funds</b>		<b>893 148</b>	<b>11.4</b>	<b>322 174</b>	<b>3.8</b>
Use / withdrawal of funds		51 866		0	
Allocation / deposit of funds		-745 844		-89 131	
<b>Fund result</b>		<b>-693 978</b>	<b>-8.8</b>	<b>-89 131</b>	<b>-1.0</b>
<b>Annual result prior to organisational capital allocation</b>		<b>199 170</b>	<b>2.5</b>	<b>233 043</b>	<b>2.7</b>
Change in fluctuation funds		-18 000		9 000	
Allocation (-) / withdrawal (+) from corp. funds		-181 170		-242 043	
<b>Total allocations (-) / withdrawals (+) from funds</b>		<b>-199 170</b>	<b>-2.5</b>	<b>-233 043</b>	<b>-2.7</b>
<b>Annual result following allocations</b>		<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>

The detailed financial statements are published on the website at <https://www.fairmed.ch/en/downloads>





# 2019 – another robust year

Following 2018, this was the second year in which FAIRMED voluntarily underwent the increased requirements of a regular audit (article 728 Swiss Code of Obligations). The regular audit ensures greater transparency and strengthens management and supervision processes. FAIRMED now also meets the in part extremely far-reaching requirements of international institutional donors. Within this framework, anti-corruption guidelines have been consistently implemented and the standards for audits in the project countries have also been enhanced.

As part of the regular audit, checks of the internal control system (ICS) are carried out on the basis of risk assessments and a report is compiled for the Honorary Board.

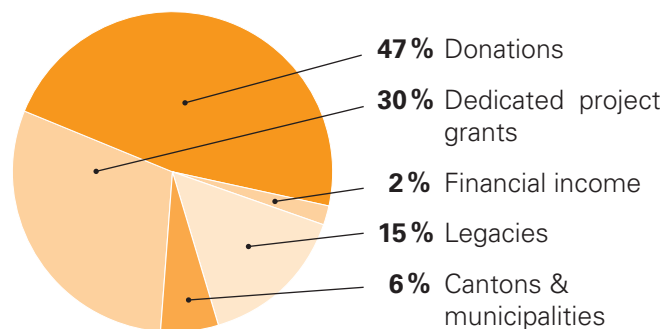
As the audit demonstrates, 2019 was a robust year for FAIRMED. There was a decrease in earmarked project contributions and project expenditure. At first sight, this looks like a decrease in donations, which would have a negative impact on projects. However, a closer inspection shows that this reduction is solely the result of the stoppage of medication donations to the Central African Republic.

After the deduction of these donations in kind, earmarked revenue and project expenditures even increased. In 2019, even more institutional donors have invested in our work. And once again, we have been the beneficiary of the generosity of donors who have chosen to support our work even after their death in the form of a legacy.

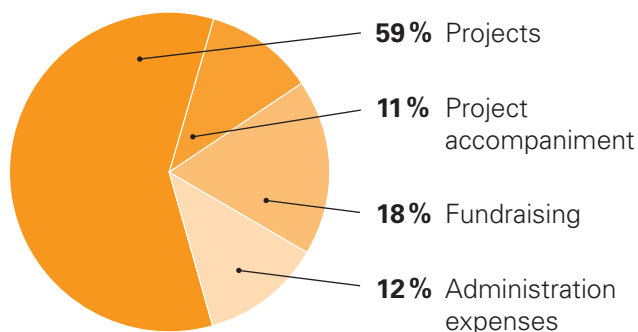
Despite a conservative investment strategy, in 2019 we were credited with the amount of CHF 135,000. Already in 2019, various organisations entrusted us with funding for project implementations in the subsequent year, and so the fund earnings are significantly higher than in the previous year, which enabled us to make a robust start going into 2020.

We are especially pleased about the SDC's contribution to our project in the greatly troubled Central African Republic, which we see as a clear sign of confidence in our work and which gives us hope for further fruitful cooperation in the future.

## Sources of funds 2019



## Use of funds 2019



**We have been able to help**  
**575 840 people in 2019**





# FAIRMED Foundation

Those who lack health lack everything. This is as true for people in Switzerland as it is for people in the rest of the world. However, in the event of illness, people in this country can go to the pharmacy, doctor or hospital, while the most neglected people in the world often lack access to health services. It is for these people that FAIRMED has been working since 1959.

FAIRMED operates from Bern and works exclusively with local employees in the project locations. The organisation was awarded the ZEWO seal of approval in 1963 and is also ISO-certified and has earned the NPO Label for Management Excellence. FAIRMED, which emerged from the association Leprosy Relief Emmaus Switzerland in 2009, is a foundation in pursuance of Article 80 et seq. of the Swiss Civil Code. The foundation's organs are the Foundation Board and the Board of Control. FAIRMED finances its projects through donations, bequests, as well as donations from private and institutional donors.

## Members of the Honorary Board, as per 2019

- The Foundation Board is the strategic managing body of FAIRMED.
- Prof. Dr. Adrian B. Hehl (President since 2018), PhD, cell biologist, Zurich, member since 2009
- Rolf Lehmann (Vice President since 2018), attorney-at-law and solicitor, Schliern bei Köniz, member since 2009
- Goran Radin lic. rer. pol., economist, Basel, member since 2009
- Beat Ritschard, lic. rer. pol., economist, Köniz, member since 2009
- Prof. Dr. Dr. h.c. Marcel Tanner, Director Emeritus Swiss TPH and Professor at the University of Basel, President of the Swiss Academy of Sciences Bern, member since 2014
- Dr. med. Marina Carobbio Guscetti, doctor and Councilor of State, member since 2019
- Véronique Achermann, business economist, Managing Director of Oktoplus GmbH, member since 2019
- Dr. Susanna Hausmann-Muela, PhD in Epidemiology and MSc in Medical Anthropology, Chief Program Officer Fondation Botnar, member since 2019

## Branch Office Bern, as per 31.12.2019

The office is responsible for the planning and implementation of projects, programmes and actions at home and abroad. In 2019, the office employed 19 employees in Bern, spread across 14 full-time positions.

- René Stäheli, Managing Director and ad interim Head of Marketing
- Bart Vander Plaetse, Head of Programs
- Corinne Abegglen, Head of Finance and Personnel

## Heartfelt thanks

We would like to take this opportunity to give our heartfelt thanks to the following:

- All our donors – it is only thanks to you that we can give people affected by poverty and illness access to healthcare and help them to live in dignity. Your regular contributions are a sign of your trust in us and help us to continue our work.
- All partners, communities, lottery funds, companies and foundations who have supported our projects either financially or through the contribution of content.
- The Lottery Fund of the Canton of Berne.
- Our partners the SDC, the Fondation Follereau Luxembourg FFL, Medicor and the Swiss Tropical and Public Health Institute.
- Our partner organisations the International Federation of Anti-Leprosy Associations (ILEP), Secours aux Lépreux Canada (SLC), Swiss Alliance against NTDs (SANTD) and the Fondation Raoul Follereau (FRF).
- Our employees and the health ministries in the project countries, whose dedication has helped us, all together, to achieve the results described here.
- All of our employees, interns and volunteers, who have actively supported us in Bern.

**Our thanks go out to you all.**







**"Years ago, I was able to see for myself what happens to people with leprosy when they have no access to medical care. It prompted me to work with FAIRMED and dedicate myself to the health of the poorest people. Because there is no justification for neglecting sick people."**

Ruth Dreifuss, former Federal Councillor

Aarberggasse 29  
CH-3001 Berne  
P.O. Box  
Telephone +41 (0) 31 311 77 97  
[info@fairmed.ch](mailto:info@fairmed.ch)  
[www.fairmed.ch](http://www.fairmed.ch)



**FAIR MED**  
Health for the Poorest