

## Africa eHealth Foundation Veenendaal

Annual report 2017



## Summary of the activities of the Africa eHealth Foundation 2017

The Foundation was founded on 27<sup>th</sup> December 2016 under the name ‘Stichting eCareAccess’ and later changed to ‘Africa eHealth Foundation’. The Foundation was granted an ANBI status on 5<sup>th</sup> of February 2018 with as effective date on 27<sup>th</sup> December 2016.

### Activities

The actual activities of the Foundation started in the course of 2017 with the development of the operationalisation of the objectives and the activities. The point of departure is the vision of ‘affordable quality care for all’.

The target group are NGO hospitals, generally former mission hospitals in Africa. These hospitals are often focussed at the common man, the poor and the vulnerable. Their mission is to create social impact. Within the local context, these hospitals generally deliver quality care. However, they see their support base shrinking with a rapid decline of donors. Government made arrangements that oblige these hospitals to deliver services, while the public contribution significantly lacks behind. Consequently these hospitals risk to enter in a downward spiral. New ways of working are required and new strategic directions in order to assure ‘affordable quality care for all’, including the disadvantaged. Generally the NGO hospitals lack chronically funds and the ability to come to a mind shift to set out a new course.

The Africa eHealth Foundation provides financial support, coaching and best practices to assist these hospitals to reach a higher level of performance and to become sustainable. From the experience it is clear that to create a lasting impact three conditions are needed

- a sound business case
- accepted social change
- embedded triggers for continuous improvement.

Information and communication technology (ICT) is the main enabler for the ‘renaissance’ of the NGO hospitals. Experience learns that more is needed than technology only, as new paradigms and working practices have to be developed.

In 2017, two fields were operationalised:

- (a) the digital transformation of an African hospital;
- (b) the development of empowered community care and connected care as from the individual to the primary health care centres, hospitals and telemedicine services.

The Africa eHealth Foundation wants to achieve this ‘renaissance’ by supporting the existing initiatives of European medical professionals and hospitals that support African NGO hospitals and by providing additional expertise on digital transformation and innovation in health care. Lessons were learnt from the development of a diabetes-hypertension care path in Ghana. From Tanzania experience is obtained with training and change management from the digitization of a small hospital. In 2017, also a start is made with volunteers to further develop best practices in digitization and connected care.

### Growing support

A boost of the activities of the Africa eHealth Foundation was through a donation of VitalHealth Software, a Dutch software producer.

A second boost was when the Foundation acquired 25% of the shares of Africa eHealth Solution International at nominal value. This move was driven by the wish to live up to its pledge to be a social impact company by providing 25% of its profits for social purposes.

The Foundation has a not-bounded procurement policy and promotes the development of low cost and sustainable ICT solutions for its specific target group of NGO hospitals.

## Outlook

For 2018, the emphasis is on the expansion of the network of volunteers who can provide valuable experiences and insights to advance the field of digital transformation, connected care and community empowerment. Subsequently to put this knowledge to practice in on the ground in projects in Africa. A project in Ghana has been identified. Exploration of projects in Ethiopia, Tanzania and South Africa has started. Also the linkage with universities and research will be further strengthened. We are confident that we can contribute to better health in Africa.

Veenendaal, 12<sup>th</sup> October 2018

The Board,

(was signed by)

Dr. Ir. N.P. Moens

Dr. H. Vergunst

A. Fieret RA RB



## **Annual accounts 2017**

- Balance sheet
- Profit and loss account
- General accounting principles

## Balance sheet as of December 31, 2017

	€	12-31-2017 €	€	12-26-2016 €
<b>ASSETS</b>				
<b>Fixed assets</b>		-		-
<b>Tangible fixed assets</b>		-		-
<b>Financial fixed assets</b>				
Participations		40		-
<b>Current assets</b>				
Receivables	-		-	
Cash at banks and in hand	<u>13.626</u>		<u>          </u>	
		<u>13.626</u>		<u>          </u>
		<u>13.666</u>		<u>          </u>
<b>EQUITY AND LIABILITIES</b>				
<b>Reserves and funds</b>				
Continuity reserves	-		-	
Other reserves	10.995		-	
	<u>          </u>	10.995	<u>          </u>	-
<b>Provisions</b>		-		-
<b>Non-current liabilities</b>		-		-
<b>Current liabilities</b>				
Liabilities to related companies	2.671		-	
Taxes and insurance premiums	-		-	
Remaining liabilities and accruals	-		-	
	<u>          </u>	<u>2.671</u>	<u>          </u>	
		<u>13.666</u>		<u>          </u>

## Profit and loss account 2017

	2017
	€
<b>Income</b>	
Income from enterprises	90.620
Other Income	—
<b>Total income</b>	<b>90.620</b>
<b>Expenses regarding the foundation goals</b>	
Project “Development of a care path for diabetes”	75.620
<b>Other expenses</b>	
Website	2.100
Expenses for establishment foundation	1.814
Other operating expenses	—91
<b>Total expenses</b>	<u>4.005</u>
<b>Sum of income and expenses</b>	<b><u>10.995</u></b>
<b>Allocation of the result</b>	
Addition to/Withdrawal of	
- Continuity reserves	-
- Other reserves	<u>10.995</u>

## **General accounting principles for the preparation of the financial statements**

### **General**

The financial statements have been prepared in accordance with Title 9, Book 2 of the Netherlands Civil Code and with the guidelines RJ650 for fundraising organisations.

Valuation of assets and liabilities and determination of the result takes place under the historical cost convention. Unless presented otherwise, the relevant principle for the specific balance sheet item, assets and liabilities are presented at face value.

Income and expenses are accounted for on accrual basis. Profit is only included when realized on balance sheet date. Losses originating before the end of the financial year are taken into account if they have become known before preparation of the financial statements.

### **Principles of valuation of assets and liabilities**

#### **Financial fixed assets**

Participations are valued at historical cost. The result represents the dividend declared in the reporting year, whereby dividend not distributed in cash is valued at fair value.

The participation consists of 25% in Africa eHealth Solution International B.V.

#### **Receivables**

Receivables are included at face value, less any provision for doubtful accounts. These provisions are determined by individual assessment of the receivables.

#### **Cash at banks and in hand**

Cash at banks and in hand represent cash in hand, bank balances and deposits with terms of less than twelve months. Overdrafts at banks are recognised as part of debts to lending institutions under current liabilities. Cash at banks and in hand is carried at nominal value.

### **Principles for the determination of the result**

#### **Income**

Received income are recorded as income in the income statement in the year in which the subsidised costs were incurred or income was lost or when there was a subsidised operating deficit. Income is recognised when it is probable that it will be received.

#### **Financial result**

The interest income and expenses regards the interest income and expenses of the loans and loan credits of the financial year.