

Africa eHealth Foundation Veenendaal

Annual report 2018



Summary of the activities of the Africa eHealth Foundation 2018

Background

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

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.

Activities in 2018

In 2018, 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 digital transformation of an African hospital

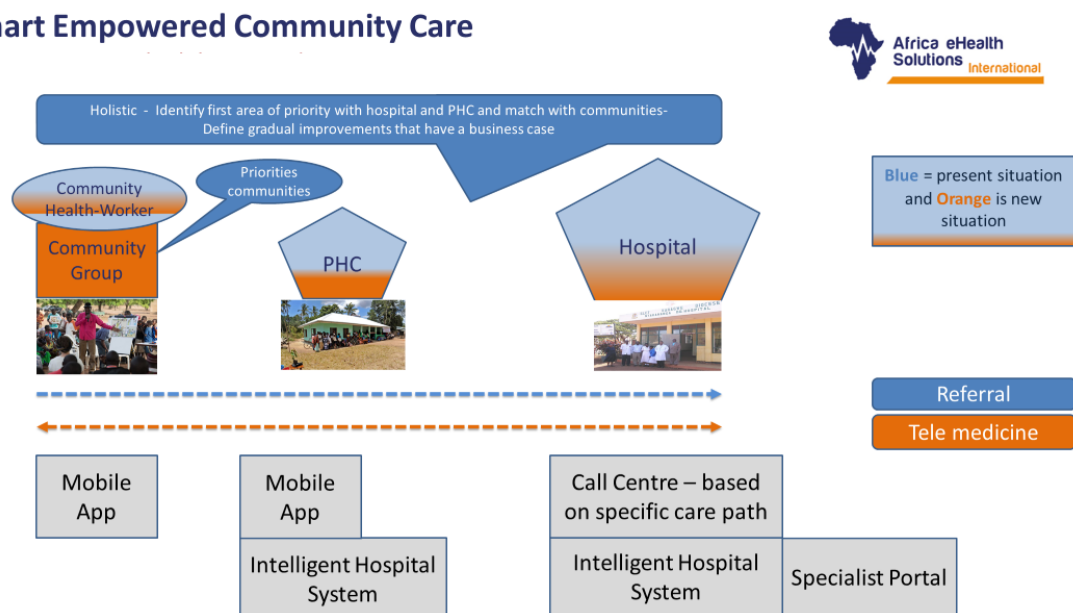
The Africa eHealth Foundation wants to achieve the ‘renaissance’ of the NGO hospitals by supporting the existing initiatives of European medical professionals and hospitals that support African NGO hospitals and by providing additional expertise on digital transformation and innovation in health care. A number of experts participated in the development of an approach to digital transformation. The starting point was often; “What is the context, the problems mentioned and what are the questions that I pose”. This hands-on approach combined with scientific insights has grown into a body of knowledge that can be used in the activities of the Foundation in 2019.

Empowered Community Care

In May 2018 a first sketch was made of an empowered community care programme. The purpose is to make people pro-active in their health seeking behaviour and to make the health facilities more responsive to patients needs. This resulted in a proposal to roll out this programme in two sites in Ghana.

Empowered community care programme is a set of best practices that are rather context independent. The roll out is planned for an urban and a rural site. Discussions are ongoing with the Philips Foundation for the funding of this programme.

Smart Empowered Community Care



Growing support

The PR activities are still very limited. Some fundraising activities have been initiated. A gift has been received to assist the Aburi Health Centre in Ghana. Some additional funding is required to complete this activity.

Outlook

For 2019, 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.

In 2019, two fields initiated in 2018 will be further expanded and a third field will be added:

- (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;
- (c) eMental Health

Also the linkage with universities and research will be further strengthened. We are confident that we can contribute to better health in Africa.

Veenendaal, 20th July 2019

The Board,

(was signed by)

Dr. Ir. N.P. Moens

Dr. H. Vergunst

A. Fieret RA RB



Annual accounts 2018

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

Balance sheet as of December 31, 2018

| | 12-31-2018 | | 12-31-2017 | |
|------------------------------------|---------------|---------------|---------------|---------------|
| € | € | € | € | |
| ASSETS | | | | |
| Fixed assets | | - | | - |
| Tangible fixed assets | | - | | - |
| Financial fixed assets | | | | |
| Participations | | 40 | | 40 |
| Current assets | | | | |
| Receivables | | - | | - |
| Cash at banks and in hand | <u>14.547</u> | | <u>13.626</u> | |
| | | <u>14.547</u> | | <u>13.626</u> |
| | | <u>14.587</u> | | <u>13.666</u> |
| EQUITY AND LIABILITIES | | | | |
| Reserves and funds | | | | |
| Continuity reserves | | - | | - |
| Other reserves | 11.139 | | 10.995 | |
| | <u>11.139</u> | | <u>10.995</u> | |
| | | 11.139 | | 10.995 |
| Provisions | | - | | - |
| Non-current liabilities | | - | | - |
| Current liabilities | | | | |
| Liabilities to related companies | 948 | | 2.671 | |
| Taxes and insurance premiums | - | | - | |
| Remaining liabilities and accruals | 2.500 | | - | |
| | <u>3.448</u> | | <u>2.671</u> | |
| | <u>14.587</u> | | <u>13.666</u> | |

Profit and loss account 2018

| | <u>2018</u> | <u>2017</u> |
|---|-------------------|----------------------|
| | € | € |
| Income | | |
| Income from enterprises | - | 90.620 |
| Other Income | - | - |
| Total income | <u>-</u> | <u>90.620</u> |
| | | |
| Expenses regarding the foundation goals | | |
| Project “Development of a care path for diabetes” | - | 75.620 |
| | | |
| Other expenses | | |
| Website | -861 | 2.100 |
| Juridical expenses | 571 | 1.814 |
| Other operating expenses | <u>146</u> | <u>91</u> |
| Total expenses | <u>-144</u> | <u>4.005</u> |
| | | |
| Sum of income and expenses | <u><u>144</u></u> | <u><u>10.995</u></u> |
| | | |
| Allocation of the result | | |
| Addition to/Withdrawal of | | |
| - Continuity reserves | - | - |
| - Other reserves | 144 | 10.995 |

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.