

JOEP LANGE INSTITUTE FOR GLOBAL HEALTH AND DEVELOPMENT

Annual Accounts 2021





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BOARD REPORT

1. Introduction: Vision, Mission, Goals and Agendas

The Stichting Joep Lange Institute for Global Health and Development (JLI) is inspired by the life and work of the late Professor Joep Lange. Prof Dr Joep Lange was killed with his partner and colleague Jacqueline van Tongeren in the downing of flight MH17 while on their way to the AIDS Conference in Melbourne, Australia. Joep was one of the leading scientists in HIV, a thought leader and innovator in HIV and global health. In the spirit of Joep Lange, JLI challenges the status quo with new perspectives and innovative approaches in health.

Healthcare is a public good, but especially in developing countries, the public sector cannot provide quality healthcare to all. Health systems function insufficiently, and large parts of the population are excluded from basic, quality health services – among them most of the poor. Health markets in most developing countries are stuck in a vicious cycle of low-quality care, low and unpredictable demand and lack of investments.

JLI's vision is to connect everyone to health care with one click. We know the scale of our ambition and our role is to push for the biggest impact we can make so that everyone has access to quality healthcare.

Our mission is to accelerate human development through innovations that strengthen systems for health and health financing. History has taught us that building these systems, grounded in trust and solidarity, is a long-term endeavor. However, with the advent of mobile technology, what took us decades in the past to achieve can now be done much faster.

In health, mobile technology holds the key to the development of inclusive and sustainable health financing systems. It makes it possible to reach everybody at close to zero marginal cost and creates unique opportunities for health financing by allowing for direct, instant and transparent access, payment and delivery initiated from the client. Furthermore, the application of big data analytics can improve utilization, cost and the delivery of health services (in real-time) for the benefit of society.

In addition to JLI supporting work streams that Joep started, we act as an international Global Health Think Tank that provides the space for innovation in health and convenes dialogue and collaboration. Daring ideas need space to develop. This drives JLI and makes us push where others won't and don't. We believe pragmatism, science and activism should be combined: we need to be confrontational and convincing at the same time, by displaying evidence from practice and research. With this in mind, JLI has the following goals:

- Demonstrate the potential mobile technologies and data offers societies for better health coverage.
- Spark debate by challenging conventional thinking and advocating innovative new solutions for more inclusive global health.
- Become the platform where health policy shapers turn for inspiration, guidance and exchange.



To further sharpen the impact JLI wants to make, we are focusing our attention to 3 main agenda areas:

1) USING DATA IN HEALTH TO BENEFIT SOCIETY

Find solutions to appropriately scale the use of health data to guarantee benefits for the people while mitigating risks

2) FINDING INCLUSIVE HEALTH FINANCING MODELS

Transform traditional financing models to make access to quality health care more inclusive

3) PUTTING PEOPLE IN CONTROL OF THEIR OWN HEALTH NEEDS

Provide the individual and communities with tools to manage their own health needs and care

In support of these three key agenda areas, and as a cross cutting effort, JLI seeks partnerships and collaborations to accelerate innovations that strengthen systems for health and health financing. Part of this effort is led by JLI's Center for Global Health Diplomacy satellite office based in Geneva, Switzerland.

2. Activities in 2021

In 2021, JLI supported a range of activities – from pilots to research – that contribute to its vision and where we feel we have an additional role to play. Below we provide more detail on selected activities supported by JLI.

Health data benefiting society through the National Healthcare Platform

When we as JLI talk with key stakeholders about collecting and sharing health-related data we meet great fear and resistance. It seems one would rather not go there. That though would mean missing out on a great opportunity as there is so much to gain from sharing data in health. The value of data in health to make health systems fairer, more efficient and deliver better health outcomes can hardly be overrated. But of course, the risks are as big as the potential gains.

Rather than accepting the risks being too high, JLI pushes to find solutions that allow us to share and to create value, safely and in the interest of society. JLI sees data as an asset, an economic input. We believe that data as an economic input could be governed through public-private partnerships for social capital development. These institutions have proven to be very effective in creating value for society, such as pension funds.

Through our work with the University of Utrecht's professor Jan Luiten van Zanden, we have gained a better understanding of the dynamics of today's 'data economy': why institutions as we know them fail to prevent excessive data-accumulation and data-abuse, and what institutions could work to assure the value of people's data flow back to the people, to society.

The resulting [article](#) served as input to further explore what types of institutions could work to assure the value of people's data flow back to the people, to society. In pursuit of this vision, JLI, through the chairman of its board, Onno Schellekens, and together with Jan van den Berg (chairman of the supervisory board, Achmea) Gerard van Olphen (chairman of the executive board of directors of APG) and Margriet Schneider (chair of the Netherlands Federation of University Medical Centres (NFU)) pleaded for the establishment of a digital delta plan for healthcare, '[Het Nationale Zorgplatform](#).' Such a platform would be a publicly regulated infrastructure that enables both old and new, and both private and public parties, to collectively own our digital and mobile technology and health data. This, under the backdrop of a clear need for a digital strategy for healthcare, which improves its management, and can make healthcare smarter, cheaper, and more personal. It would help to assist the digital transformation, which radically transformed many sectors, but only sparsely penetrated the Dutch healthcare system. This initiative was reported on in the [Het Financieele Dagblad](#) as well as [BNR](#).

While discussions continue with a small group of influential leaders in the insurance, medical and pension industries, as well as the Dutch government, to conceptualize this data cooperative further, JLI is also looking to initiate a number of localized versions of the concept to test it before realizing the full ambition. For example, together with the city of Amsterdam, we are looking to make this ambition a reality for a first group of citizens in Amsterdam: an Amsterdam Healthcare Platform for all Amsterdammers. We are thinking of a cloud-native platform architecture, where the citizen's data is stored in one "database" where each citizen manages the right of access to their data. Supporting material, such as short films, will be developed to support this complex idea.

COVID-19

As part of JLI's ongoing Covid research, a team of Ethiopian researchers in collaboration with JLI's Director of Research, Prof Tobias Rinke de Wit, produced various papers on how the immune system interacts with COVID-19 in an African context. A particular role emerges for parasites. Chronic parasitic infection is common in Low-and-Middle Income Countries (LMICs). These infections modulate the immune system, which can have positive and negative effects on COVID-19. Two hypotheses were raised by the research team and published in The Lancet:

- Intestinal parasites reduce symptomatology of COVID in Africa. See paper published in Lancet-affiliate [EClinicalMedicine](#).
- Intestinal parasites through immune activation reduce efficacy of COVID vaccines. See mini-review published in [Frontiers in Immunology](#).

While doing these studies, many additional take-aways of COVID in Africa have become apparent and were shared with governments and various media outlets such as The Lancet, NTR, de Volkskrant and more:

1. There is far more COVID in Africa than currently reported
2. In early 2021, there was very limited COVID vaccine coverage (<2%) in Africa
3. There is (traditionally) a significant vaccine hesitancy in Africa
4. If there is COVID vaccine, the second jab is often not provided; this increases the chance of vaccine escape mutants
5. People are reluctant to get tested for COVID due to stigma and consequences of quarantine

6. Africans feel far less COVID symptoms (due to lower age, other immune system, etc.) and therefore are not keen on testing
7. There are many Africans with suppressed immune systems (due to HIV), in which COVID variants could preferentially develop
8. This all in combination with international tourism to Africa (still at 1 million persons per month) will increase the chance of African variants to 'boomerang into Europe'.

Innovative financing for scaled HCV treatment in Cameroon

The health markets in developing countries are generally taunted by a lack of available funds. The poorest patients struggle to pay for medical treatment themselves, and funding is often not available through public channels. There is a need for these countries to come up with innovative ways to allocate existing funds effectively. JLI is working to define and test innovative financing mechanisms in order to address this issue.

Innovative financing is the manifestation of two important trends in international development: an increased focus on programs that deliver results and a desire to support collaboration between the public and private sector. Innovative financing instruments complement traditional international resource flows – such as aid, foreign direct investment, and remittances – to mobilize additional resources for development and address specific market failures and institutional barriers.

In Cameroon, an estimated 200,000 people are infected with Hepatitis C Virus (HCV), a chronic infection which can lead to life threatening liver disease. JLI is supporting the development of sustainable Hepatitis C treatment model in Cameroon, using phased demonstration projects which will increasingly be financed by an innovative Performance Based Financing impact investment instrument. PharmAccess Foundation is executing this program in close collaboration with its local partners.

The first phase is complete and demonstrated medication effectiveness within the Cameroonian context (published [here](#)). This project is currently in its second phase, which builds on the lessons learned from phase 1 and aims to contribute to the design of scalable HCV treatment programs.

In this second phase, we use a trial version of a performance-based financing (PBF) structure. Direct costs are being financed through a revolving, short-term impact financing facility extended by the Joep Lange Institute, which is repaid through fixed outcome payments for each cured patient provided by the Achmea Foundation. Each outcome is independently validated by the ANRS. The flow of funds into and out of the financing mechanism is managed by the Facility Agent (GLAS, London, UK). The project can be expanded, both geographically and within Yaoundé, with additional funding from outcome payors.

The project was originally launched in February 2020 and, after a five-month COVID-19 disruption, relaunched with patient treatments starting in September, 2020. Patient recruitment concluded in September 2021, with a total of 258 enrolled patients. By year end almost all patients had finished the 3-month treatment program; 183 of the 192 patients who have been tested for HCV RNA 3 months after completion of their

treatment were found to be cured, a cure rate of 95.3%. In this project, nearly all patients contributed 50 000 CFA towards their treatment.

India Reverse Diabetes 2

Under our agenda area 'to provide individuals and communities with tools to manage their own health needs and care', JLI is experimenting with how digital health services can reduce the burden of non-communicable diseases (NCDs). One such Intervention, In India, looks to develop a personalized lifestyle program aimed at supporting diabetes types 2 patients in changing their lifestyle to reverse their diabetic condition. In addition, the project also aims to:

- demonstrate how digital technology can be utilized to deliver lifestyle as a medicine,
- illustrate how digital health services can reduce the burden of non-communicable diseases.
- activate partners and stakeholders to further test and invest in these digital services.

This project is modeled on the Dutch Reverse Diabetes (Keer Diabetes Om) program and digitally adapted for the Indian context. The program, delayed by the Covid-19 pandemic, was piloted in two areas in India, at the Eternal Heart Centre in Jaipur and in rural communities in Assam towards the end of 2021.

Due to the high number of dropouts, the pilot at EHC was deemed insufficient in testing the program and data capture. At the same time, it was encouraging to see that the patients who did adhere to the program experienced a partial reversal of their diabetes. It has been decided that EHC will conduct a new, second pilot before running the full RCT. Piramal's pilot, taking advantage of EHC's learnings, was successfully completed with 8 out of the 10 patients reducing their diabetes medication. Piramal will commence their RCT soon.

After the RCT has been completed, results from these two sites will be analyzed to understand reversal, adherence and patient engagement, and publicized through conferences, events and publications towards the end of 2022.

Joep Lange Chair & Fellows program

In 2015, the Professor Joep Lange Chair and Fellows Program was set up by the Joep Lange Institute. This academic program is hosted within the Department of Global Health, Amsterdam Medical Center (University of Amsterdam), and receives support from the Dutch Ministry of Foreign Affairs. The Ministry announced its support for the Chair at the commemorative ceremony for Joep Lange and Jacqueline van Tongeren, with the aim to promote collaborative research and achieve groundbreaking progress in health systems and service delivery in low- and middle-income countries.

The Joep Lange Chair and Fellows Program brings together experts from different backgrounds and geographies to collaborate on research that will help drive change in the field of global health. This multidisciplinary approach is echoed in the unique rotating character of the Chair, which will welcome up to five (partly concurrent) professors from different fields of expertise in five years. In partnership with the top academic institutes in Africa, Asia, Europe and the United States, the Chairs and Fellows will focus on building



the knowledge base of global health and collaborate with organizations that can apply these insights to improve access to quality healthcare across the globe.

Given the 5 year nature of the rotating Chair position, collaboration with the first two Chairs, Prof Dan Ariely, world-renowned behavioral economist from Duke University, and Prof Mark Dybul, Executive Director at the Global Fund to fight AIDS, Tuberculosis and Malaria, ended in 2021. Chair 3 (Prof Anna Vassal, focusing on assessing the economic impact of innovative interventions in health and healthcare financing) and Chair 4 (Dr Catherine Kyobutungi, focusing on the management and prevention of non-communicable diseases, in particular Cardiovascular Disease) were both appointed in 2018.

The research focus and activities under both chairs were marked by the effects and implications of the global Covid-19 pandemic. Despite this, a new project 'Long-term clinical outcomes of SARS-CoV-2 infection and associated chronic inflammatory markers –a prospective cohort study in Kenya', or the 'Long Covid study', a pioneering cohort study in Africa on the long term effects of COVID was launched in Kenya. Chairs 3 and 4 have joined forces on the Long Covid study, adding a health economics component. This, in addition to Chair 3's work on Economic valuation work around Covid-19 and establishing a network for COVID-19 economics and Chair 4's other work within the Chair & Fellows program with the long-term goal to narrow the gap between the unmet needs for NCD prevention and treatment and unresponsive health care systems in low and middle income countries.

The theme of the annual Joep Lange Chair & Fellow Symposium and masterclass was The Future of Vaccination. Both events were organized online because of the travel restrictions, and allowed this year's speakers the opportunity to discuss their research on various topics surrounding vaccine development.

More information can be found on the program's website: jlc.ighd.org.

JLI Center for Global Health Diplomacy

Based in Geneva, Switzerland and led by Dr. Christoph Benn, the JLI Center for Global Health Diplomacy team focuses on developing sustainable health financing models and advocate to secure financial and political commitment from donors, governments and other parties. Global health diplomacy uses interactions and negotiations with multiple stakeholders, including governments and civil society, multilateral agencies, private and public donors, to promote international health goals.

The JLI Center for Global Health Diplomacy in 2021 continued to focus on promoting the responsible and impactful digital transformation in countries of all income levels but with a particular focus on Low- and Middle-Income countries (LMICs) and on innovative and sustainable health financing models. An overview of a selection of the team's activities are presented below.

The Transform Health Coalition

The Transform Health Coalition advocates for the meaningful engagement of civil society and underrepresented populations, particularly women and young people, in the design, use and governance of digital technologies and data for health. The objectives of



Transform Health include increasing recognition of the role of digital technology and data in achieving health equity, establishing effective data governance frameworks at national, regional and global levels, and expanding domestic and international investment to fund the digital transformation of primary health care so that UHC will become achievable by 2030.

In 2021, JLI director Christoph Benn was appointed as President of the Transform Health association. He continued to be a member of the Governance & Strategy circle (the board) and to chair the Resource and Investment (R&I) circle that brings together the main international organizations (WHO, GAVI, Global Fund, FIND etc), bilateral partners, civil society and foundations. The R&I circle is managed by JLI team member Elisa Mallaeva. JLI's sister organization PharmAccess is an active member of the coalition and of the G&S and R&I circles.

A main activity of TH under the leadership of JLI and the R&I circle has been the development of a Conceptual Framework for an Investment Case for the Digital Transformation of health systems. This process is managed by JLI senior advisor Katja Roll. The framework is to be presented at the World Health Summit in Berlin in October 2022 and should become an essential tool for the acceleration of digital transformation in LMICs and to advocate for increased financial and political commitments. To base the conceptual framework on the expertise of multiple stakeholders, TH has convened a research consortium which is coordinated and serviced by JLI. The research consortium includes following lead regional research partners representing LMICs: HELINA (Africa), AeHIN (Asia), RECAINSA (Latin America) and ZIMAM (Middle East/North Africa). Another partner is PATH/ Digital Square who is driving the analytical piece under the overall coordination of JLI.

JLI has also been actively involved in the development and refinement of Transform Health's Data Governance Principles. The work started in 2021 and the [Health Data Governance Principles](#) were launched in April 2022 with endorsement by 60 organizations.

I-DAIR

Throughout 2021, JLI has supported the setting up of I-DAIR, a new international research collaborative focused on research and capacity building on digital health and AI, particularly relevant for LICs and LMICs. I-DAIR is based in Geneva with a decentralized structure of regional hubs in different parts of the world – including Nairobi, New Delhi, Santiago de Chile, Singapore, Tunis.

JLI has been part of the I-DAIR Secretariat from the inception and has taken on the external relations/resource mobilization function. I-DAIR has so far been supported for its incubation period (2020–2022) by the Swiss-based Botnar Foundation and the Wellcome Trust. A letter of Intent has been signed with the Bill and Melinda Gates Foundation (BMGF). In 2021 I-DAIR launched its first major research project: the Global Research Map.

The team has worked closely with the WHO Division on Digital Health and Innovation and produced an advocacy document to support the WHO digital health strategy.



The Global Public Investment (GPI) concept

The Joep Lange Institute has supported for several years the establishment of Global Public Investment (GPI) as a new and innovative mechanism to finance global commons. It had provided a scholarship to one of the main authors, Jonathan Glennie, to finish his book on “Beyond Aid – Global Public Investment” and co-organized a side event at the UN General Assembly in 2019. This initiative received significant attention in 2021 as the concept evolved as one of the main alternatives to the traditional development aid mechanism. It has become clear that the financing of Global Public Goods and the Sustainable Development Goals requires a new approach. GPI is based on the principles that all countries contribute, all countries benefit, and all countries are involved in the decision making about the appropriate use of these resources.

Christoph Benn has served on the Expert Advisory Group of GPI whose report will be published in 2022 and presented GPI in many international fora to governments, civil society and at various conferences. The Coalition for Epidemic Preparedness innovation (CEPI) was the first international organization that considered the application of GPI principles to its replenishment that was scheduled for early 2022. The global health diplomacy team led a consortium of several international partners to conduct a study for CEPI on how countries of all income levels could contribute to CEPI’s core mandate of R&D and technology transfer for vaccine manufacturing to all countries and regions. The GPI team also delivered a major paper on the application of GPI to the urgent global challenge of pandemic Preparedness and Response.

In the course of 2021, the global health diplomacy team received a grant from Open Society Foundation to engage civil society networks in major G20 countries from the global south to explore GPI for the critical question of vaccine equity. Two NGOs have been engaged to work on an extensive analysis and practicability on how to use GPI on this: CISDI, Center for Indonesia’s Strategic Development Initiatives in Indonesia who is holding the presidency of the G20 in 2022 and Sanemos por Igual in Mexico, NGO and support network for vulnerable groups.

GFAN

The Global Fund Advocacy Network (GFAN) underwent a process to find a new host in 2020. With assistance from an advisory group made up of their membership, JLI was selected. GFAN’s aim is to ensure the voices of Communities and Civil Society are heard, acted upon and strengthened. This supports our agenda to provide the individual and communities with tools to manage their own health needs and care. We welcome GFAN to the JLI family.

“We’re very happy that GFAN is joining JLI on a permanent basis. Given our combined history, I’m confident this is the right home to support their ambition to build a global social movement to demand health for all”, Peter van Rooijen, Board Member Joep Lange Institute.

JLI Film Content

Throughout 2021, JLI made content that highlighted our agenda. This ranged from short form content to longer branded content pieces.



I Am Your Data Animation

Data is the new oil and it's yours. I am Your Data is an explainer video that defines and breaks down the main concepts behind personal data – both from the threats and opportunities to use data to benefit all. We covered topics such as:

- What are property rights?
- What are data property rights?
- What does data privacy mean for me?
- What is being done to protect me?

From explaining these questions to answering how does it apply to me, we believe there is a way to use data for good. This film is a first in a series where we propose a potential solution to ensure the use of your data is more transparent while collectively benefiting everyone.

Healthcare goes mobile in Kenya

The impact of the mobile phone cannot be underestimated in developing countries. The invisible are not only visible, they now think in possibilities. Dorte Hopmans produced a film on behalf of JLI looking closer into the lives of a few individuals in Kenya who are part of this change. Also looking at the mobile phone's impact on access to healthcare.

Word on the Street, Public Street Films

We're making reportage style films with residents in Amsterdam. The interviews consist of specific topics around personal data including what is privacy--how people see it, are people afraid of it being abused? if so, why? if not, why not? or would people be interested in their data helping more people? or is it all about 'what's in it for me?' It's really useful to understand how much people think about this and if they see the urgency in the same way as we do.

3. Financial

During the financial year the income amounted to EUR 921,856 (2020: EUR 842,665). The income consists of donations and grants by private (both for-profit and not-for-profit) and public parties.

The income from donations is used to finance JLI activities, which cannot directly be financed by directly funded programs. As a result, due to the funding structure, the majority of JLI's activities are expensed via the 'Other operating expenses' and 'Personnel expenses' as part of the 'Operating expenses'. The operating expenses are in line with JLI's objectives and amount to EUR 1,695,641 (2020: EUR 2,541,282). From the total operating expenses an amount of EUR 164,624 relates to 'Other operating expenses' and EUR 1,081,490 relates to Personnel expenses.

Split per item:

Other operating expenses consist of, among other things:

- Partners: grants for selected pilots and research ad. EUR –41,369 (2020: EUR 396,353);
- Office rent ad. EUR 76,325 (2020: 40,170);
- Audit ad. EUR 28,057 (2020: EUR 21,163).



- Communication ad. EUR 14,910 (2020: EUR 6,921)
- IT ad. EUR 12,225 (2020: 13,910)
- Travel and accommodation EUR 3,640 (2020: EUR 65,659)
- Events: including ad. EUR nil (2020: EUR 10,498).

See note 11 of the statement of income and expenditure for more detail on partner related expenditure.

Personnel expenses consist of:

- Personnel Netherlands: EUR 129,753 (2020: 178,397);
- Personnel Switzerland: 353,558 (2020: 303,991);
- Contracted services related to Facility Agreement EUR 103,345 (2020: 114,202);
- Contracted services related to Chair and Fellows EUR 164,844 (2020: 142,406);
- Contracted services related to Financial Health Diaries EUR 136,566 (2020: 83,006)
- Contracted Technical Assistance EUR 165,730 (2020: 381,563).

See note 10 of the statement of income and expenditure for more detail.

The operating result is EUR 773,785 negative (2020: EUR 1,698,618). Together with the financial result, JLI has a deficit of EUR 715,056 per year end 2021 (2020: EUR 1,778,618). The deficit has been deducted from the balance of income and expenditure.

The financial statements have been prepared in accordance with the Guideline for 'small organisations not-for-profit' (RJK C1) of the Dutch Accounting Standards Board ('Raad voor de Jaarverslaggeving'). Contrary to the Guideline for small organisations not-for-profit (RJK C1), the budget on overall level has not been included. Control is performed on program level.

Financial risks are limited since JLI's current contracted financial commitments are materially lower than its available resources. The available resources are held in cash on dedicated interest-bearing bank accounts and/or short-term deposits up to a year. JLI is exposed to currency results, as the funding is substantially received in USD, CHF and the functional currency is EUR. JLI does not work with 'embedded derivatives' and/or 'hedge accounting' and all larger programs are prefunded. Currency risks are, where possible and contractually allowed, settled at the relevant program level. Currently all JLI contracts allow currency risk settlement on program level.

4. Outlook 2022

Many of the ongoing activities commissioned and supported by JLI, as described above, will continue in 2022. Some expected highlights from these activities are presented below. New topics and activities are likely to be identified during the course of the year.

Data event series

We will be announcing more details on the I AM YOUR DATA event series together with Amsterdam Health and Technology Institute (AHTI). JLI is an advocate of sharing and using



data for good in order to benefit everyone. We want to help create further awareness around data and its uses. Help educate consumers as much as possible around their own data.

We will host a series of debates around the value of health data and what can be done to both protect the individual and positively impact society.

India Reverse Diabetes 2

We expect the successful completion of the randomized control trial of this program to be completed towards the end of the year. Findings from the work will be published in academic journals as well as presented to stakeholders such as the Indian government. The hope is that the results will inspire a large, preferably even national, program to be developed to benefit the millions of persons living with diabetes in India. The only way to make this accessible and payable to all is to make the program fully digital.

Innovative financing for scaled HCV treatment in Cameroon

We also expect the completion of the Hepatitis C treatment program in Cameroon financed through a trial version of a performance-based financing (PBF) structure. We expect that the successful result of this proof of principle will inspire the government of Cameroon as well as other potential outcome funders to support a scaled version of the program in the country. The program established mechanisms and structure for performance payments and flow of funds, from outcome payors all the way through to impact investors, that can be adopted and expanded.

What makes this mechanism so attractive to the government and other funders is that they run no risk. Direct costs are financed through a revolving, short-term impact financing facility extended by an investor (who runs the risk) which is repaid through fixed outcome payments for each cured patient. Each outcome is independently validated before payment is made. The project can be expanded, both geographically and within Yaoundé, with additional funding from outcome payors.

I-DAIR

- Soft-launch of I-DAIR with a UNGA 2022 side event
- Government outreach with I-DAIR to FOSS members and major G7 countries

Transform Health

- Launch of Health Data Governance Principles 4/2022
- Finalization and presentation of Conceptual Framework during the World Health Summit in Berlin in October 2022

GPI

- G20: GPI has been chosen as a new finance mechanism idea by the Indonesian T20 group to be further developed and potentially brought to the G20 agenda (work in progress).
- G7: With the participation of the JLI global health diplomacy team in the C7 team of the German G7 presidency of 2022, GPI has been brought forward through the C7 Agenda as a new finance mechanism recommendation to the G7.
- UNGA 2022 Side event together with other GPI partners (e. g. Equal, Development Initiative)

5. Governance

JLI is a not for profit foundation with ANBI-status, incorporated under the laws of the Netherlands on July 17, 2015.

JLI is managed by a statutory board of directors. Members of the statutory board are:

JLI is managed by a statutory board of directors. Members of the statutory board are:

- Onno P. Schellekens, chairman of the statutory board; appointed on July 17, 2015;
- D. Peter van Rooijen, appointed on July 17, 2015 and resigned September 3, 2021;
- Michiel Heidenrijk, appointed on July 17, 2015;
- Aaltje de Roos, appointed on August 30, 2019

The statutory board of JLI meets at least four times per calendar year. The statutory directors regularly discuss the strategy, the activities, planning, results and new developments.

The one-tier board operates on the basis of a partnership model which means that collectively the board oversees general strategy and financials and that the different board members each oversee their own portfolios that are obviously considered to contribute to/align with the higher-level vision and goals of JLI.

At the end of 2021, JLI employed 3.9 FTE staff (working in the Amsterdam (1.4 FTE) and Geneva offices (2.5 FTE) (2020: 4.6 (NL: 2.1 and CH 2.5). The average number of full-time equivalents during the financial year 2021 was 5.0 (NL: 2.5 and CH: 2.5) (2020: 4.9 (NL: 2.9 and CH: 2.0). This does not include the support by PharmAccess staff on financial management, IT, legal and HR services as provided for under a facility agreement between the two organizations.



Signing of the Board report

Amsterdam, 5 July 2022

Board of Directors:

O.P. Schellekens
Chairman

M. Heidenrijk
Executive Director

A. de Roos
Board Member



FINANCIAL STATEMENTS

Balance sheet as at 31 December 2021

(After appropriation of the result)

	Note	31.12.2021	31.12.2020		Note	31.12.2021	31.12.2020
		EUR	EUR			EUR	EUR
Assets				Equity and liabilities			
Fixed assets				Equity			
Tangible fixed assets	1	35,572	45,800	Balance of income and Expenditure	5	5,031,107	5,746,163
Current assets				Current liabilities			
Receivables:							
Debtors	2	208,112	17,396	Creditors		241,713	188,677
Other receivables	3	255,216	25,645	Taxes and social security contributions	6	2,642	3,408
Cash	4	5,824,587	6,372,037	Deferred income	7	875,880	263,269
				Other liabilities and accrued expenses	8	172,145	259,361
		6,323,487	6,460,878			6,323,487	6,460,878



Statement of income and expenditure for the year 2021

	Note	2021	2020
		EUR	EUR
Income	9	921,856	842,665
Operating expenses:			
Direct program costs		439,299	718,751
Personnel expenses	10	1,081,490	1,155,682
Amortization and depreciation		10,228	10,556
Other operating expenses	11	164,624	2,541,283
		<u>1,695,641</u>	<u>656,294</u>
Operating result		<u>(773,785)</u>	<u>(1,698,618)</u>
Financial income and expenses:			
Financial expenses	12	(27,585)	(84,840)
Financial income	13	86,314	(80,000)
		<u>58,729</u>	<u>4,840</u>
Result		<u>(715,056)</u>	<u>(1,778,618)</u>
Deducted from:			
Balance of income and expenditure		<u>(715,056)</u>	<u>(1,778,618)</u>
		<u>(715,056)</u>	<u>(1,778,618)</u>



Cash flow statement for the year 2021

	2021	2020
	EUR	EUR
Operating result	<i>(773,785)</i>	<i>(1,698,618)</i>
Adjustments for:		
Depreciation (and other changes in value)	10,228	10,556
Changes in working capital:		
• movements operating accounts receivable	(420,287)	257,253
• movement deferred income	612,611	373,565
• movements other current liabilities	(34,946)	157,378
		(584,708)
Cash flow from business activities	(606,179)	(1,641,952)
Interest received/paid	(27,585)	4,840
Cash flow from operating activities	(633,764)	(1,637,112)
Net cash flow	(633,764)	(1,637,112)
Exchange gains/(losses) on cash at banks and in hand	86,314	(84,840)
Net increase/(decrease) in cash at banks and in hand	<i>(547,450)</i>	<i>(1,721,952)</i>

The movement in cash at banks and in hand can be broken down as follows:

Cash as at 1 January	6,372,037	8,093,989
Movements in cash	(547,450)	(1,721,952)
Cash as per 31 December	<u>5,824,587</u>	<u>6,372,037</u>

Notes to the financial statements

General

Foundation

'Stichting Joep Lange Institute for Global Health and Development', hereinafter: 'JLI', was founded on July 17th, 2015 in accordance with Dutch law. JLI is based in Amsterdam, the Netherlands.

JLI is registered with the Trade Register at the Chamber of Commerce under number 63768402. The financial statements are presented in euros.

Part of the activities are carried out by JLI's representative office in Geneva, Switzerland.

Objectives

The objectives of JLI is to serve general public advancement by improving health and healthcare worldwide by taking action, including but not limited to the following:

- a. to initiate, stimulate, provide and support education and training for the benefit of health and healthcare worldwide, or to arrange for the same to be done;
- b. to initiate, stimulate, perform and support scientific and other research and innovation for the benefit of health and healthcare worldwide, or to arrange for the same to be done;
- c. to initiate, stimulate, provide and support advocacy and policy change for the benefit of health and healthcare worldwide, or to arrange for the same to be done;
- d. to initiate, stimulate, undertake and support business activities and other economic activity for the benefit of health and healthcare worldwide, and to arrange for the same to be done;
- e. to create a sound infrastructure for the activities referred to above, whether or not in an international network, or to arrange for the same to be done; and
- f. to do any and all things that are related to or may be conducive to the above, all of this in the broadest sense of the word, including but not limited to:
 - i. to incorporate, in any manner participate in, manage, supervise and finance businesses and companies; and
 - ii. to borrow, lend and raise funds, to acquire, dispose of and encumber property subject to registration, to issue guarantees and to encumber assets of the Foundation, also for obligations of third parties, and to enter into related agreements.

ACCOUNTING PRINCIPLES

General

The financial statements have been prepared in accordance with the Guideline for small organisations not-for-profit (RJK C1) of the Dutch Accounting Standards Board ('Raad voor de Jaarverslaggeving'). A budget on overall level has not been included as control is performed on program level.

The financial statements have been prepared using the historical cost convention and are based on going concern. Income and expenses are accounted for on accrual basis. Liabilities and any losses originating before the end of the financial year are taken into account if they have become known before preparation of the financial statements.

If not indicated otherwise, the amounts of the accounts are stated at face value.

As from 2020 the foundation is confronted with the consequences of the corona virus. Although the consequences of the corona virus are uncertain in the long term, the foundation does not expect any consequences for the continuation of the activities.

BALANCE SHEET

Tangible fixed assets

Tangible fixed assets are presented at cost less accumulated depreciation and, if applicable, less impairments. Depreciation is based on the expected future useful life and calculated as a fixed percentage of cost, taking into account any residual value. Depreciation is provided from the date an asset comes into use.

Costs for periodical major maintenance are charged to the result at the moment they arise.

Receivables

Upon initial recognition the receivables are valued at fair value and then valued at amortized cost. The fair value and amortized cost equal the face value. Provisions deemed necessary for possible bad debt losses are deducted. These provisions are determined by individual assessment of the receivables.

Cash

The cash is valued at face value. If cash equivalents are not freely disposable, then this has been taken into account upon valuation.



Current liabilities

Deferred income

Deferred income consists of subsidy prepayments related to programs to be carried out less the realized costs of these programs, taking into account foreseeable losses on programs. Additionally, deferred income also relates to payments from funders related to programs which have not been recognized as income.

Other current liabilities

Upon initial recognition, liabilities recorded are stated at fair value and then valued at amortized cost.

Principles for the determination of the result Statement of income and expenditure

Income and expenditure are recognized as they are earned or incurred and are recorded in the financial statements of the period to which they relate. Overhead expenses are excluded from program expenses and recorded in the operating expenses.

Income

'Income from donations' relates to gifts from donors who support the general objectives of the foundation and is recognized consistently to the period to which it relates. Income from 'Realized income related to programs' is recognized in proportion to the completed program activities rendered on active programs, based on the cost incurred up to balance sheet date. The costs of these program activities are allocated to the same period.

Direct program costs

Direct program costs consist of expenses directly related to programs (out-of-pocket costs) excluding staff costs.

Donations to partners within 'Other operating expenses'

Donations to partners, in line with the objectives of the foundation, are recognized when communicated to the partner(s).

Recognition of transactions in foreign currency

Transactions in foreign currencies are recorded at the exchange rate prevailing at the transaction date. At year-end, the assets and liabilities reading in foreign currencies are translated into euros at the rates of exchange as per that date.

Financial instruments

Financial instruments include both primary financial instruments, such as receivables and liabilities, and financial derivatives. Reference is made to the treatment per balance sheet item



for the principles of primary financial instruments. The foundation does not use derivatives and there are also no embedded derivatives. The foundation does not apply hedge accounting.

Principles for preparation of the cash flow statement

The cash flow statement is prepared according to the indirect method. The funds in the cash flow statement consist of cash and cash equivalents. Cash equivalents can be considered to be highly liquid deposits.

Cash flows in foreign currencies are translated at an estimated average rate. Exchange rate differences concerning finances are shown separately in the cash flow statement. Comparative figures have been adjusted for this cause.

Notes to the specific items of the balance sheet

1. *Tangible fixed assets*

	2021	2020
	EUR	EUR
Book value as of 1 January	45,800	56,356
Additions during the year	-	-
Depreciation during the year	(10,228)	(10,556)
Book value as at 31 December	35,572	45,800
Purchase value as at 31 December	87,318	87,318
Accumulated depreciation	(51,746)	(41,518)
Book value as at 31 December	35,572	45,800

The depreciation of the tangible fixed assets is calculated according to the straight-line method. The depreciation percentages are based on the economic life span. The following depreciation percentages are used:

Computer equipment	: 33.3%;
Refurbishment	: 10%;
Office furniture and other assets	: 20%

2. *Debtors*

	31.12.2021	31.12.2020
	EUR	EUR
Debtors	208,112	17,396
Provision for doubtful debts	-	-
Balance as at 31 December	208,112	17,396

3. Other receivables

	31.12.2021	31.12.2020
	EUR	EUR
Prepayments	8,730	2,383
Advances partners related to programs	223,668	-
Deposits	18,906	18,906
Other	3,912	4,356
Balance as at 31 December	255,216	25,645

4. Cash

	31.12.2021	31.12.2020
	EUR	EUR
ABN-AMRO EUR Account	4,268,436	5,580,434
ABN-AMRO USD Account	1,556,151	791,603
Balance as at 31 December	5,824,587	6,372,037

Funds are available in line with the different program and foundation objectives.

5. Balance of income and expenditure

	31.12.2021	31.12.2020
	EUR	EUR
Balance as at 1 January	5,746,163	7,524,781
Result current year	(715,056)	(1,778,618)
Balance as at 31 December	5,031,107	5,746,163

Result appropriation for the year

The result for the year amounts to EUR 715,056 negative. The deficit has been deducted from the balance of income and expenditure. The balance of income and expenditure is available to use in line with the described objectives of the foundation as stated in article 3.4 of the Articles of Association.

6. Taxes and social security contributions

	31.12.2021	31.12.2020
	EUR	EUR
Wage tax	2,642	3,408
Balance as at 31 December	2,642	3,408

7. *Deferred income*

	31.12.2021	31.12.2020
	EUR	EUR
Received from donors related to programs	3,059,081	3,225,817
Realized revenue on programs	(2,183,201)	(2,962,549)
Balance as at 31 December	875,880	263,269

Payments that have not been recognized as income are presented as 'deferred income'.

8. *Other liabilities and accrued expenses*

	31.12.2021	31.12.2020
	EUR	EUR
Accrued expenses	168,494	133,886
Liabilities programs	-	119,860
Holiday allowance and social securities	3,651	5,615
Balance as at 31 December	172,145	259,361

Off-balance sheet commitments

In December 2016 a ten-year operational lease agreement was signed for the premises - AHTC building, 4th floor, Tower C and D - located at the Paasheuvelweg 25 in Amsterdam, the Netherlands. The yearly operational lease amount amounts to EUR 52,500.

Notes to the specific items of statement of income and expenditure

The statement of income and expenditure can also be split over 'project' and 'non-project' related income and expenditure.

	Note	Project	Non-Project	Total 2021
		EUR	EUR	EUR
Total income		921,856	-	921,856
Operating expenses:				
Direct program costs		467,669	(28,370)	439,299
Personnel expenses		845,729	235,748	1,081,477
Amortization and depreciation		-	10,228	10,228
Other operating expenses		32,115	132,523	164,638
Subtotal operating expenses		<u>1,345,513</u>	<u>350,128</u>	<u>1,695,641</u>
Operating result		(423,657)	(350,128)	(773,785)
Financial income and expenses:				
Financial expenses		(2,882)	(25,991)	(27,585)
Financial income		-	87,602	87,602
Subtotal financial income and expenses		<u>(2,882)</u>	<u>(61,611)</u>	<u>(58,729)</u>
Result		<u>(426,539)</u>	<u>(288,517)</u>	<u>(715,056)</u>

With respect to the total 'non-project' realization ad. EUR 288,517 (2020: EUR 840,250) the following remark can be made. The total costs of JLI's activities in Switzerland amount to EUR 388,204 (2020: EUR 350,336) for the year 2021. This amount consists of 353,557 (2020: EUR 303,991) personnel expenses and EUR 34,646 (2020: EUR 46,347) other operating expenses. In 2021 the full EUR 388,204 were charged on direct projects (2020 EUR 93,839).

Notes to the specific items of statement of income and expenditure

9. Income

	2021	2020
	EUR	EUR
Realized income related to programs	921,856	842,090
Other income	-	575
	911,856	842,665

The 'Realized income related to programs' consist of:

Establishment of the I-DAIR Collaborative	255,125	65,025
GFAN - NVF	151,941	-
Support for the Resource & Investment Circle & development	133,329	18,512
Diagnostic alliance - FIND	71,284	50,921
GFAN - Global Fund	65,880	-
Reverse diabetes India - RVO	61,880	-
Reverse diabetes India - Aegon	50,000	-
GPI Concept for CEPI - Blossom	42,408	-
HCV Cameroon	25,609	-
Botnar - Digital Transformation of Health Systems	24,083	-
Reverse diabetes India - JvdB	15,125	2,942
PharmAccess Foundation	13,600	92,608
WHO - Global Digital Health Strategy	11,346	-
GPI for Vaccine Justice - OSPC	246	-
Chair and fellows - Ministry of Foreign Affairs	-	182,141
Communication strategy for the Sanitation and Hygiene Fund	-	156,638
Noordwijk III - Gates Foundation	-	151,300
The Global Fund	-	83,703
Resource & Investment Circle manager	-	13,010
Investment Case for the Therapeutics Partnership of ACT A	-	12,990
Aegon	-	10,000
HCV PBF Impact Investment - interest income	-	2,300
Total realized income related to programs	921,856	842,090

10. *Personnel expenses*

	2021	2020
	EUR	EUR
Salaries	102,478	140,392
Social security contributions	21,553	29,689
Pension costs	5,722	8,316
Subtotal personnel Netherlands	129,753	178,397
Subtotal personnel Switzerland	353,558	303,991
Contracted services related to Facility Agreement	103,452	114,202
Contracted services related to Chair and Fellows	164,844	142,406
Contracted services related to Financial Health Diaries	136,566	83,006
Contracted Technical Assistance	165,730	326,608
Other	27,587	7,072
	1,081,490	1,155,682

The 'personnel expenses' presented above relate to activities in line with the objectives of the foundation.

Remuneration of Members of the Board

During the financial year Onno Schellekens (Chairman), Peter van Rooijen, Michiel Heidenrijk and Aaltje de Roos formed the Statutory Board ('Bestuur') of the Stichting Joep Lange Institute for Health and Development. During this period no payments were made to the Members of the Board. Stichting Joep Lange Institute for Health and Development is voluntarily in compliance with the Dutch Standard Remuneration Act ('Wet Normering Topinkomens'(WNT)).

Notes to the specific items of statement of income and expenditure

11. Other operating expenses

	2021	2020
	EUR	EUR
Partners	(41,369)	396,353
Events	-	10,498
Travel and accommodation	3,640	65,659
Office rent	76,325	40,170
Audit	28,057	21,163
Professional literature	357	-
Communication	14,910	6,921
IT	12,225	13,910
Other	70,480	101,619
	164,625	656,294

The 'Partners' consist of:

UMC-AMC	100,000	-
GLAS	(141,369)	190,041
ICSS	-	100,679
Harvard T.H. Chan School	-	91,761
Center of Advanced Hindsight - Mbrella	-	13,872
	(41,369)	396,353

Notes to the specific items of statement of income and expenditure

12. Financial expenses

	2021	2020
	EUR	EUR
FX-results	-	81,185
Bank interest and charges	27,585	3,655
	27,585	84,840

13. *Financial income*

	2021	2020
	EUR	EUR
FX-results	86,314	-
Bank interest	-	4,840
	<u>86,314</u>	<u>4,840</u>

Other notes

Number of employees

The average number of full-time equivalents during the financial year 2021 was 5.0 (NL: 2.5 and CH: 2.5) (2020: 4.9 (NL: 2.9 and CH: 2.0) The year-end full-time equivalents was 3.9 (NL: 1.4 and CH 2.5) (2020: 4.6 (NL: 2.1 and CH 2.5).

Subsequent events

There are no events to report.



Signing of the financial statements

Amsterdam, 5 July 2022

Board of Directors:

O.P. Schellekens
Chairman

M. Heidenrijk
Executive Director

A. de Roos
Board Member





OTHER INFORMATION

Independent auditor's report

The independent auditor's report is recorded on the next page.

Independent auditor's report

To: the board of directors of Stichting Joep Lange Institute for Global Health and Development

Report on the audit of the financial statements 2021 included in the annual accounts

Our opinion

We have audited the financial statements 2021 of Stichting Joep Lange Institute for Global Health and Development, based in Amsterdam.

In our opinion the accompanying financial statements give a true and fair view of the financial position of Stichting Joep Lange Institute for Global Health and Development as at 31 December 2021, and of its result for 2021 in accordance with the Guideline for annual reporting for small organizations not-for-profit (RJK C1) of the Dutch Accounting Standards Board.

The financial statements comprise:

- The balance sheet as at 31 December 2021
- The statement of income and expenditure for the year 2021
- Cash flow statement for the year 2021
- The notes comprising a summary of the accounting policies and other explanatory information.

Basis for our opinion

We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing.

Our responsibilities under those standards are further described in the Our responsibilities for the audit of the financial statements section of our report.

We are independent of Stichting Joep Lange Institute for Global Health and Development in accordance with the Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in the Netherlands. Furthermore we have complied with the Verordening gedrags- en beroepsregels accountants (VGBA, Dutch Code of Ethics).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Report on other information included in the annual accounts

In addition to the financial statements and our auditor's report thereon, the annual accounts contains other information that consists of:

- The board report
- Other information

Based on the following procedures performed, we conclude that the other information:

- Is consistent with the financial statements and does not contain material misstatements
- Contains the information as required by the Guideline for annual reporting for small organizations not-for-profit (RJK C1) of the Dutch Accounting Standards Board

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements. By performing these procedures, we comply with the requirements of the Guideline for annual reporting for small organizations not-for-profit (RJK C1) of the Dutch Accounting Standards Board and the Dutch Standard 720. The scope of the procedures performed is less than the scope of those performed in our audit of the financial statements.

Management is responsible for the preparation of the other information, including the board report and other information in accordance the Guideline for annual reporting for small organizations not-for-profit (RJK C1) of the Dutch Accounting Standards Board.

Description of responsibilities for the financial statements

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the Guideline for annual reporting for small organizations not-for-profit. Furthermore, management is responsible for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, management is responsible for assessing the company's ability to continue as a going concern. Based on the financial reporting framework mentioned, management should prepare the financial statements using the going concern basis of accounting unless management either intends to liquidate the company or to cease operations, or has no realistic alternative but to do so. Management should disclose events and circumstances that may cast significant doubt on the company's ability to continue as a going concern in the financial statements.

Our responsibilities for the audit of the financial statements

Our objective is to plan and perform the audit assignment in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion.

Our audit has been performed with a high, but not absolute, level of assurance, which means we may not have detected all material errors and fraud.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.



We have exercised professional judgment and have maintained professional skepticism throughout the audit, in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements. Our audit included e.g.,:

- Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control
- Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management
- Concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause a company to cease to continue as a going concern
- Evaluating the overall presentation, structure and content of the financial statements, including the disclosures
- Evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

We communicate with management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Den Haag, 5 July 2022

Ernst & Young Accountants LLP

signed by J.W. van der Steen

