

JOEP LANGE INSTITUTE FOR GLOBAL HEALTH AND DEVELOPMENT

Annual Accounts 2022





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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 better use of data 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 branch office based in Geneva, Switzerland.

2. Activities in 2022

In 2022, 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

JLI believes there is 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 overstated. But of course, the risks are as big as the potential gains.

JLI pushes to find solutions that allow us to share health data 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.

In the past, through our work with the University of Utrecht's professor Jan Luiten van Zanden, we 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 how 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.

Growing on this work, 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 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 has only sparsely penetrated the Dutch healthcare system. This initiative was reported on in [Het Financieele Dagblad](#) as well as [BNR](#).

In 2022, discussions around this concept continued with a small group of influential leaders in the insurance, medical and pension industries, as well as the Dutch government. In order to further grow support and momentum for this idea, a national coalition of influential leaders is being brought together who will drive and grow the initiative across all sectors of the Netherlands, from the citizen themselves to, the medical field, industry and eventually the ministry of health and parliament of the Netherlands. In addition, in order to move the idea of a data cooperative past conceptualization, JLI is looking to initiate a localized version of the initiative to test it, and improve it, before realizing the full ambition. Currently, a joint initiative together with [CumuluZ](#), the Amsterdam UMC, the municipality of Amsterdam, and the largest GP association of the Amsterdam area (ROHA), supported by ZilverenKruis, is being explored. Funding is expected to be secured in mid to late 2023 after which the pilot will begin. Supporting material, such as a manifesto, website, short films, etc. will be developed to support this complex idea.

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, JLI is supporting the development of sustainable Hepatitis C treatment model, 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](#)). In the second phase, which builds on the lessons learned from the first phase and aims to contribute to the design of scalable HCV treatment programs, a trial version of a performance-based financing (PBF) structure was

designed and implemented. Direct costs were financed through a revolving, short-term impact financing facility extended by the Joep Lange Institute, which was repaid through fixed outcome payments for each cured patient provided by the Achmea Foundation. Each outcome was independently validated by the ANRS. The flow of funds into and out of the financing mechanism was managed by the Facility Agent (GLAS, UK). The project can be expanded, both geographically and within Yaoundé, with additional funding from outcome payors.

In total, 253 (98%) patients completed treatment of which 244 (96%) were cured. We estimated that the average per patient outcome payment for HCV diagnosis and treatment was €1,542 and the average costs per treated patient was €1,858. The investor was fully repaid including the agreed interest and bonus rates. The intervention confirmed the feasibility of a Development Impact Bond, or DIB, in a low-resource setting. This study demonstrates that a DIB can be a suitable financing mechanism for HCV services, supporting the path towards elimination. When governments do not have sufficient resources to fund such elimination programs upfront, such public-private partnerships can offer a solution.

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.

The program will also analyze whether the service produces a comprehensive and usable data set. If so, the team will examine whether value can be extracted from this data set that can benefit society, in support of JLI's first agenda area.

This project is modeled on the Dutch Reverse Diabetes (Keer Diabetes Om) program and adapted to the Indian context. The program was carried out in two areas of India, at the urban Eternal Heart Centre in Jaipur and in rural communities in Assam.

After successful completion of the pilots at both the urban and rural arms of the study, the RCT was initiated in the latter half of 2022. The RCT at the rural arm of the study, operated by Piramal Swasthya, was completed by the end of the year with data collected for 181 participants in intervention clusters and 148 participants in control clusters. The RCT at the urban arm of the study, operated by the Eternal Heart Centre in Jaipur, ended inclusion of patients into the program by the end of the year with all participants expected to have completed the program by April 2023. Preliminary data analysis on the rural arm of the study showed:

- Compared to baseline, the intervention had a positive effect on fasting glucose levels of the intervention group with an average reduction from 238,6 mg/dL to 194,7 mg/dL. In contrast, there was no difference between the two in the control group.
- Compared to baseline, the intervention had a positive effect on the reduction of HbA1c levels in intervention group participants from an average value of 80,0 mmol/mol to 62,2 mmol/mol.
- The finale medication reduction stood at 64 out of 181 participants.

These results are extremely encouraging, especially considering this is only a 3 month program. Further analysis will be carried out by the research team, also taking into account the wealth of data collected in fortnightly meetings, to determine trends, and a final judgement will be made on what number of patients can be determined as having partially, or fully, reversed their diabetes type 2. An academic article is expected to be submitted to a peer reviewed journal in mid 2023 and publicized through conferences and events.

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 received 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 eight 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 rotating nature of the Chair position, collaboration with the first two Chairs, Prof Dan Ariely, world-renowned behavioral economist from Duke University, and Prof Mark Dybul, former Executive Director at the Global Fund to fight AIDS, Tuberculosis and Malaria, ended in 2022. 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 Joep Lange Chair and Fellows program activities in 2022 centered around 3 key activities: the Long Covid Study (Chairs 3 and 4), the closing of the NCD prevention and treatment fellowship (Chair 4) and the Annual JLC Symposium and Master Class.



The Long Covid Study, or 'Long-term clinical outcomes of SARS-CoV-2 infection and associated chronic inflammatory markers –a prospective cohort study in Kenya', is a pioneering cohort study in Africa on the long term effects of COVID. The study is a collaboration between AIGHD, APHRC and the department of Medical Microbiology of the Amsterdam UMC and will allow for a structural exchange of knowledge and expertise between the cohorts at APHRC and the Amsterdam UMC. Field work on this program will continue to mid 2023 with the findings expected by mid 2024.

The research area of NCD prevention and treatment came to an end in November 2022. The efforts led to multiple publications as well a technical report/policy brief on the readiness of healthcare facilities to provide non-communicable disease services in Kenya ([here](#)).

In 2022, The Amsterdam Institute for Global Health and Development (AIGHD) and the Joep Lange Institute (JLI) hosted the 3rd annual Joep Lange Chair and Fellows Symposium and Masterclass. Each year, the scientific organizing committee selects a relevant and engaging theme that encompasses various intersections of global health and development. In 2022, the theme was Migration and Health.

With millions of people constantly on the move around the globe, whether due to war, famine, or simply in search of a better life, migration has become everyone's reality. Migration impacts many aspects of life, shapes world events, and prompts political debates. One element of migration that is less often discussed is its relation to health. Migration and health encompass a variety of topics from non-communicable and communicable diseases to mental and psychological health, affecting host populations, the population of origin, and future generations. The symposium featured speakers from distinctly varied backgrounds, disciplines, and approaches, and as a collective, they provided an extensive overview of the challenges surrounding migration and health in 2022.

More information can be found on the program's website: jlc.aighd.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 2022 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 is 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.

As President of Transform Health, Christoph Benn continued to be a member of the Governance & Strategy circle (the board) and chair of 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. 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 Transform Health under the leadership of JLI and the R&I circle in 2022 was the development and launch of a [Conceptual Framework](#) "Closing the digital divide: More and better funding for the digital Transformation of health". The framework was launched and presented at the World Health Summit in Berlin in October 2022 with participation from governments, international health organizations, multilaterals, civil society, think tanks, academia and the private sector. In addition to the official launch, TH under the leadership of JLI, together with the German Health Hub co-hosted a Round Table "The digital transformation for health: How can we unlock its full potential on the road to UHC and the SDGs?".

JLI had 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

JLI continued to support the establishment of I-DAIR in 2022. I-DAIR is an international research collaborative focused on research and capacity building on digital health and AI, particularly relevant for LICs and LMICs. After its incubation phase in October 2020 I-DAIR was constituted as an independent foundation in October 2022. JLI has been part of the I-DAIR Secretariat from the inception and has helped to shape the external relations/resource mobilization function. I-DAIR has been supported by the Swiss-based Botnar Foundation and the Wellcome Trust. During the inaugural Board Meeting in September 2022, Christoph Benn was elected Chair and launched the recruitment process for a new CEO as the previous CEO, Amandeep Gill, had been appointed Tech Envoy to the UNSG in July 2022. The new CEO, Dr. Ricardo Baptista Leite, was announced in April 2023 and will start in May 2023.

On 7 September 2022, Christoph Benn as Chair of I-DAIR participated in an official UNGA side-event at the UN Headquarters in New York hosted by the Missions of Singapore and Switzerland to discuss an innovative approach to building digital Research & Development capacity for accelerating progress on the SDGs, using public health as a concrete example.

JLI participated in the Science Summit in NY as panel speaker on the topic of collaborative research in AI in health and in an event to introduce I-DAIR to governments'

political representations to the UN , both on the sidelines of the 77th Session of the UN General Assembly (UNGA 77).

JLI (Christoph Benn) participated in several visits and discussions with governments and government embassies globally including visits to Finland, Germany and Portugal).

Global Public Investment (GPI)

For several years, the Joep Lange Institute has supported the establishment of Global Public Investment (GPI) as a new and innovative mechanism to finance global commons. The initiative has been receiving ever more attention as one of the main alternatives to the traditional development aid mechanism. 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 was published in 2022. In continuation of this work, the GPI network [gpin](#) was launched in 2022 with JLI becoming a founding member.

JLI has presented GPI in many international fora virtually and in person to governments, civil society and at various conferences during 2022 in Japan, South Korea, Canada, Germany, India, Indonesia, Norway, Sweden. With a grant received from Open Society Foundation, the global health diplomacy team was able to engage two NGOs/Thinktanks from the global south to explore GPI for practicability in their countries and regions. For this work, CISDI, Center for Indonesia's Strategic Development Initiatives in Indonesia and Sanemos por Igual in Mexico were contracted. Especially the partnership with CISDI during Indonesian's G20 presidency in 2022 proved to be of great value: JLI was invited to several meetings with decision makers in Indonesia. During the final G20 meeting in Nov 2022 in Bali, JLI and CISDI co-hosted an event on "[Redesigning Pandemic Prevention](#)" on the sidelines of the launch of the new [Pandemic Fund](#).

Other GPI activities over the year included:

- Side event at the Ford Foundation together with other GPI partners (Equal, Development Initiative, Partners in Health, ITPC) at UNGA 2022 in New York.
- Grant from BMGF for GPI advocacy. JLI has become a member of a consortium under the management of Development Initiative (DI) to "support a paradigm shift towards GPI as an innovative global public finance model for more and better money that meets 21st century global challenges". As part of this grant, JLI is engaging partners in India to promote GPI during the Indian G20 Presidency in 2023 and is already establishing relations with Brazilian partners for 2024.
- As part of this grant JLI is engaging with the Secretariat and Board of the Pandemic Fund to apply the principles of GPI to its newly established governance and its resource mobilization strategy.
- 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.



- The [Lancet published](#) a Commentary on GPI and The Pandemic Fund “A new paradigm is needed for financing the Pandemic Fund” co-authored by Christoph Benn.

GFAN

JLI became the host organization for the Global Fund Advocacy Network (GFAN) in 2021. GFAN’s aim is to ensure the voices of Communities and Civil Society are heard, acted upon and strengthened. The GFAN network provides a useful platform from which JLI can promote initiatives under its agenda area “to provide the individual and communities with tools to manage their own health needs and care.”

With 2022 having been a replenishment year for the Global Fund to Fight AIDS, Tuberculosis and Malaria, GFAN’s year focused primarily on issues associated with resource mobilization for the Global Fund and the role of GFAN in supporting such efforts locally, regionally and globally for the 7th replenishment. These activities culminated in an in person meeting for its members in Berlin in June.

In September, the Global Fund held its pledging meeting in New York City. GFAN was in New York for the 7th Replenishment Pledging Conference to provide spaces for civil society and community partners, and convened to coordinate engagement with and around the conference. The pledging conference saw a record amount raised for the Global Fund, but sadly short of what is needed for a fully funded and effective fund.

In 2022, GFAN continued to engage in the on-going conversations around pandemic prevention, preparedness and response (PPPR) in order to provide information and opportunities to engage to their members. GFAN also hosted a space for its members at the Global Village of The International AIDS conference that was held in Montreal, Canada in July and August.

JLI Film Content

Throughout 2022, interviews under the *Word on the Street, Public Street Films* series were conducted. These are reportage style films with residents in Amsterdam and further afield. The aim of these interviews is to learn how people think about their own data. Do they think it has value? Are they open to sharing it? If so, why? Who do they trust more with their data, companies or governments?

At JLI we advocate for people to be in control of their data, especially when it comes to health. It’s important for us to understand the general mood on the street. It helps to experiment with new ideas and get a sense of the urgency people feel.

In addition, a short film was produced featuring the Chairman of JLI’s Board, Onno Schellekens. The film examines Onno’s views on how our data is being used by others and how he believes things need to change.

3. Financial

During the financial year the income amounted to EUR 1,517,778 (2021: EUR 921,856). 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, a significant part 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 2,349,724 (2021: EUR 1,695,641). From the total operating expenses an amount of EUR 354,597 relates to 'Other operating expenses' and EUR 958,331 relates to Personnel expenses.

The operating result is EUR -831,946 (2021: EUR -773,785). Together with the financial result, JLI has a deficit of EUR -800,760 per year end 2022 (2021: EUR -715,056). 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 2023

Many of the ongoing activities commissioned and supported by JLI as described above, specifically by our Center for Global Health Diplomacy, will continue in 2023. Expected highlights for the year under JLI's Center for Global Health Diplomacy are shown below. Three of our larger activities, namely 1) Innovative financing for scaled HCV treatment in Cameroon, 2) India Reverses Diabetes type 2, and 3) the Joep Lange Chair and Felloes program will end in their current form during the course of the year. Expansion of these programs, possibly with partner organizations, will be explored, while new topics and activities will be identified during the course of the year.

National Healthcare Platform

JLI, together with McKinsey, are prioritizing the establishment of a National Healthcare Platform. With a view to further grow support and momentum for this idea, a national

coalition of influential leaders is being brought together who will drive and grow the backing for this initiative across all sectors of the Netherlands. Eventually, the ministry of health and parliament of the Netherlands will need to be brought on board. In addition, in order to move the proposal from concept to concrete example, JLI is looking to initiate a localized version of the concept to test it, and improve it, before realizing the full ambition. Currently, a joint collaboration together with [CumuluZ](#), the Amsterdam UMC, the municipality of Amsterdam, and the largest GP association of the Amsterdam area (ROHA), supported by ZilverenKruis, is being explored. Funding is expected to be secured for this venture in mid to late 2023 after which the pilot will begin. Supporting material, such as a manifesto, website, short films, etc. will be developed to support understanding around this complex idea.

JLI Center for Global Health Diplomacy

Expected highlights on ongoing activities include:

I-DAIR

- G20 India: Participation as Board Chair of I-DAIR in the G20 Health Experts WG meetings
- Launch of a “Digital Corpus” Fund as part of the G20 Global Initiative on Digital Health with I-DAIR being one of several funding/recipient organizations

Transform Health

- Participation in the global working group set up to lead the advocacy around the recommendations of the Conceptual Framework “Closing the digital divide: More and better funding for the digital Transformation of health”.
- Presentation together with Transform Health of the Conceptual Framework “Closing the digital divide: More and better funding for the digital Transformation of health” at the G20 Health Experts WG meetings in India

GPI

- Cepi: Phase II on a regional GPI approach to Vaccine R&D and Manufacturing focusing on ASEAN and the Latin American region
- G20 2023 India Presidency:
 - Partnership with Access Health India
 - Participation of the “Global Learning Collaborative for Health System Resilience” [GLC4HSR](#) March 2023
 - T20: GPI has been chosen by the Indian T20 group as one idea to be assessed and potentially brought to the G20 agenda (work in progress).
- The Pandemic Fund: Presentation of GPI for Resource Mobilization during the Board Member Retreat 20.-22.3.23
 - Submission of two publications to the Lancet global health financing and PHC

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:

- Onno P. Schellekens, chairman of the statutory board; appointed on July 17, 2015;
- 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 2022, JLI employed 4.8 FTE staff (working in the Amsterdam (2.4 FTE) and Geneva offices (2.4 FTE) (2021: 3.9 (NL: 1.4 and CH 2.5). The average number of full-time equivalents during the financial year 2022 was 4.7 (NL: 2.1 and CH: 2.7) (2021: 5.0 (NL: 2.5 and CH: 2.5). 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, 24 July 2023

Board of Directors:

O.P. Schellekens
Chairman

M. Heidenrijk
Executive Director

A. de Roos
Board Member



FINANCIAL STATEMENTS



Balance sheet as at 31 December 2022

(After appropriation of the result)

Note		31.12.2022	31.12.2021	Note		31.12.2022	31.12.2021
		EUR	EUR			EUR	EUR
Assets				Equity and liabilities			
Fixed assets				Equity			
Tangible fixed assets	1	29,200	35,572	Balance of income and Expenditure	5	4,230,347	5,031,107
Current assets				Current liabilities			
Receivables:				Creditors		38,777	241,713
Debtors	2	184,473	208,112	Taxes and social security contributions	6	2,895	2,642
Other receivables	3	<u>167,335</u>	<u>255,216</u>	Deferred income	7	556,272	875,880
Cash	4	4,617,879	5,824,587	Other liabilities and accrued expenses	8	<u>170,596</u>	<u>172,145</u>
		<u>4,998,887</u>	<u>6,323,487</u>			<u>768,540</u>	<u>1,292,380</u>
						<u>4,998,887</u>	<u>6,323,487</u>



Statement of income and expenditure for the year 2022

	Note	2022	2021
		EUR	EUR
Income	9	1,517,778	921,856
Operating expenses:			
Direct program costs		1,029,069	439,299
Personnel expenses	10	958,331	1,081,490
Amortization and depreciation		7,727	10,228
Other operating expenses	11	354,597	164,624
		<u>2,349,724</u>	<u>1,695,641</u>
Operating result		<u>(831,946)</u>	<u>(773,785)</u>
Financial income and expenses:			
Financial expenses	12	(15,519)	(27,585)
Financial income	13	46,705	58,729
		<u>31,186</u>	<u>86,314</u>
Result		<u>(800,760)</u>	<u>(715,056)</u>
Deducted from:			
Balance of income and expenditure		(800,760)	(715,056)
		<u>(800,760)</u>	<u>(715,056)</u>



Cash flow statement for the year 2022

	2022		2021	
			EUR	
Operating result	<i>(831,946)</i>		<i>(773,785)</i>	
Adjustments for:				
Depreciation (and other changes in value)	7,727		10,228	
Changes in working capital:				
• movements operating accounts receivable	111,520		(420,287)	
• movement deferred income	(319,608)		612,611	
• movements other current liabilities	(204,232)	(412,320)	(34,946)	157,378
Cash flow from business activities	<u>(1,236,539)</u>		<u>(606,179)</u>	
Interest received/paid	<u>(12,477)</u>		<u>(27,585)</u>	
Cash flow from operating activities	<u>(1,249,016)</u>		<u>(633,764)</u>	
Investments in (in)tangible fixed assets	<u>(1,355)</u>		<u>-</u>	
Cash flow from investment activities	<u>(1,355)</u>		<u>-</u>	
Net cash flow	<u>(1,250,371)</u>		<u>(633,764)</u>	
Exchange gains/(losses) on cash at banks and in hand	<u>43,663</u>		<u>86,314</u>	
Net increase/(decrease) in cash at banks and in hand	<u>(1,206,708)</u>		<u>(547,450)</u>	

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

Cash as at 1 January	5,824,587	6,372,037
Movements in cash	<u>(1,206,708)</u>	<u>(547,450)</u>
Cash as per 31 December	<u><u>4,617,879</u></u>	<u><u>5,824,587</u></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.

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*

	2022	2021
	EUR	EUR
Book value as of 1 January	35,572	45,800
Additions during the year	1,355	-
Depreciation during the year	(7,727)	(10,228)
Book value as at 31 December	29,200	35,572
Purchase value as at 31 December	88,673	87,318
Accumulated depreciation	(59,473)	(51,746)
Book value as at 31 December	29,200	35,572

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*

	31.12.2022	31.12.2021
	EUR	EUR
Debtors	184,473	208,112
Provision for doubtful debts	-	-
Balance as at 31 December	184,473	208,112

3. Other receivables

	31.12.2022	31.12.2021
	EUR	EUR
Advances partners related to programs	133,508	223,668
Deposits	18,906	18,906
Prepayments	11,583	8,730
Interest to be received	3,043	-
Other	295	3,912
Balance as at 31 December	167,335	255,216

4. Cash

	31.12.2022	31.12.2021
	EUR	EUR
ABN-AMRO EUR Account	2,677,928	4,268,436
ABN-AMRO USD Account	1,939,950	1,556,151
Balance as at 31 December	4,617,879	5,824,587

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

5. Balance of income and expenditure

	31.12.2022	31.12.2021
	EUR	EUR
Balance as at 1 January	5,031,107	5,746,163
Result current year	(800,760)	(715,056)
Balance as at 31 December	4,230,347	5,031,107

Result appropriation for the year

The result for the year amounts to EUR 800,760 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

	31.12.2022	31.12.2021
	EUR	EUR
Wage tax	2,895	2,642
Balance as at 31 December	2,895	2,642

7. Deferred income

	31.12.2022	31.12.2021
	EUR	EUR
Received from donors related to programs	1,536,927	3,059,081
Realized revenue on programs	(980,655)	(2,183,201)
Balance as at 31 December	556,272	875,880

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

8. Other liabilities and accrued expenses

	31.12.2022	31.12.2021
	EUR	EUR
Accrued expenses	147,832	168,494
Liabilities programs	18,988	-
Holiday allowance and social securities	3,776	3,651
Balance as at 31 December	170,596	172,145

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 2022
		EUR	EUR	EUR
Total income		1,517,778	-	1,517,778
Operating expenses:				
Direct program costs		1,029,069	-	1,029,069
Personnel expenses		567,931	390,400	958,331
Amortization and depreciation		-	7,727	7,727
Other operating expenses		335,807	18,790	354,597
Subtotal operating expenses		<u>1,932,808</u>	<u>416,916</u>	<u>2,349,724</u>
Operating result		(415,030)	(416,916)	(831,946)
Financial income and expenses:				
Financial expenses		(6)	(15,513)	(15,519)
Financial income		<u>(37,543)</u>	<u>84,248</u>	<u>46,705</u>
Subtotal financial income and expenses		<u>(37,549)</u>	<u>68,735</u>	<u>31,186</u>
Result		<u>(452,579)</u>	<u>(348,181)</u>	<u>(800,760)</u>

With respect to the total 'non-project' realization ad. EUR 348,181 (2021: EUR 288,517) the following remark can be made. The total costs of JLI's activities in Switzerland amount to EUR 479,905 (2021: EUR 388,204) for the year 2022. This amount consists of 414,607 (2021: EUR 353,557) personnel expenses and EUR 68,439 (2021: EUR 34,646) other operating expenses. In 2022 an amount of EUR 413,643 was charged on direct projects (2021 EUR 388,204).

Notes to the specific items of statement of income and expenditure

9. Income

	2022	2021
	EUR	EUR
Realized income related to programs	1,517,636	921,856
Other income	142	-
	1,517,778	921,856

The 'Realized income related to programs' consist of:

GFAN - NVF	386,894	151,941
Botnar - Digital Transformation of Health Systems	328,405	24,083
GPI for Vaccine Justice - OSPC	192,941	246
Support for the Resource & Investment Circle & development	131,422	133,329
GFAN - GFS support year 2 - GFS	92,251	-
I-DAIR resource mobilization - I-DAIR	70,125	-
Establishment of the I-DAIR Collaborative	67,587	255,125
Reverse diabetes India - RVO	53,263	61,880
I-DAIR host country arrangement	35,000	-
HCV Cameroon	32,878	25,609
GPI for OSF - Equal	25,000	-
Paradigm shift towards GPI - DI	19,964	-
GPI for Vaccine Justice - PAN	18,582	-
GFAN - Berlin Meeting - GFS	18,200	-
PharmAccess Foundation	13,600	13,600
GFAN - Global Fund	9,148	65,880
Analysis for Norwegian MoFA - PRIO	7,521	-
WHO - Global Digital Health Strategy	7,135	11,346
Reverse diabetes India - JvdB	5,540	15,125
GFAN - Other	2,180	-
Reverse diabetes India - Aegon	-	50,000
Diagnostic alliance - FIND	-	71,284
GPI Concept for CEPI - Blossom	-	42,408
Total realized income related to programs	1,517,636	921,856

10. *Personnel expenses*

	2022	2021
	EUR	EUR
Salaries	92,998	102,478
Social security contributions	18,229	21,553
Pension costs	5,698	5,722
Subtotal personnel Netherlands	116,925	129,753
Subtotal personnel Switzerland	412,159	353,558
Contracted services related to Facility Agreement	98,402	103,452
Contracted services related to Chair and Fellows	285,500	164,844
Contracted services related to Financial Health Diaries	-	136,566
Contracted Technical Assistance	20,487	165,730
Other	24,858	27,587
	958,331	1,081,490

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), 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

	2022	2021
	EUR	EUR
Partners	102,303	(41,369)
Events	5,797	-
Travel and accommodation	43,236	3,640
Office rent	76,516	76,325
Audit	32,065	28,057
Professional literature	420	357
Communication	-	14,910
IT	5,000	12,225
Other	89,260	70,480
	354,597	164,625

The 'Partners' consist of:

AHTI	150,000	-
UMC-AMC	-	100,000
GLAS	(47,697)	(141,369)
	102,303	(41,369)

12. Financial expenses

	2022	2021
	EUR	EUR
Interest paid	12,759	25,462
Bank interest and charges	2,760	2,123
	15,519	27,585

13. Financial income

	2022	2021
	EUR	EUR
FX-results	43,663	86,314
Interest received	3,043	-
	46,706	86,314

Other notes

Number of employees

The average number of full-time equivalents during the financial year 2022 was 4.7 (NL: 2.1 and CH: 2.7) (2021: 5.0 (NL: 2.5 and CH: 2.5) The year-end full-time equivalents was 4.8 (NL: 2.4 and CH 2.4) (2021: 3.9 (NL: 1.4 and CH 2.5).

Subsequent events

There are no events to report.



Signing of the financial statements

Amsterdam, 24 July 2023

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.



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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 2022 included in the annual accounts

Our opinion

We have audited the financial statements for the year ended 31 December 2022 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 2022, and of its result for 2022 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 2022
- The statement of income and expenditure for the year 2022
- Cash flow statement for the year 2022
- 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

The annual accounts contains other information in addition to the financial statements and our auditor's report thereon.

Based on the following procedures performed, we conclude that the other information is consistent with the financial statements and does not contain material misstatements.

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 Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements.

Management is responsible for the preparation of the other information.

Description of responsibilities regarding 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 (RJK C1) of the Dutch Accounting Standards Board. 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 detect all material errors and fraud during our audit.

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 among others:

- 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.

Communication

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.

The Hague, 24 July 2023

Ernst & Young Accountants LLP

signed by J.W. van der Steen

