

# JOEP LANGE INSTITUTE FOR GLOBAL HEALTH AND DEVELOPMENT

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*Annual Accounts 2024*





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# BOARD REPORT

## 1. Introduction: 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 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 2024

In 2024, JLI supported a range of activities that contribute to its mission 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**

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 allows society to share health data and to create value from it, safely and in the interest of all. JLI also 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) and others, 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 us 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 order to move the idea of a national health data collective past conceptualization, JLI is looking to initiate localized versions of the idea to test it, and improve it, before realizing the full ambition. In a joint initiative led by the Amsterdam Health and Technology Institute (ahti), in collaboration with the municipality of Amsterdam and the Amsterdam University Medical Center (AUMC), funding has been



secured under the [Integraal Zorgakkoord \(IZa\)](#), in order to establish a platform under which health and welfare data can be shared between citizens and health and welfare providers. This platform will facilitate and serve other initiatives in the greater Amsterdam region that require these diverse data of an individual in order to provide better and innovative care. Central to this concept is that the individual is in control of, and can decide who receives access to, his or her data. The first phase of the program was approved for EUR 12.2 million and will start in April 2025, supported through a consortium of 10 health and wellness partners in Amsterdam. Simultaneously, PharmAccess, along with its partners AAR Insurance and CarePay, are establishing a health data cooperative in Kenya.

In support of this agenda, JLI has launched a [webpage](#) dedicated to Health Data Collectives and will continue to engage on the topic with influential leaders in the insurance, medical and pension industries, as well as the Dutch government.

### **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 University 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 welcomed four (partly concurrent) professors from different fields of expertise over ten 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, 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. Although Chair 3 and Chair 4's respective research under the Chair & Fellows program ended in 2023, a joint initiative was initiated in 2024 under which Long COVID data from Nairobi and Amsterdam cohorts will be harmonized, integrated, and analyzed.

Besides research, the program hosted a symposium and masterclass. The Amsterdam Institute for Global Health and Development (AIGHD) and the Joep Lange Institute hosted 2024's annual Joep Lange Chair and Fellows Symposium and Masterclass, themed "Towards a Just Future in Global Health", emphasized our commitment to equity, inclusivity, and sustainability in healthcare across the globe. This year sought to challenge and reflect on the barriers that prevent equitable access to health across various affective variables like economic status, society, and policy. The symposium, held on November 7, 2024, at De Balie in Amsterdam, brought together distinguished global health experts, scholars, and practitioners to engage in discussions on justice, inclusivity, and sustainability in global health systems.



The Joep Lange Masterclass 2024 provided ten early-stage researchers from around the world an opportunity to present their work on barriers to equitable health access, thus contributing to the continued education and mentorship of the next generation of global health leaders.

The 2024 Joep Lange Chair and Fellows Program exemplified the commitment to honoring Professor Lange's legacy while continuing to lead in the fields of global health education, research, and advocacy. For the year 2025, the final year of the program, the focus will be in providing training and capacity building to young researchers and building synergies with other research projects such as the Amsterdam Long Covid cohort. A final symposium will reflect on the current changes in Global Health and its funding landscape and the role of researchers in navigating this new reality.

More information can be found on the program's website: [jlc.aighd.org](http://jlc.aighd.org).

### **JLI Center for Global Health Diplomacy**

The JLI Center for Global Health Diplomacy (JLI GHD) in Geneva promotes global health equity and cooperation through diplomacy, advocacy, and collaboration. The Center strives to harness the power of diplomacy to address pressing health challenges, foster partnerships among nations, and advocate for policies as well as additional and sustainable funding that prioritize the health and well-being of all individuals, regardless of geographical or socio-economic boundaries. By facilitating dialogue, sharing knowledge, and building bridges between diverse stakeholders, JLI GHD aims to advance a healthier, more resilient world where everyone has access to quality healthcare and opportunities for a thriving life.

During 2024 JLI Center for GHD Geneva supported and was involved in following initiatives and projects:

#### *Global Public Investment (GPI)*

For several years, the Center has supported the establishment of Global Public Investment (GPI) as a new and innovative movement to finance global commons. The initiative has been receiving 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. Some of the highlights on the Center's GPI work in 2024:

- UNGA 2024 NY: Roundtable organized by the Clinton Global Initiative with High Level participation from WHO, NORAD, Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), ONE, The Elders, Gates Foundation, PM office of Barbados, Ford Foundation and others
- G20 2024 Brazil Presidency:
  - WHO Investment Round (see under 2.)
- JLI Center for GHD continued its support of the GPI network (gpin) by attending Strategy and Advocacy Meetings, Partner Workshops, etc.

#### *WHO*

JLI Center for GHD was contracted in 2023 and 2024 to consult the World Health Organisation (WHO) on their first-ever Investment Round to mobilize predictable and flexible resources for its core work in 2025 – 2028. At the Brazilian G20 Summit at the end of 2024, Brazilian's President Lula da Silver and WHO Director-General Dr. Tedros announced a total of 3.8B USD in pledges. This marked a funding improvement from 17 % to 53 % compared to previous periods. The Investment Round also broadened WHO's donor base, with 70 new pledges from member states, philanthropic entities, and private sector donors. Notably, 39 of these were first-time voluntary contributors, including seven





low-income and 21 middle-income countries, reflecting a shift towards more diversified and resilient funding. In summary, while the WHO Investment Round in Brazil achieved significant milestones in securing funding and diversifying its donor base, it also highlighted challenges in meeting financial targets and underscored the need for continued efforts to ensure sustainable financing for global health initiatives.

#### *Extending the Donor Base in Global Health to non-traditional countries*

In 2023, the JLI Center for GHD received a grant from Open Philanthropy (OP) and The Gates Foundation with the objective to extend the donor base of Global Health Finance Institutions to non-traditional countries to increase the financing envelope. After a successful first phase, the grant was extended by both foundation into a second two-year phase (2024 – 2026). The JLI Center for GHD has been establishing partnerships and contacts with multiple Target Countries, countries that so far have not been approached by any of the big Global Health Financing Organizations. Visits, virtual meetings and workshops have taken place in numerous countries.

#### *Innovative Financing: Debt-2-Health (D2H)*

As part of its work on Innovative Financing, the JLI Team is promoting D2H, an initiative launched by the Global Fund in 2007 where creditor nations forgive portions of debt in exchange for investments in health programs in debtor countries with the objective of strengthening health systems, increasing sustainable health financing and enhancing domestic ownership of health programs. The JLI team has received a grant from Open Philanthropy to advocate this financing tool in additional countries and facilitate workshops to increase visibility and viability.

#### *Climate & Health*

With the alarming developments on climate and the obvious link of climate change on health, most multilateral organizations in health are adjusting their strategies to address this nexus. During COP28 in November 2023 (UAE), GFATM and the Green Climate Fund (GCF) signed a Letter of Intent (LOI) to partner on Climate & Health. Because of the director's relationship and expertise of both organizations, the JLI team was approached in 2024 by GFATM for help with the facilitation of the GFATM/GCF agreement and advise on how to put the LOI into practice. This work is supported by a grant to the team which will go beyond 2024 into 2025.

#### *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.

Transform Health brings together many of the international health organizations (WHO, GAVI, Global Fund, FIND etc.), bilateral partners, civil society and foundations. In 2024, Christoph Benn continued to be President of TH and the team of JLI Center for GHD has been supporting its director in this function.

#### *HealthAI (formerly I-DAIR)*

HealthAI continued its transformation under the leadership of its CEO, Ricardo Baptista Leite, in 2024 and Christoph Benn continued his Role of Chair of the Board. HealthAI is the Global Agency for





Responsible AI in Health and is supporting countries in implementing ethical and technical standards for AI technologies.

In 2024, Christoph Benn participated in several visits and discussions with governments including travels to the US, Chile and Uruguay representing HealthAI. JLI Center for GHD is supporting its director in his Board Chair function.

#### *Other Engagements*

The JLI Center for GHD supports its director in the following roles:

- As co-chair of the Asia Pacific Leaders Malaria Alliance (APLMA) that unites 22 governments in Asia-Pacific who have committed to eliminating malaria in the region by 2030.
- As board member of Friends of the Global Fund Europe.
- Through the membership in the governing council of the World Health Summit, the team is involved in the annual conferences in Berlin.
- As member of the Global Health Hub Germany ([GHHG](#))

#### **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." GFAN has 1300 individual members, 680 organizational members and is represented in 115 countries.

In 2024, GFAN continued its regular activities aimed at informing and connecting advocates and amplifying the work by hosting regular calls, monthly roundups, publications, hosting the 2024 annual meeting in Bangkok, Thailand and continued engaging with the Speakers. GFAN also worked on and launched the [How to Close a Funding Gap report](#) including the 8 asks for the 8th Replenishment and the Four Funding Scenarios at the IAS 2024 and relaunched the strategy and tactics calls ahead of the upcoming Replenishment.

Broadening its scope of work, GFAN was able to convene and inform advocates through the launch of the [Unitaid Advocates Network \(UAN\)](#). UAN was established in recognition of the vital role of civil society as a dynamic coalition of passionate advocates dedicated to ensuring that equity, transparency, and accountability remain at the forefront of Unitaid's agenda. UAN now has over 100 members spread across six regions and hosts regular bi-weekly calls for its members. UAN was active at the WHS, WHA, and IAS 2024 and has since worked on and launched briefings and several key materials, tools, and blogs to support and inform its advocates.

For more information on GFAN's work in 2024, please see their [2024 membership report](#).

#### **Life and work of Joep Lange**

In 2024, we commemorated the 10th anniversary of the passing of Joep Lange and Jacqueline van Tongeren who were killed in the downing of MH17 over Ukraine. JLI highlighted their achievements through a dedicated section on its website highlighting Joep's achievements and how this led to the establishment of the Joep Lange Institute in honour of him. See the timeline [here](#).

Further, the Joep Lange Institute would like to honor Joep's legacy by means of a documentary. The piece will shed light on the impact Joep made during his professional life as a medical scientist and



activist for better access to healthcare for all. The documentary is expected to be launched in early 2025. View the trailer [here](#).

### 3. Financial

During the financial year the income amounted to EUR 1,537,060 (2023: EUR 1,896,717). The income consists of donations and grants by private (both for-profit and not-for-profit) and public parties.

The income generated from donations is utilized to support JLI's activities, which are not eligible for direct funding through specific programs. Consequently, due to this funding structure, the majority of JLI's activities are recorded under 'Other operating expenses' and 'Personnel expenses' within the 'Operating expenses' category. These operating expenses are consistent with JLI's objectives and total EUR 2,365,745 (2023: EUR 2,227,724). Of the total operating expenses, EUR 839,947 is attributed to 'Other operating expenses,' while EUR 916,284 is allocated to 'Personnel expenses.'

The continuity reserve is set at a level that provides adequate coverage for operational risks, with the current reserve totaling EUR 3,358,708 (2023: EUR 3,817,909) reflecting a decrease of EUR 459,201 (2023: EUR 412,438) from the previous period. This reserve is reviewed periodically to align with the long-term objectives of JLI.

Additionally, the special purpose reserve is maintained to allocate funds for GFAN to support the network's mission. As of the reporting date, this reserve increased to EUR 95,635 (2023: EUR 93,619), indicating JLI's ongoing commitment to GFAN. These funds are not available for general use and are strictly allocated to the designated purpose of GFAN.

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 minimal, as JLI's current financial commitments are significantly lower than its available resources. These resources are maintained in cash on dedicated interest-bearing bank accounts and short-term deposits of up to one year. JLI is exposed to currency fluctuations since a significant portion of its funding is received in USD and CHF, while its functional currency is EUR. JLI does not employ 'embedded derivatives' or 'hedge accounting,' and all major programs are prefunded. Where feasible and contractually permitted, currency risks are managed at the program level. At present, all JLI contracts allow for currency risk settlement at the program level.

### 4. Outlook 2025

In 2025, JLI will focus on furthering the concept of Health Data Collectives, alongside the work carried out by its Center for Global Health Diplomacy based in Geneva, Switzerland. Expansion of its current programs will be explored, while new topics and activities will be identified during the course of the year. 2025 will also be the last year of the Joep Lange Chair and Felloes program.

#### **Health Data Cooperatives**

As described earlier, championed by JLI, and in order to move the idea of a national health data collective past conceptualization, JLI is looking to initiate localized versions of the idea to test it, and improve it, before realizing the full ambition. In a joint initiative led by the Amsterdam Health and



Technology Institute (ahti), in collaboration with the municipality of Amsterdam and the Amsterdam University Medical Center (AUMC), funding has been secured under the [Integraal Zorgakkoord \(Iza\)](#), in order to establish a platform under which health and welfare data can be shared between citizens and health and welfare providers. This platform will facilitate and serve other initiatives in the greater Amsterdam region that require these diverse data of an individual in order to provide better and innovative care. Central to this concept is that the individual is in control of, and can decide who receives access to, his or her data. The first phase of the program was approved for EUR 12.2 million and will start in April 2025, supported through a consortium of 10 health and wellness partners in Amsterdam. JLI will continue to act as the knowledge partner and play a leading role within the process of designing and setting up the platform.

In support of this agenda, JLI has launched a [webpage](#) dedicated to Health Data Collectives and will continue to bring unique and influential thinkers and practitioners together to address issues around healthcare delivery through innovative approaches in both the Netherlands and globally.

### **Documentary on Joep Lange**

The Joep Lange Institute will honor Joep Lange's legacy by means of a documentary. The film will shed light on the impact Joep made during his professional life as a medical scientist and activist for better access to healthcare for all. The documentary is expected to be launched in early 2025. View the trailer [here](#).

### **JLI Center for Global Health Diplomacy**

JLI's Center for Global Health Diplomacy expects to focus on the following activities in 2025, beside engagements in Transform Health, HealthAI, APLMA, Friends of the GF Europe, Global Health Hub Germany, and ATACH:

#### *Extending the Donor Base in Global Health to non-traditional countries*

The second phase of the work has been approved and extends well into 2026. The scope is ambitious with additional countries being added to the list. In the second phase, JLI GHD will deepen partnerships and contacts in the countries of the first phase and establishing partnerships and contacts with new Target Countries. Visits, virtual meetings and workshops will continue in existing target countries and extend to additional countries.

#### *Climate & Health*

Continuation of the work on Climate and Health with GFATM and GCF. Additional projects are expected, namely an advisory role for JLI for UNDP/WHO.

#### *Global Public Investment (GPI)*

The Team is continuing its active membership of gpin, the GPI network and overall support of applying GPI in Global Development and global public goods.

### **GFAN**

GFAN will continue its regular inform-connect-amplify activities in 2025 including its calls publications, blogs, toolkits, briefs, Speakers and hosting UAN. GFAN's broad priorities for 2025 remain continued advocacy for the 8th Replenishment, hosting the 2025 annual meeting in Ottawa Canada, and undertaking its strategy development processes.



## 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 2024, JLI employed 5.8 FTE staff, working in the Amsterdam (1 FTE) and Geneva offices (4.8 FTE) (2023: 5 FTE (NL: 1.4 and CH: 3.6)). This does not include the support provided by PharmAccess staff for financial management, IT, legal, and HR services, as provided under a facility agreement between the two organizations. Throughout 2024, A. Boers was seconded at 0.5 FTE to the Amsterdam Health & Technology Institute.



## **Signing of the Board report**

Amsterdam, 8 July 2025

Board of Directors:

O.P. Schellekens  
Chairman

M. Heidenrijk  
Executive Director

A. de Roos  
Board Member



## **FINANCIAL STATEMENTS**



## Balance sheet as at 31 December 2024

(After appropriation of the result)

	Note	31.12.2024		31.12.2023		Note	31.12.2024		31.12.2023
		EUR		EUR			EUR		EUR
<b>Assets</b>					<b>Equity and liabilities</b>				
<b>Fixed assets</b>					<b>Equity</b>				
Tangible fixed assets	1	16,927		23,290	Continuity reserve	6	3,358,708		3,817,909
Financial asset: Loan	2	<u>52,527</u>	69,454	<u>50,027</u>	Special purpose reserve GFAN	7	<u>95,635</u>		<u>93,619</u>
				73,318			3,454,343		3,911,528
<b>Current assets</b>					<b>Current liabilities</b>				
Receivables:					Creditors		271,445		124,632
Debtors	3	25,265		77,836	Taxes and social security contributions	8	3,259		3,388
Other receivables	4	<u>128,636</u>	153,901	<u>43,344</u>	Deferred income	9	1,509,391		339,584
Cash	5	5,296,434		4,572,821	Other liabilities and accrued expenses	10	<u>281,351</u>	2,065,445	<u>388,187</u>
									855,791
		<u>5,519,789</u>		<u>4,767,318</u>			<u>5,519,789</u>		<u>4,767,318</u>





## Statement of income and expenditure for the year 2024

	Note	2024		2023	
		EUR		EUR	
Income	11	1,537,060		1,896,717	
<b>Operating expenses:</b>					
Direct program costs		602,687		988,488	
Personnel expenses	12	916,284		924,664	
Amortization and depreciation		6,828		6,794	
Other operating expenses	13	839,947	2,365,745	307,779	2,227,724
<b>Operating result</b>			<b>(828,685)</b>		<b>(331,006)</b>
Financial income and expenses:					
Financial expenses	14	(2,650)		(79,162)	
Financial income	15	374,151	371,501	91,349	12,187
<b>Result</b>			<b>(457,185)</b>		<b>(318,819)</b>
<b>Appropriation of the result:</b>					
Continuity reserve			(459,201)		(412,438)
Special purpose GFAN			2,016		93,619
			<b>(457,185)</b>		<b>(318,819)</b>



## Cash flow statement for the year 2024

	2024		2023	
	EUR		EUR	
Operating result	(828,685)		(331,006)	
Adjustments for:				
Depreciation (and other changes in value)	6,828		6,794	
Changes in working capital:				
• movements operating accounts receivable	(32,722)		110,480	
• movement deferred income	1,169,807		(216,688)	
• movements other current liabilities	39,848	1,176,934	424,088	317,880
Cash flow from business activities	355,076		(6,333)	
Interest received / paid	126,274		89,034	
Cash flow from operating activities	481,350		82,071	
Investments in (in)tangible fixed assets	(464)		(884)	
Investments in financial fixed assets	(2,500)	(2,964)	(50,027)	(50,911)
Cash flow from investment activities	(2,964)		(50,911)	
Net cash flow	478,385		31,789	
Exchange gains/(losses) on cash at banks and in hand	245,227		(76,846)	
Net increase/(decrease) in cash at banks and in hand	723,612		(45,057)	
The movement in cash at banks and in hand can be broken down as follows:				
Cash as per 1 January	4,572,821		4,617,879	
Cash as per 31 December	5,296,434		4,572,821	
Movements in cash	723,612		(45,057)	

## 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*

	2024	2023
	EUR	EUR
Book value as of 1 January	23,290	29,200
Additions during the year	464	884
Depreciation during the year	(6,823)	(6,794)
Book value as at 31 December	<b>16,927</b>	<b>23,290</b>
Purchase value as at 31 December	90,021	89,557
Accumulated depreciation	(73,094)	(66,267)
Book value as at 31 December	<b>16,927</b>	<b>23,290</b>

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. *Loan*

	31.12.2024	31.12.2023
	EUR	EUR
Loan Medscio	50,027	50,000
Non-compounding interest	2,500	27
<b>Balance as at 31 December</b>	<b>52,527</b>	<b>50,027</b>

Stichting Joep Lange Institute issued a 4-year convertible loan of EUR 50,000 to Medscio BV in 2023. The full amount was disbursed in 2023, with an interest rate of 5% per annum on the disbursed amount. The interest is non-compounding. The loan matures on 27 December 2027, at which point it will either convert to shares in Medscio or the outstanding loan and interest will become payable. Medscio will use the loan proceeds for the growth and funding of its business.

### 3. Debtors

	31.12.2024	31.12.2023
	EUR	EUR
Debtors	25,265	77,836
Provision for doubtful debts	-	-
<b>Balance as at 31 December</b>	<b>25,265</b>	<b>77,836</b>

### 4. Other receivables

	31.12.2024	31.12.2023
	EUR	EUR
Advances partners related to programs	19,186	6,033
Deposits	18,906	18,906
Prepayments	12,028	13,005
Interest to be received	975	5,400
Accrued revenues	77,540	-
<b>Balance as at 31 December</b>	<b>128,636</b>	<b>43,344</b>

### 5. Cash

	31.12.2024	31.12.2023
	EUR	EUR
ABN-AMRO EUR Account	406,348	2,212,008
ABN-AMRO USD Account	4,890,085	2,360,813
<b>Balance as at 31 December</b>	<b>5,296,434</b>	<b>4,572,821</b>

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



## 6. Continuity reserve

	31.12.2024	31.12.2023
	EUR	EUR
Balance as at 1 January	3,817,909	4,230,347
Result current year	(459,201)	(412,438)
<b>Balance as at 31 December</b>	<b>3,358,708</b>	<b>3,817,909</b>

### Result appropriation for the year

The result for the year 2024 amounts to EUR 459,201 negative (2023: EUR 412,483 negative). The deficit has been deducted from the continuity reserve. The continuity reserve is available to use in line with the described objectives of the foundation as stated in article 3.4 of the Articles of Association.

## 7. Special purpose reserve GFAN

	31.12.2024	31.12.2023
	EUR	EUR
Balance as at 1 January	93,619	-
Result current year	2,016	93,619
<b>Balance as at 31 December</b>	<b>95,635</b>	<b>93,619</b>

Based on a board decision the result can be appropriated to the special purpose reserve concerning GFAN. The movement of the reserve in a financial year will be determined by recognizing the total funds made available to GFAN for general purposes, minus the realized expenditure by GFAN that cannot be attributed to a project. Currently there is no maximum defined.

## 8. Taxes and social security contributions

	31.12.2024	31.12.2023
	EUR	EUR
Wage tax	3,259	3,388
<b>Balance as at 31 December</b>	<b>3,259</b>	<b>3,388</b>

## 9. Deferred income

	31.12.2024	31.12.2023
	EUR	EUR
Received from donors related to programs	2,509,492	1,223,085
Realized revenue on programs	1,000,101	883,502
<b>Balance as at 31 December</b>	<b>1,509,391</b>	<b>339,584</b>

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

#### 10. Other liabilities and accrued expenses

	31.12.2024	31.12.2023
	EUR	EUR
Accrued expenses	111,931	268,432
Liabilities programs	165,733	115,288
Holiday allowance and social securities	3,687	4,467
<b>Balance as at 31 December</b>	<b>281,351</b>	<b>388,187</b>

#### 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.

In June 2024 a three-year operational lease agreement was signed for the premises of the JLI representative office in Switzerland - Kyoto building- located at Chemin du Pommier 42, 1218 Grand-Saconnex, Geneva, Switzerland. The yearly operational lease amounts to CHF 44,385.51.

## Notes to the specific items of statement of income and expenditure

### 11. Income

	2024	2023
	EUR	EUR
Realized income related to programs	1,537,336	1,702,823
Income from donations	-	100,000
Other income	277	93,895
	<b>1,537,060</b>	<b>1,896,717</b>

The 'Realized income related to programs' consist of:

	2024	2023
Continuation of Champions for Global Health	421,491	-
GFAN - Other	318,260	48
Expanding Donor Base for Global Health	193,833	226,139
Champions for Global Health - BMGF	137,812	137,812
GFAN – GFS support	107,860	-
Support for investment round – WHO	88,271	-
GFAN - UNITAID Advocacy	87,000	-
Climate and Health Agenda - GFS	73,582	-
Paradigm shift towards GPI - DI	62,689	140,557
Debt to Health Swaps - OP	34,568	-
Other	7,638	6,204
I-DAIR	4,159	129,348
Regional mechanisms for vaccine development - CEPI	174	167,694
GFAN - NVF	-	429,041
GFAN - High Level Meeting on TB - UNOPS	-	211,482
GFAN - GFS support	-	108,639
Global Health Funding and Replenishments - WHO	-	68,775
HIF – Research & Learning	-	27,200
GPI for OSF - Equal	-	25,421
HCV Cameroon	-	24,465
<b>Total realized income related to programs</b>	<b>1,537,336</b>	<b>1,702,823</b>

## 12. Personnel expenses

	2024	2023
	EUR	EUR
Salaries	99,003	98,019
Charge out salaries	(72,500)	-
Social security contributions	18,812	19,021
Pension costs	7,759	6,976
Subtotal personnel Netherlands	53,074	124,017
Subtotal personnel Switzerland	677,737	471,295
Contracted services related to Facility Agreement	88,157	90,855
Contracted services related to Chair and Fellows	38,004	204,922
Contracted Technical Assistance	144	685
Other	59,168	32,891
	<b>916,284</b>	<b>924,664</b>

The personnel expenses outlined above pertain to activities aligned with the foundation's objectives. The charge-out of salaries refers to the secondment of A. Boers, who was assigned to ATHI at a 0.5 FTE capacity.

### 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)).

### 13. Other operating expenses

	2024	2023
	EUR	EUR
Partners	360,000	-
Other	286,075	121,752
Office rent	104,017	97,941
Travel and accommodation	51,806	48,028
Audit	21,222	30,000
Insurance	12,419	7,649
IT	2,931	2,171
Events	1,478	237
	<b>839,947</b>	<b>307,779</b>

The 'Partners' consist of:

AHTI	250,000	-
Amsterdam UMC	110,000	-
	<b>360,000</b>	<b>-</b>

### 14. Financial expenses

	2024	2023
	EUR	EUR
FX-results	-	76,846
Bank charges	2,650	2,315
	<b>2,650</b>	<b>79,162</b>

### 15. Financial income

	2024	2023
	EUR	EUR
FX-results	245,227	-
Interest received	128,924	91,349
	<b>374,151</b>	<b>91,349</b>

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

	Project	Non-Project	Total 2024
	EUR	EUR	EUR
<b>Total income</b>	<b>1,537,060</b>	<b>-</b>	<b>1,537,060</b>
<b>Operating expenses:</b>			
Direct program costs	602,687	-	602,687
Personnel expenses	770,127	146,157	916,284
Amortization and depreciation	512	6,315	6,828
Other operating expenses	734,589	105,358	839,947
Subtotal operating expenses	<u>2,107,915</u>	<u>257,830</u>	<u>2,365,745</u>
<b>Operating result</b>	<b>(570,850)</b>	<b>(257,830)</b>	<b>(828,685)</b>
<b>Financial income and expenses:</b>			
Financial expenses	(1,918)	(733)	(2,650)
Financial income	-	374,151	374,151
Subtotal financial income and expenses	<u>(1,918)</u>	<u>373,418</u>	<u>371,501</u>
<b>Result</b>	<b><u>(572,773)</u></b>	<b><u>115,588</u></b>	<b><u>(457,185)</u></b>

The total 'non-project' realization amounted to a positive EUR 115,588 in 2024 (2023: negative EUR 347,847). The total costs of JLI's activities in Switzerland were EUR 828,489 (2023: EUR 574,734), comprising EUR 711,732 (2023: EUR 489,487) in personnel expenses and EUR 111,718 (2023: EUR 80,805) in other operating expenses. In 2024, an amount of EUR 902,072 was charged to Swiss projects (2023: EUR 633,646).

## **Other notes**

### **Number of employees**

The average number of full-time equivalents during the financial year 2024 was 5.95 (NL: 1.45 and CH: 4.5) (2023: 5.6 (NL: 1.4 and CH: 4.2) The year-end full-time equivalents was 5.8 (NL: 1 and CH: 4.8) (2023: 5 (NL: 1.4 and CH 3.6).

### **Subsequent events**

There are no events to report.





## **Signing of the financial statements**

Amsterdam, 8 July 2025

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 2024 included in the annual report

#### Our opinion

We have audited the financial statements 2024 for the year ended 31 December 2024 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 2024 and of its result for 2024 in accordance with the 'RJK C1 Richtlijn Kleine Organisaties-zonder-winststreven' (Guideline for annual reporting C1 'Small not-for-profit organisations' of the Dutch Accounting Standards Board).

The financial statements comprise:

1. the balance sheet as at 31 December 2024;
2. the profit and loss account for 2024;
3. Cash flow statement for the year 2024 and
4. the notes comprising of 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 for Professional Accountants).

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



## **Report on the other information included in the annual report**

The annual report 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 'RJK C1 Richtlijn Kleine Organisaties-zonder-winststreven' (Guideline for annual reporting C1 'Small not-for-profit organisations' 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 foundation's (stichting) 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 foundation 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 foundation'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 engagement 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 judgement and have maintained professional scepticism 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 entity'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 foundation'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 foundation to cease to continue as a going concern.
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance 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.

Haarlem, 8 July 2025

TEAM Accountancy & Belastingadvies

Signed by drs. F.D. Schoorl AA RB

