

## **Stichting Health Action International**

**Annual Report** 

and

**Financial Statements** 

2014



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#### **Annual Report**



#### ABOUT HEALTH ACTION INTERNATIONAL

Stichting Health Action International (HAI) is a foundation registered in The Netherlands with an independent, global network of over 200 consumer groups, public interest non-governmental organisations (NGOs), healthcare providers, academics and individuals. Together, we conduct research and advocacy to:

- increase access to essential medicines by ensuring they are available at affordable prices when treatment is needed;
- promote the rational use of medicines so patients are prescribed or take medicines entirely appropriate to their medical needs;
- ensure that all licensed medicines have therapeutic advantages, are acceptably safe, and offer value for money; and
- support the participation of patients and consumers in policy decisions that affect their health, and call for transparency, independence and accountability in all aspects of medicines policy.

Health Action International holds 'Official Relations' status with the World Health Organization (WHO). As a result, we are able to pursue the highest level of global medicines policy advocacy at the World Health Assembly and regional WHO meetings. In addition, we are a 'strategic partner' of the Dutch Ministry of Foreign Affairs (Development), a 'recognised partner' of the United Kingdom's Department for International Development (DFID), and an 'official member' of the Patients' and Consumers' Working Party of the European Medicines Agency.

We strongly value transparency and therefore operate in accordance with the criteria of the Dutch Central Bureau of Fundraising (CBF).

#### **KEY 2014 ACTIVITIES**

#### **European Advocacy Projects**

With continued financial support from the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA), the Camino Foundation and Open Societies Foundations (OSF), HAI continued to advocate within the European Union for good governance, equitable medicines access, needsdriven biomedical innovation and trade policies that put health ahead of commercial profits. This work proved to be all the more interesting in 2014 with the installation of a new European Commission.

We achieved great success in our work on clinical trial data transparency this year, which included the release of numerous policy materials, media coverage and presentations to and meetings with key policymakers. These activities, along with the efforts of our partners, increased awareness and support for clinical trial data publication, particularly amongst Members of the European Parliament, who voted in an overwhelming majority to adopt a new Clinical Trials Regulation. We also urged the European Medicines Agency to honour its commitments to clinical trial transparency and were somewhat encouraged by its adoption of a policy on data publication in October.

The EU trade agenda was also the focus of much of our work this year. In addition to continually monitoring the EU-Thailand free trade agreement, we ramped up advocacy on the Transatlantic Trade and Investment Partnership. In September, we published an updated report with Oxfam, called *Trading Away Access to Medicines (Revisited): How the European Trade Agenda Has Taken a Wrong Turn*, which has been widely cited. In addition, we generated increased awareness and concern amongst MEPs and the public about the lack of transparency in the negotiations and the possible inclusion of investor-to-state-dispute settlement and trade secret protection in the deal.

We were also successful, though our media relations and coalition work, in helping to reverse an unexpected decision by European Commission President-elect, Jean-Claude Juncker, to move responsibility for pharmaceutical policy from the Directorate General for Health to the Directorate General for Enterprise and Industry. This move could have put the commercial, profit-driven interests of the pharmaceutical industry, rather than patients and consumers, at the heart of European medicines policy.



#### Pricing, Availability and Affordability Projects

The price, availability and affordability of medicines remain key barriers to achieving health for many people around the world. In 2014, we conducted a tremendous amount of work to address these challenges. This included a project on the local production of medicines in which we analysed data for two pilot countries (Ethiopia and Tanzania) and drafted three reports. We also hosted a workshop on measuring the impact of local production on access to medicines. Next year, the survey tools used for this project will be further developed and published.

The mapping of external reference pricing around the globe was also completed this year. This exercise resulted in a new report and the development of an interactive map that shows the findings. A meeting with industry and others is planned in 2015 to discuss the findings.

In addition to these projects, we were pleased to provide training and support for a price and availability survey of non-communicable disease medicines in Iran, and on-line support for five more surveys. We also offered consultative advice to Laos' Deputy Minister of Health and others on evidence-based policy reforms that are needed in the country to make medicines more available and affordable. An in-depth review of generics policies was also started and we were asked to take on the role of commissioner of the Lancet Commission on Essential Medicines, which will continue into 2015.

Our 2014 work also included the launched an innovative global study, Addressing the Challenges and Constraints of Insulin Sources and Supply (ACCISS). The three-year study will identify the causes of poor availability and high insulin prices, and develop policies and interventions to improve access to insulin, particularly in the most underserved regions of the world.

#### Rational Use of Medicines Projects

Issues around the proper prescribing, dispensing and use of medicines continues to be a major health concern globally. In particular, the swift rise of antimicrobial resistance as a result of improper antibiotic use is now recognised as a significant global threat. To combat this problem, HAI helped found an international civil society coalition in 2014, known as the Antibiotic Resistance Coalition. In a joint declaration, the Coalition called on international organisations, governments and concerned citizens to take immediate action to curb excessive antibiotic use, ensure access for people in need, reduce non-human use of antibiotics in food and agriculture and to develop an effective innovation system for new antibiotics, diagnostics and other health tools. Our advocacy efforts were recognised at the World Health Assembly in May, where it passed a new resolution on antimicrobial resistance.

In addition to this work, HAI continued training healthcare students and professionals on the impact of pharmaceutical marketing, as well as tactics for finding and using independent medicines information. Training workshops using our manual, *Understanding and Responding to Pharmaceutical Promotion*, were held in The Philippines, Jordan and numerous universities in Europe.

#### The Medicines Transparency Alliance (MeTA)

As co-secretariat of the Medicines Transparency Alliance (MeTA) with the World Health Organisation, HAI continued to offer administrative and technical support to the seven participating countries, with special responsibility for capacity building and resourcing civil society. Together, we coordinated a major global MeTA meeting with civil society, government and pharmaceutical industry representatives from all MeTA countries in December in Geneva. This enabled participants to share best practices for improving access to quality essential medicines through improved transparency in the pharmaceutical sector. We also garnered a top rating (A) for our role as co-secretariat in an evaluation of the programme, which was conducted by our funder, the UK Department of International Development.

Each of the seven MeTA countries also achieved great successes in 2014:

- Ghana: Contributed to the adoption a National Drug Policy.
- Jordan: Helped review and amend the country's Rational Drug List.
- Kyrgyzstan: drove the process that developed and approved a State Drug Policy.
- Peru: Contributed to the development of the Medicine Price Observatory.
- The Philippines: Institutionalised a multi-stakeholder approach to planning, implementing and monitoring health programmes.
- Uganda: Contributed to bringing the National Drug Authority's drug register online.
- Zambia: Held workshops that established local medicines access advocates in all districts.

Uganda: Contributed to bringing the National Drug Authority's drug register online.





#### **FINANCE**

During the year under review, the total expenditure amounted to € 1.193.833, of which € 1.121.330 was spent on the objectives and € 57.000 on Management and Administration. Of the total income of € 1.365.674 82% was spent directly on the objectives. The result for 2014 shows a surplus of € 171.841, of which € 49.313 was added to the Programme Fund; while € 120.799 was added to the Continuity reserve and € 1.729 to the Fixed Asset reserve.

The major contributing factor of the operating surplus was a positive surplus on the projects of  $\in$  85.613, reserve for holydays not taken of  $\in$  5.495 and Exchange gains on GBP and USD of  $\in$  7.490.

#### **GOVERNANCE AND LEADERSHIP**

Our Foundation Board ensures compliance with our vision and mission, is accountable for strategy, activities and performance and oversees management. The Board met five times in 2014.

Unfortunately, the year ended on a very sad note when the Chair, Atze Sybrandy, passed away unexpectedly in late December. Atze had been stanch supporter of HAI's values and the stichting as a whole for over fifteen years, and was a great support to the staff and the director. He was primarily a Human Resources (HR) expert, who had worked in the front line of development for many years, and at the time of his death was due to go to Liberia, where the HR consequences of the Ebola crisis are most sharply felt. Atze had a real concern for the HAI staff, and he always took a keen interest in their work, working conditions an overall well-being. He is missed by us all.

HAI Foundation Board as of December 2014: Atze J Sybrandy – Chair Prem C John – Deputy Chair Paul Th Lindgreen – Treasurer Eva M Ombaka – Member Christian Wagner-Ahlfs – Member Lander van Ommen – Member

HAI Directors:

Tim Reed – Executive Director Philip Meerloo – Financial Director

#### **LOOKING AHEAD**

In this era of growing health complexities, a drying research and development (R&D) pipeline, reductions in truly innovative medicines and excessive intellectual property rights, the need for HAI's work continues to be very important. In the coming year, we will continue our work in these areas to improve affordable access to needed medicines for all people regardless of their circumstances. We will also implement activities to ensure that medicines are prescribed, dispensed and used properly.

Our work in the European Union will focus, in part, on ensuring clinical trial data transparency is achieved to the fullest capacity. We will also continue to advocate for fairer EU trade and R&D policies that put patients' needs, rather than industry profits, first. Rising inequalities in access to medicines will also be one of top priorities in the coming year. We will continue to gather evidence on these inequalities and formulate coordinated action with our partners.

At a global level, we will continue contributing our expertise to the MeTA programme and help countries to realise the benefits of improved transparency in the medicines supply chain. In addition, HAI will continue implementing the first phase of the Addressing the Challenges and Constraints of Insulin Sources and Supply study. Our surveys of medicine price, availability and affordability will also continue, along with our training on pharmaceutical promotion.

Amsterdam, 31th March 2015

Lander van Ommen Chairman of the Board



## **Financial Report**

During the financial year 2014, Stichting Health Action International spent € 1.193.833 (2013: € 1.212.550), of which € 1.121.330 was spent on achieving objectives (2013: € 1.117.460) and € 57.000 on Management and Administration (2013: € 58.080). This represents 4.8% of total expenditure.

Of the total income of € 1.365.674, 82,1% (2013:104%) was spent directly on the objectives.

The result for 2014 shows a surplus of  $\in$  171.841 which consists of an operating surplus of  $\in$  122.528.  $\in$  1.729 was added to the Fixed Asset Reserve and  $\in$  49.313 was added to the Programme Fund.

The breakdown of the reported income of € 1.365.674 is as follows:

Donor income	EURO	EURO	%	%
- EC (CHAFEA)		218.000		16,0
- Department for International Development (UK)		574.317		42,1
- Camino Stiftung		95.833		7,0
- Leona M. and Harry B. Helmsley Charitable Trust		294.026		21,5
- Open Society Foundations (OSF)		114.893		8,4
- World Health Organization (WHO)		24.721		1,8
- World Bank (WB)		17.557		1,3
	_	1.339.347		98,1
Other Income				
- Membership contributions HAI Europe Association	5.450		0,4	
- Interest and miscellaneous	20.877		1,5	
		26.327		1,9
Total Income		1.365.674		100

## **Multi-annual overview**

#### This overview shows the results of the past five years

INCOME	2014	2013	2012	2011	2010
Other income	573.357	198.226	232.352	220.538	83.879
Government subsidies	792.317	874.711	908.369	616.473	1.379.830
Transfers to other regions	-	-	-	-	(355.801)
Total income	1.365.674	1.072.937	1.140.721	837.011	1.107.908
EXPENDITURE					
Pricing	136.010	180.348	147.262	171.527	253.309
MeTA project (2009 - 2010 RUM)	595.023	646.508	398.213	158.278	602.672
Projects (Global)	40.810	-	-	-	-
CHAFEA - EC Project	349.487	290.604	328.225	385.526	355.382
Total expenditure on objectives	1.121.330	1.117.460	873.700	715.331	1.211.363
Management and administrative costs	57.000	58.080	54.750	51.340	132.950
Total expenditure on income generation	15.503	37.010	15.260	19.680	12.350
Total expenditure	1.193.833	1.212.550	943.710	786.351	1.356.663
SURPLUS (SHORTFALL)	171.841	(139.613)	197.011	50.660	(248.755)



## Central Bureau of Fundraising key figures

Health Action International reports in line with the requirements for the CBF-keur. The CBF-keur is awarded by the Dutch Bureau on Fundraising (CBF).

The CBF considers the costs of our own fundraising (expressed as a percentage of income from our own fundraising) as one of the key indicators.

HAI does not have income from own fundraising in the sense of the CBF definition. Therefore, no figures are to be reported.

Another key figure is the spending ratio on the objectives/aims. This percentage shows the proportion of total income that is spent directly on the objectives.

	2014	2013	2012	2011	2010
Amount spent directly on the objectives	1.121.330	1.117.460	873.700	715.331	1.211.363
Total income	1.365.674	1.072.937	1.140.721	837.011	1.107.908
Spending ratio	82,1%	104,1%	76,6%	85,5%	109,3%

## Budget 2015

The budget for 2015 was approved by the Foundation Board on 18 December 2014,

INCOME	2015 budget	2014 budget
Income from institutional donors and member contributions	489.120	207.080
Government subsidies	558.240	846.090
Income from investments	2.520	5.000
Total income	1.049.880	1.058.170
EXPENDITURE		
Expenditure on objectives		
Program costs	1.011.330	1.080.670
Costs of income generation		
Costs of own fundraising	-	-
Costs of activities by third parties	-	-
Costs of acquiring government subsidies	30.000	32.500
Management and administrative costs	30.000	32.500
Total Expenditure	63.500	60.000
· · · · · · · · ·	1.104.830	1.173.170
From Programme Fund	57.950	230.000
Result	3.000	115.000



## **Financial Statements 2014**

## 1 BALANCE SHEET AS AT 31ST DECEMBER 2014

(in EUROS and after allocation of result)

ASSETS	31-12-2014	31-12-2013
Fixed assets		
Tangible fixed assets	11.643	9.914
Current assets		
Debtors	-	-
Prepaid expenses and other receivables	21.351	33.241
Grants to be received	65.400	189.767
	86.751	223.008
Cash and cash equivalents	512.239	498.191
Total assets	610.633	731.113

LIABILITIES	31-12-2014	31-12-2013
Continuity Reserve	142.086	21.287
Fixed assets Reserve	11.643	9.914
	153.729	31.201
Programme fund	375.782	326.469
Short term liabilities		
Creditors	14.197	22.304
Taxes and social security premiums	29.619	28.750
Accounts payable	37.306	54.181
Other debts	-	-
Grants received in advance		268.208
	81.122	373.443
Total liabilities	610.633	731.113



## 2 STATEMENT OF INCOME AND EXPENDITURE IN 2014

(in EUROS)

	Actual 2014	Budget 2014	Actual 2013
INCOME			
Government subsidies	792.317	846.090	874.711
Income from investment	10.465	5.000	3.935
Other income	562.892	207.080	210.969
Income adjustments ex 2012	-	-	(16.678)
Total income	1.365.674	1.058.170	1.072.937
rotar income	1.303.074	1.056.170	1.072.937
EXPENDITURE			
Expenditure on objectives			
Program costs	1.121.330	1.080.670	1.117.460
Income generation			
Costs of acquiring government subsidies	15.503	32.500	37.010
Management and administration			
Management and administrative costs	57.000	60.000	58.080
Total expenditure	1.193.833	1.173.170	1.212.550
Result	171.841	(115.000)	(139.613)
APPROPRIATION OF RESULT IN 2014			
Additions to / (deductions from):	120.799	115.000	(42.054)
Continuity reserve Fixed assets reserve	1.729	110.000	(42.054) 6.354
Programme Fund	49.313	(230.000)	(103.913)
Total	171.841	-115.000	(139.613)
i Viul	171.041	-110.000	(100.010)



## 3 OVERVIEW OF CASH FLOW IN 2014

(in EUROS)

1.841 4.089 6.257 2.321) 19.866 (5.818)	(139.613) 6.651 37.267 107.889
4.089 6.257 2.321) 19.866	6.651 37.267 107.889
6.257 2.321) 19.866	37.267 107.889 12.
2.321) 19.866	107.889 12.
2.321) 19.866	107.889 12.
19.866	12.
(5.818)	(13.
(5.818)	(13.
14.048	(
498.191	499.
512.239	498.



#### PRINCIPLES OF VALUATION AND DETERMINING OF RESULT

**Historical cost** The financial statements are prepared on the basis of the historical cost concept. Unless indicated otherwise, assets and liabilities are stated at nominal value less necessary provisions.

#### Guidelines for annual reporting

The financial statements have been drawn up in accordance with the Reporting Guidelines Fundraising Institutions (Guideline 650). Guideline 650 is part of the Annual Reporting Guidelines of the Netherlands Accounting Standard Board.

**Foreign currencies** Payables and receivables in foreign currencies are translated into Euros at the exchange rates of the balance sheet date. Transactions and cash flows in foreign currencies are converted at rates from the date the transaction was performed.

The following exchange rates against the euro have been used:

Currency per € 1	31-12-2014	2014 average
USD	1,2100	1,3269
GBP	0,7827	0,8061

**Income** Donations and grants are recognised in the year in which they are received. Provided grants and subsidies are recognised in the year they relate to.

**Tangible fixed assets** Tangible are stated at purchase price less accumulated depreciation based on economic lifetime of the respective asset.

Costs and Expenses Costs and expenses are included in the year in which they are incurred and will be accrued if foreseeable.

#### **Contingent Liability**

HAI has provided a bank guarantee amounting to € 11.442 to the landlord of the rented offices in Amsterdam.

The expiration period is 5 years from March 2008. The lease contract has been extended with 30 months (until 1st August 2015). This guarantee has been given by the ASN Bank and as long as the guarantee is in force, the amount of the guarantee will be blocked of the balance of the ASN saving account.



## **BALANCE SHEET AS AT 31ST DECEMBER 2014**

	31-12-2	014	31-12-2	2013
ASSETS				
Current assets				
Prepaid expenses and other receivables				
Prepaid expenses and receivables	16.556		28.168	
Bank interest 4th quarter	1.435		1.713	
Deposits	3.360		3.360	
Subsidies	65.400		189.767	
		86.751		223.008
Cash and cash equivalents				
ABN-AMRO current gbp-account	21.796		25.923	
ABN-AMRO current usd-account	271.745		150.101	
ABN-AMRO current euro-account	3.381		5.818	
ABN-AMRO saving euro-account	132.000		245.000	
ABN-AMRO New York usd-account	2		1	
ASN saving euro-account	80.000		70.000	
ING current euro-account	2.815		877	
Cash foreign currencies	152		368	
PayPal account	348		103	
		512.239		498.191



	31-12-2	014	31-12-2	2013
LIABILITIES				
Continuity Reserve				
Balance as at January 1st	21.287		63.341	
Appropriation of result	120.799		(42.054)	
Balance as at December 31st		142.086		21.287
Programme Fund				
Balance as at January 1st	326.469		430.382	
Allocation of result	49.313		(103.913)	
Balance as at December 31st	=	375.782		326.469
Current Liabilities				
Taxes and social security premiums				
Wage tax	22.992		28.750	
Social security premiums	6.627		-	
Pension premiums	-		-	
Grants received in advance			268.208	
	_	29.619		296.958
Accounts Payable				
Holiday money (i)	23.276		33.267	
Net salary	-		-	
Costs to be paid	14.030		20.914	
		37.306		54.181

## (i) This account consists of two items:

<sup>1 -</sup> a provision for holiday money related to the period of June to December 2014 that needs to be paid out with the salary of May 2015.

<sup>2 -</sup> a provision for an accrued balance of holidays not taken by the employees on the balance sheet date.



# NOTES TO THE FINANCIAL STATEMENTS STATEMENT OF INCOME AND EXPENDITURE

	2014		2013	
COME				
Government subsidies				
Department for International Development - UK	574.317		653.511	
EC (CHAFEA)	218.000		221.200	
		792.317		874.711
Income from investments				
Interest and exchange gains		10.465		3.93
Other income				
Membership HAI Europe	5.450		6.210	
WHO	24.721		112.811	
OSF	114.893		70.965	
Helmsley Trust	294.026		-	
Medico	-		6.250	
Camino	95.833		4.167	
World Bank	17.557		-	
Other	-		7.633	
Miscellaneous income	10.412		2.933	
Income adjustments ex 2012			(16.678)	
		562.892		194.29
Total income		1.365.674		1.072.937



#### **DISTRIBUTION OF EXPENDITURE 2014**

Allocation	Projects			Fundraising	Management and Administration	2014	Budget 2014	Total 2013	
Expenditure	CHAFEA - EU	MeTA	PROJECTS GLOBAL	PRICING					
Outsourcing/direct project expenditure Publicity and communication Staff cost Occupancy cost Office cost and general Depreciation	46.159 10.635 251.389 23.566 15.858 1.880	354.949 10.409 196.109 21.005 10.874 1.677	37.293 627 838 768 1.222 62	22.331 2.827 98.676 5.891 5.815 470	14.605 898 -	53.760 3.240 -	460.732 39.103 600.772 51.230 37.907 4.089	358.570 7.500 657.492 54.358 89.750 5.500	522.230 2.861 573.105 53.427 54.277 6.651
Total	349.487	595.023	40.810	136.010	15.503	57.000	1.193.833	1.173.170	1.212.551

#### Classification of costs

The costs are allocated to the various cost categories, calculated as the percentage of project expenses by objective of HAI.

The following staff costs have been allocated to the management and administrative costs: the executive director for 0.15 FTE, the financial director for 0,60 FTE (including HRM and internal affairs for both directors).

	2014	1	Budget 2014	2013	(iii)
PROJECT EXPENSES					
HAI Europe					
EU (CHAFEA)	346.260		327.266	259.328	
Democratisation (MATH-OSF)	-		-	25.494	
Overhead (i)	3.227		4.500	4.385	
		349.487	331.766		289.207
HAI Global					
Access to essential medicines					
Drug Pricing Project	109.314		113.539	158.724	
Insulin Project	22.027		-	-	
Drug promotion manual	1.464		-	1.397	
Contracts (Global)	39.424		47.500	6.196	
Overhead (i)	4.591		15.000	15.428	
		176.820	176.039		181.745
Rational use of medicines					
MeTA	582.611		532.865	604.794	
Overhead (i)	12.412		40.000	41.714	
		595.023	572.865		646.508
Project Expenses including direct staff expenses and overhead	_	1.121.330	1.080.670	-	1.117.460
Total expenditure on income generation		15.503	32.500		37.010
Management and Administration		57.000	60.000		58.080
Total Expenditure	_	1.193.833	1.173.170 (ii)	-	1.212.550

<sup>(</sup>i) This includes cost incurred for proposal exploration, global administration, association board, Annual General Meeting and webhosting.

<sup>(</sup>ii) This includes direct project expenses, allocated direct staff expenses and overhead.

<sup>(</sup>iii) Restated for comparison purposes.



	2014		2013		
EXPENSES					
Staffing					
Gross salaries (i)	463.816		422.442		
Social security premiums	111.414		101.023		
Temporary staff	45.993		47.306		
Travel	4.151		5.133		
Recruitment	1.379		539		
Sundry staff cost (i)	(25.982)		(1.627)		
Provision for holidays not taken	-		(1.711)		
		600.772		573.105	
			_		
Other office costs					
Occupancy cost					
Rent	48.234		50.689		
Maintenance etc.	2.996	51.230	2.738	53.427	
Office cost and general					
Stationery	1.415		1.521		
Postage	138		107		
Telecommunication	6.054		7.073		
Photocopying	3.924		6.667		
Computers - ICT	7.672		20.685		
Auditor/accounting	15.707		13.269		
Insurance	1.746		1.226		
Miscellaneous expenses	1.252		3.728		
		37.907		54.276	
Depreciation		4.089	_	6.651	
	=	93.226	=	114.354	
HAI Europe had an average number of FTE's of:		3,8		3,8	
HAI Global had an average number of FTE's of:		4,5		4,9	
		8,3	-	8,7	

<sup>(</sup>i) Includes compensation received for pregnancy leave (€ 27.064)



#### **Director's remuneration**

The Executive Director, who carries overall responsibility for the entire network organisation, receives a total remuniration of € 98.420 in 2014 (€ 97.401 in 2013).

No loans, advances or guaranties have been granted to the Executive Director.

Name		Tim Reed		
Function		<b>Executive Director</b>		
Employment				
• •	Term	indefinite		
	hours	36		
	part-time percentage	100		
	period	1/1-31/12/14		
Remuneration (EUR)				
Income				
	Gross salary	80.926		
	Holiday pay	6.247		
	Year-end allowance 2014	7.085		
	Remuneration for the year		94.258	
	Holidays not taken		4.162	
Total paid during 2014			98.420	
Social security contribution (employer share)			5.266	
Taxable allocations			-	
Pension cost (employer share)			10.570	
Total remuneration 2014			114.256	
Total remuneration 2013			114.250	



To the Board and Management of Stichting Health Action International

#### 5 INDEPENDENT AUDITOR'S REPORT

#### Report on the financial statements

We have audited the accompanying financial statements of Stichting Health Action International, Amsterdam, for the year 2014 (as set out on pages 8 to 17), which comprise the balance sheet as at December 31, 2014, the statement of income and expenditure in 2014, the overview of cash flow in 2014 and the notes comprising a summary of the accounting policies and other explanatory information.

#### Management's responsibility

Management is responsible for the preparation and fair presentation of these financial statements, in accordance with the Fundraising Institutions Accounting Guideline (RJ650). Furthermore management is responsible for such internal control as it determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit ir accordance with Dutch law, including the Dutch Standards on Auditing. This requires that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.

In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

#### Opinion

In our opinion, the financial statements give a true and fair view of the financial position of Stichting Health Action Internationa as at December 31, 2014, and its result for the year then ended in accordance with the Fundraising Institutions Accounting Guideline (RJ 650).

#### Report on other legal and regulatory requirements

We report that, as far as we could determine, the financial report is consistent with the financial statements.

Amsterdam, March 31, 2015

Bruines & Erkamp

Signed by:. R.P.J. Erkamp RA

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