



HealthConnect Foundation

Annual Accounts 2022

10 November 2023

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10 November 2023
Amsterdam, the Netherlands

**CERVICAL
CANCER SCREENING**
Uchunguzi wa Saratani ya Kizazi

**HYPERTENSION
& DIABETES**
Shindikizo la damu na ugonjwa
wa sukari

IMMUNIZATION
Chapo

NUTRITION
Lishe Bora

ORTHOPAEDIC
Magonjwa ya mifupa

THUR.

9 a.m - 2 p.m

FRI.

8 a.m - 3 p.m

MON. TUE.
THUR. FRI.

8 a.m - 12 p.m

WED. THUR.
FRI.

SAT.

PLEASE BOOK AT THE RECEPTION FOR



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REHOBOTH GOSPEL
CHURCH FAMILY
SINGAI H/Q
P.O. BOX 504 CITY SQUARE
NAIROBI.
WELCOME FROM 9:30 AM - 1 PM Sunday

VELINK HEALTHCARE
OPEN 24 HRS. NHIF, mtiba ACCEPTED
SERVICES: GENERAL OUTPATIENT
LABORATORY INPATIENT, MATERNITY
PHARMACY ANTENATAL, POSTNATAL
FAMILY PLANNING, IMMUNIZATION
SURGERY (CIRCUMCISION)



Management Board Report

1. General introduction – from PharmAccess to HealthConnect

In 2001, after founding PharmAccess, the late Joep Lange sought to bring groundbreaking HIV drugs to hard-to-reach parts of Africa. Back then it was thought to be impossible and teaming up with the private sector was frowned upon. Partnering with Heineken, he initiated HIV treatment workplace programs for their employees and dependents based in Africa; many other companies followed. This showed that not delivering HIV treatment in Africa was a political choice, not a logistical barrier, blazing a trail for international action.

This early work revealed the broader financing and systems challenge in Africa. In 2006, PharmAccess, the Dutch Ministry of Foreign Affairs (MinBuZa) and several multinationals created the Health Insurance Fund, tapping into private sector potential for better healthcare in Africa. PharmAccess acted as the implementing agency. In 2015, following the positive evaluation by the Boston Consulting Group, MinBuZa refinanced the partnership for a further seven years (2016-2022) and in 2021 this is followed by a second extension for 7 years based on an evaluation by McKinsey.

Five Strategic Objectives were developed to guide our efforts in making inclusive markets work. In interventions spanning this period we will continue to:

- Accelerate demand side financing;
- Strengthen the quality of health services;
- Increase investments into healthcare sector;
- Matching demand and supply, and
- Advocacy, Research, and learning.

Over time several entities have been set up in line with these objectives. In the context of objective 4 'Increase investments into the health sector' the Medical Credit Fund was established in 2009. In the context of objective 2 'Strengthening the quality of health services' SafeCare was launched in 2010. And, in the context of objective 1 'Accelerate demand side financing' **HealthConnect** was established in 2017 as a member of the PharmAccess Group, to mobilize additional resources for organized demand.

2. HealthConnect

Introduction

In 2017 HealthConnect was initiated as an impact driven social entity offering an innovative platform connecting people who care to people who need care. Through direct and fully transparent peer-to-peer funding, organisations and individuals have the possibility to support access to basic healthcare for a family with little income in Kenya. Evidence amongst others from PharmAccess Health Insurance Programs, has shown that social health insurance schemes are effective in protecting and improving lives and building resilience for those who live just above and below the poverty line. But, no matter how many basic insurance schemes are tested and implemented, a general problem remains: lack of financing. People in the countries we support, live mainly below the poverty line, and lack access to affordable basic health care. We believe access to basic healthcare is a human right. Still today, too many people are excluded from essential medical services, especially in Africa. Traditional development aid often fails to reach those who live and work in the most remote areas. Also significant parts of institutional donation

money leaks away. The health systems are weak, fragmented and need to change. We believe the HealthConnect technology can contribute to that, with the mobile phone as social equalizer. Support from one person to the other, through mobile technology, empowering Africa's poorest to take good care of their health and build a decent future for themselves and their families. Since its creation in 2017, HealthConnect has tested various models, target groups and propositions, leveraging CarePay's mobile payment platform M-Tiba, that enables direct solidarity payments for health insurance plans covering vulnerable people, like mothers and children, in Africa. Test campaigns on social media channels like Facebook, created traction but proved it to be quite complex to convert people to donate to health insurances of families in Kenya. Due to the costs, the complexity of building a consumer brand and attracting new types of private donors, in we decided to focus more on corporate partnerships, offering a white label solution benefit brand, that caters to the CSR-policies of various organizations and to concentrate on remittances.

Donations

PharmAccess Foundation holds no track record when it comes to fundraising from private individuals. The HealthConnect technology provides however the most direct, transparent, one - to- one giving experience one can imagine. Based on the proof of concept that one-to-one matching is possible and transparent, we developed partnerships which led in 2018 and 2019 to (online) campaigns with like-minded platforms Spreadgood, LittleBitz and pharmaceutical company AstraZeneca. Although HealthConnect as a concept was and still is a good idea, as a stand-alone activity it was not able to mature by itself. Also, the insights collected during our own online fundraising campaigns made us decide to focus on partnerships offering our platform technology as a white label. Unfortunately, as it turned out, the campaigns with our partners, either being a strong consumer brand with trust from employees, or new platforms with a large network and marketing budget proved all to be very challenging. At the end of 2021 we concluded to put no more effort into developing new partnerships or campaigns for donation purposes. Also, the donation partnerships have all been finalized at the end of 2021 and to shift focus on remittances. In 2022 HealthConnect received - for the last year of a period of five years - a contribution of 50,000 EUR from a private funder, to be spent on the Momcare program of PharmAccess.

Remittances

Solidarity payments also include existing cashflows from people in the diaspora communities. This influx to sub-Saharan countries was growing exponentially before the Covid pandemic started. In 2019, Nigeria received ~ USD 24 billion in remittances of which ~17 percent was used for health spending. Like the rest of the world, many communities in the diaspora have been confronted with challenges posed by the Covid pandemic. As a result of the pandemic, the remittance volume has declined a little, but these flows are still enormous and potentially a game changer to achieve universal health coverage for all.

In 2021 and 2022, in partnership with diaspora organizations in the UK and US, HealthConnect has been developing a prototype for allocating diaspora payments to health insurance plans for families and friends, residing in Lagos. While the Lagos State Health Scheme was introduced in 2019 to civil servants, marketing to the informal sector took off in 2021, but in 2022 the scheme in Nigeria showed little progress. Meanwhile a new private health insurer showed interest in taking up the remittance proposition. Hence last year the team-focus shifted from the state-led insurance scheme to the development of an attractive proposition with HMO Leadway in Nigeria. Through a stepwise approach this proposition will be user tested with diaspora and beneficiaries in Nigeria (not limited to Lagos). First results are expected in the second half of 2023 after which a further roll-out is anticipated.



3. Financial

In 2022, total income amounts to EUR 80,000 (2021: EUR 75,000). The realized 'direct project costs' for the year 2022 is EUR 50,000 (2021: EUR 50,000). The result for the year, including operating expenses and financial income and expenses, is EUR 2,748 (2021: EUR 3,803).

In principle the income realized should be approximately equal to the recognized direct project expenses. Ideally this income is immediately translated into health covers for families in Tanzania and Kenya. As a result, the direct project cost would be 'more or less' equal to the recognized income.

Other operating expenses will be covered by a grant from PharmAccess Foundation.

The financial statements reflect all the activities of HealthConnect Foundation. The foundation does not have any employees. All support activities, such as Management, Finance & Control and ICT are subcontracted from PharmAccess Foundation.

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').

Financial risks are limited since HealthConnect Foundation holds cash on dedicated interest-bearing bank accounts. HealthConnect Foundation does not work with 'embedded derivatives' and 'hedge accounting' and all activities are prefunded.

The foundation has been incorporated for the sole purpose of running the activities along the lines of the objectives as mentioned in the introduction paragraph of the management board report. The foundation has no objective to gain reserves.

Given the nature of the organization, on Group level (PharmAccess Group Foundation), risk assessment is addressed on regular basis. The monitoring and managing of risks take place on the level of the Foundation and its implementing partners. Risks have been categorized and prioritized on possibility and impact. The most significant risks which have been identified are:

- Financial risks - continuity of funding; (successfully) mitigated by business development and submitting proposals for new funding.
- Personnel risks - health and safety of staff; mitigated by establishing a travel policy and customization around the Corona pandemic.
- Ethical risks - fraud; mitigated by establishing a code of conduct and by sound financial management (segregation of duties, dual level authorization).
- Performance risks - management capacity of the implementing partners and their local project partners; mitigated by capacity building activities.
- Legal / Privacy - mitigated by implementing a data policy and involving specialist monitoring.
- IT related risks – security breaches and loss of data; mitigated by assigning responsibilities and implementing procedures.
- Reputational risks - mitigated by attention to external communication and advocacy.

TRANSPARANCY AND ACCOUNTABILITY

The Foundation has been designed to ensure transparency and accountability to all stakeholders. The PharmAccess Group Foundation Supervisory Board, governing the HealthConnect Foundation holds quarterly meetings to discuss the status and progress of the program. In addition, the Supervisory Board keeps yearly formal and informal track of the program standing and development which includes bi-yearly visits to local operations. Financial audits covering all main stakeholders including the local implementing partners are carried out by an external auditor every year.

4. Outlook 2023 and beyond

The COVID-19 crisis in 2021 and 2022 has been a wake-up call, a reminder that resilient healthcare systems are essential for economic and social prosperity, and international security. It has demonstrated that health is a global responsibility that requires cross-sector collaborations for universal health coverage. It has also driven wide-spread acknowledgement that digital technology and data form a core pillar of healthcare. In the wake of COVID-19, attention has risen for African countries to build stronger, more resilient data-driven healthcare systems which are better prepared for the next pandemic and can deliver basic quality healthcare for all citizens. The increasing penetration of mobile technology and digital platforms in Africa will be key for fast-tracking health system transformation, allowing all individuals to be digitally connected, covered and empowered to access care. Technology provides real-time data, thus ensuring transparency in the delivery, utilization, and costs of care to guide decision making for patients, healthcare providers and governments.

Moreover, we still believe that solutions like M-TIBA in combination with the remittances proposition of HealthConnect do have enormous potential, so, within the PharmAccess Group budget has been made available and further product development will be done in 2023 focusing on the Nigerian market.

5. Institutional development

The statutory responsibility for HealthConnect Foundation and all PharmAccess group entities (i.e. PharmAccess Foundation, Stichting Health Insurance Fund, Stichting Medical Credit Fund, Medical Credit Fund II Coöperatief U.A., Stichting SafeCare and HealthConnect Foundation) is vested with PharmAccess Group Foundation (PGF) represented by its executive board (statutair bestuur) and under the supervision of one Supervisory Board, the PGF Supervisory Board.

As per January 1st, 2022 Els Boerhof strengthened the Supervisory Board. On September 21st, 2022 Pauline Meurs stepped down as Chair (a.i.) succeeded as Chair by Prof. Khama Rogo. The other Supervisory Board members (Willem van Duin, Ben Christiaanse, Peter van Rooijen, Christiaan Rebergen, Lidwin van Velden and Mirjam van Reisen) stayed in their position.

Nicole Spieker (CEO), together with Jan Willem Marees (CFO), still form the Executive Board of PGF.

Signing of the Management Board's report

Amsterdam, 10 November 2023

N. Spieker

Chair

Stichting PharmAccess Group Foundation

Represented by:

N. Spieker

J.W. Marees



DUKA LA DAWA

TANGAZO TANGAZO TANGAZO
KWA WATEJA WETU
NINU MITEJA KWA MALIPO
YOYOTE UTAKAYO FANYA
HAKIKISHA UNAPATIWA RISITI
HALALI KULINGANA NA FEDHA
ULIYOLIPA.

UNIKUBALI KU TOA FEDHA YAKO
HILA KU PEWA RISITI HALALI.

UTAWALA

Financial statements

- Balance sheet
- Statement of income and expenditure
- Notes to the financial statements

Balance sheet as at 31 December 2022

(After appropriation of result)

	Note	31.12.2022	31.12.2021		Note	31.12.2022	31.12.2021
		EUR	EUR			EUR	EUR
Assets				Equity and liabilities			
Current assets				Equity			
Receivables, prepayments and accrued income	1	234	47	Continuity reserve	3	18,044	15,296
Cash	2	27,846	77,973	Special purpose reserve	4	505	505
						18,549	15,801
				Current liabilities			
				Current liabilities, accruals and deferred income	5	9,531	62,219
		<u>28,080</u>	<u>78,020</u>			<u>28,080</u>	<u>78,020</u>

Statement of income and expenditure for the year 2022

	Note	2022		2021	
		EUR		EUR	
Income	6	80,000		75,000	
Operating expenses:					
Direct project costs	7	50,000		50,000	
Other operating expenses	8	27,048	77,048	21,024	71,024
Operating result		2,952		3,976	
Financial income and expenses:					
Financial expenses		(215)		(173)	
Financial income	11	(204)	-	(173)	
Result		2,748		3,803	
Appropriation of the result:					
Continuity reserve		2,748		3,803	
Special purpose reserve		-		-	
		2,748		3,803	

Notes to the financial statements

GENERAL

Foundation

HealthConnect Foundation is a not-for-profit organization based in Amsterdam, the Netherlands. The foundation was founded on 6 October 2017. HealthConnect Foundation is registered with the Trade Register at the Chamber of Commerce under number 69780021.

The financial statements have been prepared in euros.

ACCOUNTING POLICIES

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').

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.

The financial data of the legal entity is included in the consolidated financial statements of PharmAccess Group Foundation based in Amsterdam, the Netherlands. These consolidated financial statements are available on request.

Balance sheet

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

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 relate to received funding which is recognized.

Other income relates to a received grant to cover the operating expenses.

Direct project costs

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

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.

Notes to the specific items of the balance sheet

1. RECEIVABLES, PREPAYMENTS AND ACCRUED INCOME

	31.12.2022	31.12.2021
	EUR	EUR
Accrued revenues	10	-
Prepayments	224	47
	234	47

2. CASH

	31.12.2022	31.12.2021
	EUR	EUR
ABN-AMRO accounts Netherlands - EUR	27,846	77,973
	27,846	77,973

3. Continuity reserve

	2022	2021
	EUR	EUR
Balance as at 1 January	15,296	11,493
Result appropriation	2,748	3,803
Balance as at 31 December	18,044	15,296

The continuity reserve is available to use in line with the described objectives of the foundation as stated in article 2 of the Articles of Association.

4. SPECIAL PURPOSE RESERVE

	2022	2021
	EUR	EUR
Balance as at 1 January	505	505
Result appropriation	-	-
Balance as at 31 December	505	505

The special purpose reserve is available to use in line with the described objectives of the foundation as

stated in article 2 of the Articles of Association. The board decided to create this earmarked reserve for health wallets and entitlements in Tanzania and Kenya.

5. CURRENT LIABILITIES, ACCRUALS AND DEFERRED INCOME

	31.12.2022	31.12.2021
	EUR	EUR
Accounts payable	1,549	26
Other liabilities and accrued expenses	7,982	62,193
	9,531	62,219

The other liabilities and accrued expenses have decreased as various one-off items were settled in 2022.

Contingent assets and liabilities

There are no contingent assets and liabilities.

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

6. INCOME

	2022	2021
	EUR	EUR
Income from donations	50,000	50,000
Other income	30,000	25,000
	80,000	75,000

Income consists of donations from corporate entities and private donations.

The 'Other income' consists of:

	2022	2021
	EUR	EUR
PharmAccess Foundation	30,000	25,000
	30,000	25,000

7. DIRECT PROJECT COSTS

The direct project costs represent costs incurred for health wallets and entitlements in Tanzania and Kenya which flow via PharmAccess Foundation.

8. OTHER OPERATING EXPENSES

	2022	2021
	EUR	EUR
Audit	26,602	20,497
IT	431	-
Other	15	527
	27,048	21,024

Other notes**NUMBER OF EMPLOYEES**

The average number of employees during the financial year was nil (2022: 0).

REMUNERATION OF MEMBERS OF THE BOARD

No payments were made to the Members of the Board.

RESULT APPROPRIATION FOR THE YEAR

No provisions of the Articles of Association deal with result appropriation. The result for the financial year 2022 amounts to EUR 2,748. The total amount of EUR 2,748 is added to the continuity reserve.

SUBSEQUENT EVENTS

There are no subsequent events to report.

Signing of the financial statements

Amsterdam, 10 November 2023

N. Spieker

Chair

Stichting PharmAccess Group Foundation

Represented by:

N. Spieker

J.W. Marees



Other information

Independent auditor's report

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

Independent auditor's report



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Independent auditor's report

To: the Management Board of Stichting HealthConnect

Report on the audit of the financial statements for the year ended 31 December 2022 included in the annual report

Our opinion

We have audited the financial statements for the year ended 31 December 2022 of Stichting HealthConnect based in Amsterdam.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of Stichting HealthConnect as at 31 December 2022 and of its result for the period ending 31 December 2022 in accordance with the Dutch Accounting Standards Board guidelines "C1 Small Not-for-profit organizations" (hereinafter "RJK C1").

The financial statements comprise:

1. the balance sheet as at 31 December 2022;
2. the statement of income and expenses for the period ending 31 December 2022; and
3. 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 of 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 HealthConnect 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 the other information included in the annual report

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

- Management Board Report;
- Other information.

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

- is consistent with the financial statements and does not contain material misstatements;
- contains the information as required by RJK C1.

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.

The management board is responsible for the preparation of the Management Board report in accordance with RJK C1.

Description of responsibilities regarding the financial statements

Responsibilities of the management board for the financial statements

The management board is responsible for the preparation and fair presentation of the financial statements in accordance RJK C1. Furthermore, the management board is responsible for such internal control as the management board 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, the management board is responsible for assessing the foundation's ability to continue as a going concern. Based on the financial reporting framework mentioned, the management board should prepare the financial statements using the going concern basis of accounting, unless the management board either intends to liquidate the foundation or to cease operations, or has no realistic alternative but to do so.

The management board 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 foundation's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management board;
- concluding on the appropriateness of the management board'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 the management board 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.

Amsterdam, 10 November 2023

Mazars N.V.

Original was signed by drs. M. van Dijk RA

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