



ANNUAL REPORT 2016

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INTRODUCTION

2016 was a special and dynamic year for Wemos. We said goodbye to our director: Anke Tijtsma decided to choose a new path and left Wemos as of September 1st to pursue a master's degree. During the thirteen years in which she worked for Wemos, and in particular during the last five years as the director, she has left her mark on the course the organization has chosen. One of her many achievements was the realization of the concept 'Health Unlimited', which concisely summarizes Wemos' way of thinking. 'Our health is what connects us with one another,' is something Anke often stated. What happens here, influences other people globally, and vice versa. Health issues also go beyond the borders of separate policy domains; this is why coherent policy is needed for a global approach. The board of directors and staff are grateful for all that she has achieved for Wemos, which was also clearly expressed at her well-attended farewell party.

Together, we are stronger. This approach was the basis for Wemos' initiative to start the 'Geneva Global Health Hub': a digital and physical platform for civil society organizations to join forces in advocacy. In addition, the Health Systems Advocacy Partnership was launched – a five-year programme in which we pursue our advocacy for sustainable health workforce, good governance and financing for health. Together with Amref, Health Action International (HAI), African Centre for Health and Social Transformation (ACHEST) and the Dutch Ministry of Foreign Affairs, we have committed ourselves to strengthening health systems.

To open doors for our advocacy, we used creative methods to reach our audience and politicians. In November, we did a unique test on four Dutch members of parliament: we tested their urine to determine if and how many endocrine-disrupting chemicals they had in their bodies. With a clear result: all four had these chemicals in their bodies. The consumer programme *Radar* broadcasted the politicians' shocked reactions to the test result in one of its episodes. This example shows the importance of Wemos' work: to critically, yet constructively ensure that policymakers and politicians take their responsibility to make policy that protects our health.

The past year has been special for another reason too: it marked Wemos' 35th anniversary. Although much has changed over recent years, our main objective has remained unchanged: to advocate health for all, worldwide. This upcoming year we will continue our advocacy for policy that protects our health globally. The board of directors is thankful for what the entire staff as well as partners of Wemos have achieved in 2016.



A handwritten signature in blue ink, appearing to read 'E.J. Rutters', written over a horizontal line.

Mr. E.J. (Ed) Rutters
Chairman of the Board of Directors

HIGHLIGHTS

2016

CALL FOR NATIONAL GLOBAL HEALTH STRATEGY



We called for a national Global Health Strategy in the report *Ready for Change of Partos*. In the report, which was presented to minister Ploumen, we urged ministries to collaborate more and link national policy to global health challenges.

WEMOS & ONEWORLD



In collaboration with *OneWorld Magazine*, we wrote eight articles for the series *Health around the globe* to raise awareness among young, critical readers of the importance of a global approach to health. Partly thanks to this series, we gained more followers on social media.

FROM THE HAGUE TO BRUSSELS



We drew attention to our call for a critical view on new medicines and ethical clinical trials from Dutch and European politicians. Also, we invited the critical and influential Danish professor Peter Gøtzsche for a presentation in the Dutch House of Representatives.

MEDIA COVERAGE ENDOCRINE-DISRUPTING CHEMICALS



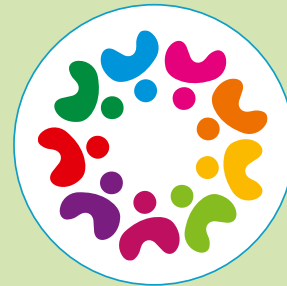
Two episodes of the consumer programme *Radar* were dedicated to our call for better protection against endocrine-disrupting chemicals, one of which included Dutch Members of Parliament. We also appeared in *de Volkskrant's* online platform *1000 days of plastic*. In part thanks to our lobby, different political parties included this topic in their election programmes.

STRENGTHENING HEALTH SYSTEMS IN AFRICA



As a member of the five-year partnership, Wemos focuses on weaknesses in Dutch, European and global health policy. Results and the impact in Kenya, Uganda and Zambia are demonstrated by examples from our partners Amref, HAI and ACHES.

POLICY RESULTS THREE-YEAR PROJECT HEALTH WORKERS FOR ALL



Together with organizations from eight European countries, we made policy recommendations for sustainable health workforce policy. These have been included in the WHO report *Joint Action Plan on Health Workforce Planning & Forecasting*.

INITIATOR GENEVA GLOBAL HEALTH HUB



The successful launch of a network of civil society organizations enabled us to advocate global health with like-minded organizations. Wemos is president of the Hub, which has a secretariat in Geneva.

COLLABORATION WITH DOCTORS



Wemos published an article in *Medisch Contact* about endocrine-disrupting chemicals in medical devices with three doctors, which was met with positive response from medical experts.

A NEW LOOK



Next to a new logo and corporate design, we also launched a new, attractive website that clearly presents what we do, what we have accomplished and what we stand for. Furthermore, we took up blogging on our website and in external media.

WEMOS ADVOCATES HEALTH WORLDWIDE

Health is a basic right for all. This is documented in the Universal Declaration of Human Rights. Health is not an isolated concept: it is determined and influenced by social and economic factors. The right to health is linked to other human rights. And since this right includes everyone, worldwide, special attention must be given to vulnerable groups in particular.



A healthy world

Our dream is a world in which the right to health is adhered to. This is a world in which strong preconditions for the protection and promotion of health are set. A world in which the economic, infrastructural, social and cultural prerequisites for a healthy life are solid and strong.

Who gets to decide on our health?

Many different parties are active in global health, and the influence of multinational companies and other private actors on policy has been increasing. Wemos sees this as a risk, since companies have their own interests which possibly oppose the interest of public health. There is too little leadership, as the role and influence of the World Health Organization are under pressure. And due to the growing influence of commercial interests and the lack of leadership, governments are unequipped to protect the right to health.

Critical, yet constructive

Through a critical, yet constructive lens, we approach the role and actions of governments and international organizations, detect problems and present solutions. We identify policy that inadequately protects our health, and show how this can and must be done differently. We do this together with researchers of knowledge institutes, medical specialists, policymakers, politicians, partner organizations and individuals who work in the field of global health. Knowledge is our power; our work is always evidence-based.

THEMES

In 2016, Wemos' efforts focused on today's essential policy themes:

- Protective measures against harmful substances;
- Development and market approval solely for medicines that are truly necessary;
- Sustainable health workforce;
- Good governance for public health;
- Coherence between policy fields, in which public health prevails over political and commercial interests;
- Adequate financing for public health, here and worldwide.

HARMFUL SUBSTANCES

Wemos wants to ban endocrine-disrupting chemicals (EDCs) in the European Union and that the Dutch government puts national measures in place to protect public health. In 2016, we achieved the first crucial steps for this. We can now truly say that, in the discussion about endocrine-disrupting chemicals, the aspect of health is acknowledged. What we now need are measures.

Media appearances

Throughout the entire year, our work on harmful substances caught the attention of the media, which gave us a platform on national television and radio:

- In February, health advocate Annelies den Boer was invited to participate in the popular consumer programme *Radar*. In this programme, five popular food products were tested on the presence of Bisphenol A (BPA) – four of which indeed contained BPA. This led to the conclusion that the Dutch government should follow France's example, where protective measures have been taken.
- In September, Annelies also appeared in TV producer Bahram Sadeghi's online programme '1000 days of plastic', a series for *de Volkskrant* which focused on plastic from different angles. Annelies explained what the health risks of endocrine-disrupting chemicals – which can be found in some types of plastic – are. *De Volkskrant* hosted the filmclip, which reached many on social media, on its special online themepage.

- In late September, the radio programme *EenVandaag* also interviewed Annelies about the health risks of endocrine-disrupting chemicals. There is increasing evidence that these substances contribute to the rise of infertility and genital abnormalities in men. Annelies therefore advocated a ban on BPA as well as a national plan: *'Countries such as Denmark already have a national plan. As the Netherlands has seen an increase in hormone-related diseases, like breast and prostate cancer, it is all the more important to follow this example.'*
- Our second appearance in *Radar* occurred in November. Together with the IVM (Free University Amsterdam), we tested the urine of four Dutch MPs on the presence of BPA and phthalates. In the broadcasted episode, Annelies showed the MPs their test results: all four had been tested positive. And all four were shocked and supported our advocacy for protective measures and a national plan. Anne-Marie Mineur (Socialist Party): *'These chemicals have been found in my urine. I thought I had a healthy lifestyle, but this is apparently not the case – or at least, it is not healthy enough. Apparently, the chemicals are consumed after all. I don't like this.'*

Meetings and publications

- Together with three doctors, we did an appeal in the medical journal *Medisch Contact* to doctors to actively press for medical devices that do not contain BPA or other endocrine-disrupting chemicals. More action is needed – like investing in research on safer alternatives – in spite of announced measures by the government to decrease exposure of infants, children and adolescents to BPA. With this collaboration, Wemos feels supported by doctors who are also concerned about the risks of endocrine-disrupting chemicals in medical devices.
- In June, we organized a seminar with Health and Environment Alliance (HEAL) in Brussels about national and European protective measures against endocrine-disrupting chemicals. The seminar, supported by WHO Europe, was meant for EU member states' representatives. The timing was crucial too: on June 15th, the European Commission presented criteria for the assessment of endocrine disruption by pesticides and biocides.
- In the same month, Wemos, PAN Europe and Women Engage for a Common Future (WECF) published the report 'Measures against endocrine-disrupting chemicals: the examples of Denmark, Sweden and France'. The report is an analysis of country-level measures that Denmark, Sweden and France have taken against endocrine-disrupting chemicals. Such measures include information for pregnant women, biomonitoring, and a ban on BPA in food contact materials. Wemos sees these countries as the right example when it comes to protecting the public against health damage by substances like BPA, pesticides and parabens. The report clearly demonstrates that good policy is indeed possible, and that is why the Netherlands should also work on a strategy and policy.

Plans for 2017

In 2017, we will continue to advocate our message and press for measures against EDCs in the media and to policymakers.



Annelies den Boer with TV producer Bahram Sadeghi in '1000 Days of Plastic' of de Volkskrant.

MEDICINES

In 2016 too, we advocated ethical testing of medicines. Our publicity on unethical practices in clinical drug trials caught the attention of the press, politicians and policymakers. Also, we lobbied for the exclusive admission of medicines with an added therapeutic value to the European market.

Clinical trials in Egypt: unethical and unsafe

With the organizations SOMO and Public Eye (before: Déclaration de Berne), we published the report 'Industry-sponsored clinical drug trials in Egypt: Ethical questions in a challenging context'. With this report we wanted to garner governments' attention for injustices in clinical trials. We found that in clinical trials sponsored

by international pharmaceutical companies in Egypt, ethical guidelines are insufficiently adhered to and the rights of participants not protected. And it was also found that many medicines that are tested on Egyptian trial participants are unaffordable for most Egyptians as soon as they are available on the market.

The report was picked up by Dutch and international media. The online magazine *Follow the Money's* article on the report was titled: 'How Big Pharma is playing Russian roulette with Egyptian cancer patients.' In addition, it sparked the interest of politicians and policymakers. On our initiative, an MEP organized a meeting in the European Parliament on the protection of clinical trial participants and the lack of added therapeutic value of medicines. The European Medicines Agency (EMA) and the European Commission were present and discussed the topic with Wemos.

Discussions about Added therapeutic value of medicines in Dutch Parliament

Ahead of the medicines debate on April 13th in the Dutch Parliament, Wemos invited the Danish physician, professor and researcher Peter Gøtzsche, for a discussion with the Commission for Health, Welfare and Sports. The Dutch political parties CDA (Christian Democrats), PvdA (Labour), GroenLinks (Green), VVD (Liberal) and SP (Socialist) were present. Gøtzsche called for systemic change: society must strive for independent, publicly financed clinical testing.

Plans 2017

Thanks to private funding, we will continue our work on Medicines, which includes research reports that reinforce our lobby for fair medicines.



Wemos published a critical report about unethical practices in clinical drug trials in Egypt with partner organizations SOMO and Public Eye.

SUSTAINABLE HEALTH WORKFORCE

Globally, Wemos is one of the most important advocates of access to health services and medicines. One of our achievements in 2016 in this area was getting the WHO to acknowledge civil society as an important partner in realizing policy for sustainable health workforce. Examples of our Ugandan, Kenyan and Zambian partners in the Health Systems Advocacy Partnership strengthen our lobby as all three countries are burdened with a large health workforce deficit, especially in rural areas. Global health advocate Linda Mans: *'What the countries need is a national health strategy based on the real health need of people. It goes without saying that sufficient national and international financing is a prerequisite.'*

Finalization large European project

From 2013 until early 2016, Wemos was the coordinator of the European project Health Workers for All (HW4All), in which eight countries in the European Union participated. During the project we made policy recommendations on the national and European level for sustainable health workforce policy worldwide. We successfully drew attention to relevant cases in different countries. Also, we organized expert meetings as well as an international petition which strengthened our lobby, with over 400 signatures from civil society organizations and engaged individuals. To progress in policy development, civil society should stay involved in the implementation of the WHO Global Code of Practice via the Working Group on Human Resources for Health of Medicus Mundi International (MMI). This working group was also involved in realizing the implementation plan of the UN Commission on Health Employment and Economic Growth (ComHEEG).

Key lobby moments

- At the 138th WHO Executive Board meeting, global health advocate Linda Mans presented a statement on behalf of MMI on the importance of investing in health workforce. *'Global shortage of health workers will not be solved in a couple of years. Many countries have precious plans, but the execution often fails due to lack of technical capacity and financing. Both NGOs and governments could play a role in helping solve the*



On behalf of Medicus Mundi International, Linda Mans presented a statement on the need for more investment in health personnel at the high-level ministerial meeting on health employment and economic growth.

shortage. The framework of the strategic partnership Health Systems Advocacy Partnership allows us to contribute to finding a solution.'

- Linda Mans also presented a statement on sustainable health workforce at the 66th meeting of the European member states of the World Health Organization. Wemos initiated the statement which was published on behalf of MMI and signed by nine other organizations. In the statement, Linda stressed the importance of strong health systems as well as the contribution of member states and their national governments.
- At the High-Level Ministerial Meeting on 'Health Employment and Economic Growth: From Recommendations to Action', Linda Mans also represented Wemos. *'Fair and sustainable health workforce policy is not just an investment case: it's a shared responsibility.'*

Plans 2017

The upcoming year, Wemos will function as a 'watchdog' for the implementation of the international policy that was determined in 2016. Contributions from Uganda, Kenya and Zambia enable Wemos to continue its international lobby. In addition, we want to put extra focus on the migration of health personnel.

GOOD GOVERNANCE

Wemos advocates independent and fair public health policy and governance on the global level. In 2016, we successfully made our case for the precautionary principle (protecting public health), policy coherence (ensuring health in all policy), and prevention of conflict of interest (prioritizing public health over commercial interests), nationally and internationally.

'No' to commercial interests at WHO

Wemos is concerned about the increasing influence of businesses on the WHO's decision-making process. We therefore took part in the discussion: at the World Health Assembly of the WHO, we expressed our criticism of the draft Framework of Engagement with Non-State Actors (FENSA). This allows businesses to enter into official relations with the WHO. Global health advocate Mariska Meurs touched upon FENSA in a blog:

'WHO has several duties to fulfill if the aim is to correctly implement FENSA and prevent undue influence from private actors. Sufficient manpower and financing are necessary. Employees should be trained to know how to deal with conflict of interests, and the costs of transparency requirements are high. Moreover, civil society organizations want to be better heard. In this light, FENSA can provide a framework for broader consultations in which resource-constrained NGOs can participate as well.'



The Geneva Global Health Hub at the office in Geneva.

Geneva Global Health Hub

The discussion about FENSA demonstrates the importance of a platform where civil society organizations can join forces. Up until now, global health discussions have been dominated by stakeholders with commercial interests. For this reason, Wemos took the initiative to launch an international network with like-minded organizations: the Geneva Global Health Hub. This network is of strategic importance to Wemos not only for its lobby today but also for policy development in the long run. The Hub's members aim to exchange knowledge as well as develop new initiatives so that their voices are truly heard at crucial international negotiations on global health policy. The Hub, of which Wemos is president, has an office in Geneva which functions as a home base for members' lobby activities.

Global Health Strategy

In the article 'Global Health starts at home', Wemos advocates coherence between Dutch health policy and global challenges, and for more collaboration between ministries. The article appeared in the report *Ready for Change*, which Partos published in 2016. Also, we expressed our opinion on the importance of the WHO and increasing the Netherlands' assessed contribution. In September we participated in a debate at the Royal Tropical Institute (KIT) about the Policy and Operations Evaluation Department's (IOB) evaluation of the Netherlands' role in the WHO. In her opinion piece in *Vice Versa*, global health advocate Corinne Hinlopen said that the WHO is a neglected topic in Dutch national policy. *'I think that a Dutch global health strategy would provide an excellent framework to determine which Dutch actions are necessary to protect health globally,'* she concluded.

Compliance to right to health and healthy environment

In a joint contribution to the Universal Periodic Review, Wemos, Milieudefensie (Friends of the Earth Netherlands) and Stand Up For Your Rights! called upon the UN Human Rights Council to address the Netherlands on its insufficient compliance to economic, social and cultural rights as agreed upon in international human rights treaties. Especially rights that pertain to health and environment should be prioritized in all policies.

Plans 2017

With the prospect of the Dutch parliamentary elections in March 2017, Wemos is occupied with putting and keeping global health on the political agenda. In the run-up to the election as well as afterwards, we advocate the inclusion of global health in development policy.

FINANCING FOR HEALTH

The Netherlands contributes financially to disease control programmes in low-income countries amongst others via Global Health Initiatives (GHIs), like Gavi (Vaccine Alliance) and the Global Fund. In contrast to several years earlier, these funds are increasingly focused on sustainability of results and strengthening health systems. Wemos asked the partners of Health Systems Advocacy Partnership in Kenya, Uganda and Zambia about their first-hand experience with these funds and their impact on the countries' health systems. Despite positive answers, there was also criticism, which led to Wemos starting new research on the health systems of these three African countries at the end of 2016.

Gavi and health systems

In 2016, Wemos supervised a research internship on Gavi's investments in strengthening health systems in Kenya, Uganda and Zambia. Gavi aims to provide better and more equitable vaccination coverage in low-income countries and finances programmes that focus on strengthening the health system. However, the research showed that, in practice, these programmes seem to be primarily focused on increasing the vaccination coverage.

World Bank and Civil Society Policy Forum

The World Bank plays a significant role in health financing in low-income countries thanks to loans, financing mechanisms and additional funds. During the IMF-World Bank Fall Meeting in late 2016, Wemos participated in the Civil Society Policy Forum to find out how health NGOs can influence the Bank's financing policy. We established contact with the promising initiative Global Financing Facility (GFF), which is hosted by the World Bank, and allows countries to take control and civil society to be actively involved. Within the Health Systems Advocacy Partnership, Wemos wants to test this in practice; this way we can evaluate how we could or should use our role as an organization.

Health services: affordable for all

'In 2015, WHO and the World Bank expressed concerns about the fact that 400 million people still don't have access to essential health services, and that 6% of the population in low- and middle-income countries is being driven further into extreme poverty due to health expenditure,' wrote global health advocate Barbara Fienieg in her blog for Universal Health Coverage Day in December. The adoption of the Sustainable Development Goals (SDGs) has also given a new impetus to the aspiration of realizing Universal Health Coverage (UHC). Since December, Wemos has been part of the relaunched international Health Partnership for UHC2030 as member of Medicus Mundi International (MMI) as well as a critical contributor on the issue of health financing.

Plans 2017

Together with partners in the Health Systems Advocacy Partnership and research institutions, Wemos will conduct further research on the effects of GHIs and new financing mechanisms on health systems. This way, we can substantially strengthen our advocacy. In addition, we will include our HSA partners' concerns in our advocacy towards Dutch government and global health fora, like UHC2030.

CORPORATE COMMUNICATION

In the Netherlands as well as internationally, Wemos is well-known within a modest circle of partners, networks, medical specialists, policymakers and politicians, but not as much when it comes to the larger public. In 2016, we focused on increasing our brand awareness and visibility. After all, a stronger support base is beneficial for our lobby. For several years, Wemos has invested little in communications, which is why in 2016 we primarily focused on laying the grounds for a firm basis upon which we can build.

New corporate identity

In June, we launched our new corporate identity, which is closely linked to our improved strategy of Wemos as a critical, yet constructive global health advocate. Our look has been renewed but nevertheless remains recognizable. The global perspective is central in our new corporate design which also includes a new logo and tagline. Our logo's emblem is a globe and its tagline refers to the overarching concept of 'Health Unlimited'. In addition, colours are now slightly different as compared to the previous design, so the overall appearance is vivid and clear-cut.



**Zijn er straks nog
antibiotica
die werken?**

K. van Wijk,
Deventer

Readers of OneWorld Magazine submitted their questions about global health in the series 'Gezond de wereld rond' (Health around the globe)

New website

Our new website is congruent with our corporate design. The new, bilingual (Dutch and English) website presents Wemos as an active, goal-oriented organization with staff that is committed and expresses its opinion. We introduced blogs about current topics on our website, which are written

by Wemos staff or, on occasion, by contacts in our network. Statistics show that the launch of our new website did not go by unnoticed: last year the number of website visitors increased by a quarter, with 4,500 unique visitors per quarter.

Expanding our support base

To reach critical, young Dutch citizens, Wemos started collaborating with the multimedia platform *OneWorld*. Together we published eight articles in the series 'Gezond de wereld rond' (Health around the globe) in *OneWorld Magazine*. This series clearly resulted in more followers on social media, which shows that new target groups are noticing us. In 2017, we will continue our collaboration with *OneWorld* and focus on a topic that resonates with readers: medicines.

Social media

In order to reach new target groups and expand our base, social media are indispensable to Wemos. Our support base is growing steadily: at the end of 2016, we had 1,481 followers on Twitter (end of 2015: 1,200 followers), and 656 followers on Facebook (end of 2015: 524 followers). We also bolstered our presence on LinkedIn (237 followers), on which we will increase our focus in 2017, since this platform too is essential for reaching and expanding our target group base.

Plans 2017

We will use a strategic media approach in our project communication as well as in our corporate communication to support our lobby objectives. We will also design a corporate flyer, produce a short animation clip, and renew our annual report's concept.

FUNDRAISING

In 2016, we developed a fundraising strategy and invested in our public profile towards funds and subsidy providers. We looked into new possibilities and initiated new trajectories. In October, Wemos hired a fundraiser who will finalize the strategy and coordinate its execution.

Financing strategy

In accordance with our strategic plan 2016-2020 '*Gezondheid beschermen: een taak van iedereen*' (Protecting health: a task for all), our fundraising strategy is focused on diversifying funds so that in 2020 we will be less dependent on just a few financial sources. We will strengthen our quality to influence policy via interesting partnerships, which will make us a compelling partner for funds and subsidy providers as well.

New partners and projects

Thanks to the Dioraphte Foundation, we were able to realize our plans for the pilot project Pesticides and the Fair Medicines project 2016. Moreover, IDA Charity Foundation's contribution has enabled us to focus on ethical medicines development and market admission of medicines that truly have therapeutic value.

In 2016 we also applied for funding at the European Commission (DEAR call) for a four-year programme on minimizing health inequity. Unfortunately this was rejected.

In October, the Plastic Soup Foundation (PSF) approached us for a joint collaboration on a new project to tackle the health risks of microplastics. Wemos got on board and in 2017 we will jointly apply for funding. And we also evaluated our collaboration and other possibilities with SOMO, an independent, critical knowledge center that conducts research on the impact of multinationals.

Finalized trajectories

Together with the *Nierstichting* (Kidney Foundation), Wemos wrote a plan for a project on harmful substances in medical equipment. However, the foundation shifted its priorities and therefore this application was eventually never submitted to the *Vriendenloterij* Lottery. We also looked into an application at the *Nationale Postcode Loterij* (Dutch Postcode Lottery) but have decided to put this on hold for now.

WEMOS AS KNOWLEDGE BROKER AND SERVICE DEVELOPMENT

In 2016, we started exploring our possible new role as knowledge broker. As stated in our policy plan 2016-2020, we want to investigate whether we could further develop our current role as a bridge between science and politics. Also, we want to look into the possibility of developing services for (semi)public organizations.

Pilot project

In light of our role as knowledge broker, we started a pilot project with the Public Affairs Academy (PA-Academie)/Van Oort & Van Oort to develop a joint international monitor on health policy. It was our hope that, this way, we could expand our prior WHO Monitor's target group (i.e. policymakers, civil society organizations and other interested groups) and further develop the monitor. The pilot ended in December, after which we concluded that our working methods and pivotal themes were too different from one another to continue the collaboration. In 2017, we want to develop new themes and thereby explore our possible role as knowledge broker again.

INTERNAL ORGANIZATION

The aim of the internal organization is to provide the best possible working conditions for employees.

STRATEGY DEVELOPMENT

In 2016, Wemos fine-tuned its strategy for the years to come. The year 2017 will see the finalization of this process.

QUALITY ASSURANCE AND PLANNING, MONITORING AND EVALUATION

Wemos works with the method 'Outcoming Mapping for planning, monitoring and evaluation (PME). Monitoring takes place on a quarterly basis.

From 2016 onwards, due to our strategic partnership with the Ministry of Foreign Affairs, we are required to file reports according to the International Aid Transparency Initiative (IATI) standard. This method is applied to increase effectiveness and efficiency in the development sector.

HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT

The entire Wemos staff received training sessions in writing and presenting, which were given by external experts.

ACCOMMODATION

Our office's anticipated move in 2016 has been postponed to 2017, as we have not yet succeeded in finding the right workspace.

CORPORATE SOCIAL RESPONSIBILITY

Sustainability is an important aspect in our everyday management; we prefer using environment-friendly, sustainable products. Our sustainability policy entails the following:

- Wemos has bank accounts registered at Triodos and ASN Bank;
- Staff is registered at the pension fund PFZW (*Pensioenfonds voor Zorg en Welzijn*), which was declared the most sustainable pension fund for the ninth time in 2015;
- Preferred method of travel abroad is by railroad train. We compensate CO₂ emission from air travel at Trees for All;

- To minimize travel distance and costs, conference calls are preferred (e.g. via Skype);
- Office commutes and visits to Dutch contacts are via public transportation or bike;
- Efficient energy use. When leaving the office, lights and computers are turned off. When possible, motion detector lighting is installed;
- Management and Board of Directors' meetings are paper-free (since 2014);
- Our cleaning company uses ecological products (since 2015);
- We use organic and fair trade coffee, tea and milk as much as possible;
- We use two-sided printing on FSC-certified paper.

CBF RECOGNITION

In 2010, Wemos was certified by the Central Bureau on Fundraising (CBF). In 2016, CBF changed its qualification criteria; Wemos was then certified with a new label.

RISK PREVENTION

In our new strategy plan 2016-2020, our risk analysis has been redefined; the most important focal point remains continuity in financial and human resources and reputation management.

Continuity in financial resources

What distinguishes Wemos from other non-profit organizations is our strategic choice for policy influence. A large part of our financial resources has been secured for the years to come, thanks to the new subsidy framework 2016-2020 of the Ministry of Foreign Affairs.

To be able to secure the other part, we have sought contact with new funders, like private funds. Our plans to diversify our financial sources have been incorporated in the new strategy plan.

Continuity in human resources

Wemos' staff is driven and fully involved. Every one's individual motivation is aligned with the organization's mission. But since the team is relatively small, there is a heightened risk of overwork, with possible long-term leave of absence. The workload therefore remains an important issue in performance evaluations and hour registration assessments. Due to the specific nature of the expertise within Wemos, the organization attaches great significance to staff that stays for an extended time. Terms of employment and an open culture are important in this.

Reputation

Wemos is lauded for its expertise. We make sure our reports, articles, press releases and other external communications reflect the truth and are free from error. Inaccurate or non-verifiable communications can damage our reputation. Staff must keep in mind that the message Wemos conveys to the public can be unpopular and not well-received. Therefore, there must always be room for dialogue. In 2016, no situations occurred that necessitated reputation damage control. To further minimize the risk of reputation damage, we have revised our procedure for publications and other forms of communications.

REALIZING OUR OBJECTIVE

Our dream is a world in which the right to health is guaranteed; a world with strong prerequisites for the protection and promotion of health. This is a world in which the economic, infrastructural, social and cultural conditions for a healthy life are present.

In 2016, Wemos focused on several themes: Harmful substances and Fair Medicines. Within the Health Systems Advocacy Partnership, we worked on the themes Sustainable workforce, Good governance and Financing for health.

Wemos accounts for the costs that have been spent on the objective in a specific year.

Each quarter, Wemos monitors its progress in realizing the objective via 'Outcome Mapping' for planning, monitoring and evaluation. Also, each quarter we file reports according to the IATI standard (International Aid Transparency Initiative) for the Health Systems Advocacy Partnership, which is funded by the Ministry of Foreign Affairs. The programmes and themes of 2016 have been amply described in this annual report. The most significant results of our work last year were:

- Policy recommendations for sustainable health workforce policy (with organizations from eight European countries);
- Launch of a network of civil society organizations: Geneva Global Health Hub;
- Awareness of and attention among Dutch and European politicians for a critical view on new medicines and ethical clinical trials;
- Much media coverage of our advocacy for protection against endocrine-disrupting chemicals;
- A new corporate identity and website.

Our pilot project on our new possible role as knowledge broker proved to be less successful.

STAFF

In 2016, one staff member (director) left the organization, upon which we hired an interim director. We also hired six new members: two health advocates, one researcher, one communications officer, one fundraiser, and an office manager. Moreover, we had two interns, one of whom was hired for the position of junior health advocate after the internship had ended.

On December 31st 2016, the Wemos team included 13 people (December 31st 2015: 8 people). The number of FTEs increased from 5,73 FTEs (December 31st 2015) to 10,45 FTEs.

ABSENTEEISM

Because our team is small, absenteeism – and in particular long-term absenteeism – poses a large risk for the organization. Prevention and guidance are therefore a priority for the director. In 2016, the absence rate was 3,02%, with an average of 3 sick leave days (2015: 0,77%). This was largely due to the long-term absence of two staff members.

GOVERNANCE

Since 2016, Wemos has a director-governor and a board of directors. The distinction between their roles is stated in the organization's (new) statutes. The director's role is to govern the organization, which entails drafting, adopting and executing a policy plan. Such a plan gives insight into:

- What activities the organization pursues to attain its objectives;
- What method the organization uses to generate income;
- How the organization manages and spends its capital.

The board of directors' role is to supervise the director's policy and the organization's general state of affairs, as well as to provide advisory guidance. Its specific tasks include:

- Appointment, suspension and dismissal of directors;
- Annual evaluation of directors;
- Appointment and dismissal of the accountant.

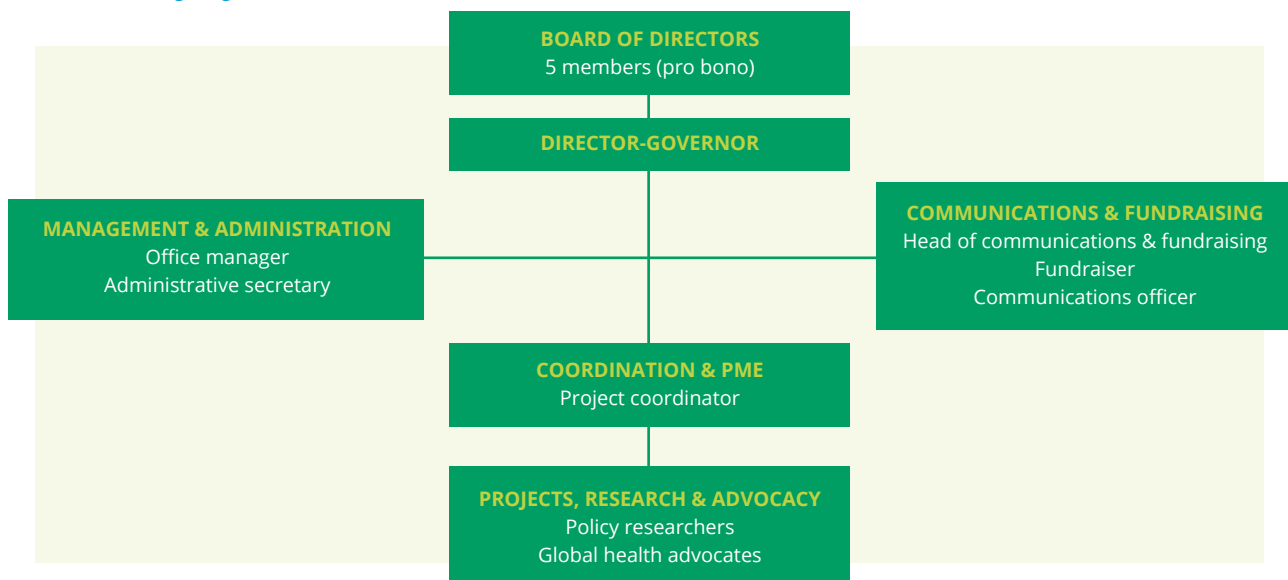
The board of directors officially approves the following:

- Long-term policy plan and framework;
- Annual plan and annual budget;
- Annual financial statements and annual report;
- Sustainable strategic partnerships.

The accounting firm Dubois & Co. performs interim and annual checks on our financial statements.

The director's salary is stated in the section 'Remuneration of the director'. This section also states that the board of directors works on a pro bono basis and that no staff member earns more than the director.

Organogram box



Anke Tijtsma held the position of director until September 15th 2012. Thereafter, we published a new vacancy, which has been filled from April 1st 2017 onwards. During the interim period, Nelke Manders held the position of interim director at Wemos for 2 days/week.

Members of the board of directors

- A.T.C. Bosveld, Director Bart Bosveld B.V. and Executive Director SETAC Europe
- L.J. van der Heiden, Management team member, Directie Nature and Biodiversity, Ministry of Economic Affairs
- J.A. Riteco (Secretary/Vice-chairwoman), Director Revalidatie Nederland
- E.J. Rutters (Chairman), Chairman Board of Governors St. Anna Zorggroep
- J.H.P.M. Verboeket, Director/general Director Het Vergeten Kind, Chairman Ouderraad St. Vitus College and Board Member Theater Draad

In its first year, the new board of directors held five meetings. The audit commission met three times, whereas the remuneration commission met four times (in part due to the vacancy for a new director). Key topics for the board's meetings were: the budget and annual plan 2016, the annual financial statement 2015, the search for new accommodation, the execution of the strategic plan, the recruitment of a new director with a revised profile, and the appointment of an interim director.

The board evaluated its performance at the end of the year, and concluded that it has the necessary competencies and that it has been adequately informed by the director. One key issue is the re-evaluation of the strategic plan 2017 with the new director.

Since 2010, Wemos has a code of conduct, which is stated in the organization's terms of employment that serves as the appendix in the staff's labour agreement. Wemos also endorses the sector association's (Partos) code of conduct.

COMMUNICATION WITH STAKEHOLDERS

Wemos has partner organizations and networks in the Netherlands, Europe and worldwide. Our role is that of global health advocate, and all project staff members communicate with contacts and organizations via email, phone, Skype meetings, and face-to-face meetings.

In 2009, we adopted a complaints procedure, which describes how and within what time frame complaints from stakeholders must be processed. This procedure has been published on our website, in Dutch as well as in English. In 2016, Wemos did not receive any complaints.

THE FUTURE

In 2017, Wemos will further develop its organizational and financial strategies. We will also expand our network of funders to ensure we will have more varied financial income sources in the upcoming years. In addition, we will continue our efforts in raising awareness among policymakers of the need for measures against endocrine-disrupting chemicals. Research reports will strengthen our lobby for fair medicines, and we will also function as a 'watchdog' for the imple-

mentation of global sustainable health workforce policy in the upcoming years. Furthermore, we will bring the issue of health systems strengthening to the attention of politicians. And we will conduct research on health financing with partners and research institutions.

Lastly, Wemos endeavours to relocate its office to a location with inspiring co-occupants in 2017. This will benefit our public profile.

BUDGET 2017

The budget table below has been included in the annual plan 2017 and approved by the board of directors during its meeting on November 9th 2016. Since this has been included in the annual plan, on-going project applications and income to be received are shown as well. In April/May 2017, the budget will be reviewed and only those subsidies that have then been accredited will be included.

	Health Systems Advocacy Netherlands	Health Systems Advocacy International	Medicines	EDCs	Health Equity	Theme development	Total
INCOME							
Income from private individuals						4.125	4.125
Income governments	515.142	603.761			33.373	5.099	1.157.375
Income from foundations			55.000	97.200			152.200
	515.142	603.761	55.000	97.200	33.373	9.224	1.313.700
Ongoing project applications					106.646		106.646
Income to be received			17.180			20.000	37.180
Total income	515.142	603.761	72.180	97.200	140.019	29.224	1.457.526
EXPENDITURES							
Expenditures for objective	486.635	572.828	88.037	117.652	129.665	27.717	1.422.534
Income acquisitions costs	11.275	12.425	2.013	3.265	4.112	675	33.765
Management and administration	17.232	18.508	3.072	5.035	6.293	1.039	51.179
Total expenditures	515.142	603.761	93.122	125.952	140.070	29.431	1.507.478
<i>Result for financial profit and losses</i>	0	0	-20.942	-28.752	-51	-207	-49.952
Balance of financial profit and losses	0	0	0	0	0	0	0
RESULT	0	0	-20.942	-28.752	-51	-207	-49.952

ANNUAL FINANCIAL STATEMENTS

Our annual financial statements of 2016 are presented below. They have been prepared in accordance with the accounting guidelines for fundraising institutions ("Directive 650") of the Dutch Accounting Standards Board (DASB).

FINANCIAL POLICY AND RESULTS

The balance of income and expenditures is positive: € 46.013.

Thanks to extra efforts from the staff, keeping our expenditures in check, and refraining from investing in computers and office equipment (with rehousing in 2016/2017 in mind), it was possible to allocate a large sum to a continuity reserve to absorb financial risks related to our planned rehousing in 2017.

Below, the realization 2016 is compared with the budget 2016 and realization 2015.

Income

In the budget 2016, a decrease in private income had already been incorporated. Unfortunately, the realization turned out to be even lower than what was included in the budget. In late 2016, Wemos hired a fundraiser who will further delve into how we can attract more private income.

At the end of 2015, the Ministry of Foreign Affairs granted a subsidy to the Health Systems Advocacy Partnership for the period 2016-2020. The partnership, which consists of Amref Netherlands (secretary), ACHEST, HAI and Wemos, had a good start. However, the project's budget 2016 shows a cost underrun of well over 18%. In 2017, we expect to spend the Ministry's underrun budget (€ 183.326).

Expenditures

Expenditures on our objectives are lower than what was estimated in the budget as well as the realization 2015. Due to two long-term absentees, and in spite of other staff members' additional efforts, not all tasks could be taken up. The exceeded costs of income acquisitions in relation to the budget were the result of our decision in 2016 to start a department of communications

and fundraising. This decision was based on the aim to increase Wemos' public visibility.

The costs for management and administration increased slightly in comparison to 2015, and exceed the budget with 17%. This is due to the fact that Wemos hired a financial-administrative assistant in 2016.

Fundraising

As stated in our strategic policy plan 2016-2020, the fundraising strategy is based on ensuring that sources of funds are as diverse as possible. This way, Wemos' mere existence will not solely depend on a small number of funders in 2020. By joining interesting partnerships, we can strengthen our ability to influence policy, which makes Wemos an attractive partner for funds and subsidy givers.

In 2016, we developed a fundraising strategy and invested in our public profile towards funds and subsidy givers. We looked into new possibilities and initiated new trajectories. In October, Wemos hired a fundraiser who will finalize the strategy and coordinate its execution.

Key figures

The ratio between objective-related expenditures and total expenditures is 86,9%. For fundraisings costs and total expenditures this is 7,8%; and that of management and administration is 5,3%.

Wemos aims to spend a minimum of 80% of total expenditure on its objective. Fundraising-related costs are measured against total income. In 2016, this was 7,5%, which is far below the CBF-norm of 25%. However, Wemos strives for a maximum of 12%. In terms of annual costs for management and administration (in comparison to total expenditure), a maximum of 8% is what we strive for.

Reserves

Wemos strives for a continuity reserve between 50-75% of our average operational costs. The average operational costs in 2015-2017 were € 850.000. Therefore the *continuity reserve* meets the criterion (62,5%) from December 31st 2016 onwards.

The board of directors' request to the director was to search for new accommodation for Wemos that would contribute to the organization's strategic positioning. For this reason an *accommodation reserve of € 45.000* was retained to cover for related costs.

The *innovation reserve* was created in 2013 to provide the possibility of developing innovative concepts. This process commenced in late 2016.

BALANCE AS OF DECEMBER 31ST 2016 (AFTER APPROPRIATION OF RESULTS)

All amounts are in Euro

	31-12-2016	31-12-2015
ASSETS		
Fixed assets		
Tangible fixed assets	8.076	10.170
Current assets		
Receivables	41.300	150.874
Liquidities	1.128.394	1.187.934
TOTAL ASSETS	1.177.771	1.348.978
LIABILITIES		
Reserves		
Continuity reserve	528.143	528.143
Designated funds	77.994	31.981
Total reserves	606.137	560.124
Short-term liabilities	571.634	788.854
TOTAL LIABILITIES	1.177.771	1.348.978

STATEMENT OF INCOME AND EXPENDITURES (AS OF DECEMBER 31ST 2016) *All amounts are in Euro*

	Actuals 2016	Budget 2016	Actuals 2015
INCOME			
Income from private individuals	7.753	10.500	16.083
Income from governments	813.228	990.600	934.448
Income from foundations	242.687	274.500	85.000
Total income fundraising	1.063.668	1.275.600	1.035.531
Other income	2.796		
Total income	1.066.464	1.275.600	1.035.531
EXPENDITURES			
<i>Expenditures for objective</i>			
<i>To strengthen national health systems that contribute to the structural improvement of people's health through advocacy</i>	891.237	1.195.600	930.108
Total expenditure for objective	891.237	1.195.600	930.108
Income acquisitions costs	79.695	39.000	71.222
Management and administration	54.019	46.000	51.655
Total expenditures	1.024.951	1.280.600	1.052.985
Result for financial profit and losses	41.513	-5.000	-17.454
Balance of financial profit and losses	4.500	5.000	4.449
RESULT	46.013	0	-13.005
<i>Allocation of result</i>			
Addition/withdrawal:			
Continuity reserve	0		-1.627
Designated funds	46.013		-11.378
Total	46.013	0	-13.005
<i>Key figures</i>			
Expenditures for objective/total income	83,6%	93,7%	89,8%
Expenditure for objective/total expenditures	87,0%	93,4%	88,3%
Income acquisitions costs/total income	7,5%	3,1%	6,9%
Management and administration/total expenditures	5,3%	3,6%	4,9%

VALUATION STANDARDS

The financial statements have been drawn up in accordance with the accounting guidelines for fundraising institutions ("Directive 650") of the Dutch Accounting Standards Board (DASB).

ACCOUNTING PRINCIPLES

Tangible fixed assets

The tangible fixed assets are valued at purchasing price, after deduction of depreciations (based on estimated economic lifetime).

The depreciation period of office equipment is 5 years (20%). Computers and other hard- and software are depreciated within 3 years (33,3%).

Receivables

Receivables are valued at nominal worth after deduction of depreciations.

Received prepayments and payments to be received

The terms of some subsidies extend that of one fiscal year. The received prepayment is the difference between the prepayment that the subsidy giver made in one fiscal year and the project costs in that same year.

Reserves and designated funds

Reserves and designated funds are designated to the foundation's objectives.

Short-term liabilities

Short-term liabilities are valued at nominal value.

RESULTS PRINCIPLES

Subsidy income

Subsidy income is ascribed based on a project's realized operational costs within the fixed framework of the granting decision.

Donations and gifts

Donations and gifts are recognized as income in the year to which they relate.

Cost distribution

Costs for management and administration, fundraising and various objectives are calculated based on ratios in accordance with the Directive 650 for Fundraising institutions.

Result

The result is calculated based on the difference between the income of the fiscal year and the expenditures for the realization.

EXPLANATORY NOTES FOR THE BALANCE SHEET *All amounts are in Euro*

Tangible fixed assets	31.12.2016	31.12.2015
ASSETS		
Balance as of January 1 st	181.373	180.502
Purchases	3.923	871
Divestments 2016	-76.648	
	108.648	181.373
Depreciations until 31.12.2015	171.203	165.400
Depreciation on divestment	-76.647	
Depreciation 2016	6.017	5.803
	100.572	171.203
Balance as of December 31st	8.076	10.170

All material fixed assets are designated to the organization. This includes software € 363, furniture € 199, office equipment € 1.658 and computers € 5.858.

Receivables	31.12.2016	31.12.2015
Subsidies to be received		
Ministry of Foreign Affairs Netherlands		29.301
European Commission		73.567
Foundations	23.369	30.000
	23.369	132.868
Prepayments		
Other prepayments	4.459	11.871
PGGM pension fund	6.400	497
	10.859	12.368
Other receivables		
Interest	4.421	4.449
Debtors	381	56
Amounts to be received	2.138	842
Guarantees	50	50
Advance prepayments	82	242
	7.073	5.638
Total receivables	41.300	150.874
Liquidities		
ASN savings account	998.949	704.889
Triodos savings account	243	429.854
ING savings account	15.970	15.891
Current accounts (ING and Triodos)	112.756	37.174
Cash Euros	302	96
Cash foreign currencies	175	30
	1.128.394	1.187.934

EXPLANATORY NOTES FOR THE BALANCE SHEET *All amounts are in Euro*

	Continuity reserve	Designated funds	
		Rehousing	Innovation
LIABILITIES			
<i>Reserves</i>			
Balance as of January 1 st	528.143		31.981
Additions		45.000	1.013
Balance as of December 31st	528.143	45.000	32.994

The organization strives to have a continuity reserve that equals 50-75% of its average operational costs. The average operational costs for 2015-2017 are € 850.000, therefore the continuity reserve as of December 31st 2016 meets the criterion of 62,5%.

The board of directors' request to the director was to search for new accommodation for Wemos that would contribute to the organization's strategic positioning. For this reason an accommodation reserve was retained to cover for related costs.

The innovation reserve was created in 2013 to provide the possibility of developing innovative concepts.

Short-term liabilities	31.12.2016	31.12.2015
<i>Tax and premiums</i>		
Tax and social security premiums	28.983	21.476
	28.983	21.476
<i>Funds received in advance</i>		
Ministry of Foreign Affairs Netherlands	357.037	495.073
Foundations	50.882	130.200
	407.919	625.273
<i>Other short-term liabilities</i>		
Contracting parties	22.456	73.965
Other creditors	45.890	30.719
Other liabilities	21.137	3.644
Salaries and holiday allowance	19.085	15.986
Audit costs	9.075	11.000
Leave day entitlements	17.089	6.791
	134.732	142.105
Total short-term liabilities	571.634	788.854

OFF-BALANCE-SHEET OBLIGATIONS

Projects

Wemos is partner within the project Health Systems Advocacy Partnership, for which the Ministry of Foreign Affairs has granted subsidy for 2016-2020. Amref Flying Doctors is the secretary of this partnership. Wemos' budget for the entire period of the partnership is € 5.346.500.

Accommodation

Wemos' rental contract is tacitly extended every two months. The term of notice is two months as well. The rental price is indexed on an annual basis in June; as of December 31st 2016 the rental price is € 37.762 annually (VAT excluded). The ING Bank has provided a bank guarantee of € 15.160 for the rental contract. This amount is included in the liquid assets.

Printer/copymachine

Wemos has signed a service agreement for supplies and service maintenance costs for the printer/copymachine. This agreement is valid until December 31st 2019; the annual costs are € 1.380 (VAT included).

EXPLANATORY NOTES FOR THE STATEMENT OF INCOME AND EXPENDITURES *All amounts are in Euro*

	Actuals 2016	Budget 2016	Actuals 2015
INCOME			
Income from private individuals			
Donations and gifts	7.753	10.500	16.083
Government subsidies			
Alliance 'Samen voor verandering' (Communities of Change), Ministry of Foreign Affairs Netherlands		0	577.806
Alliance 'Health Systems Advocacy Partnership', Ministry of Foreign Affairs Netherlands	804.834	990.600	
European Commission	8.394	0	356.642
	813.228	990.600	934.448
Foundations			
Dioraphte	23.369	41.300	60.000
Adessium	119.606	120.400	
Triodos Foundation	5.000		10.000
To be received		16.800	
IDA Charity Foundation	94.712	96.000	15.000
	242.687	274.500	85.000
Other income			
Activities	2.796		
Total general	1.066.464	1.275.600	1.035.531
EXPENDITURES			
Expenditures for objective			
Health Systems Advocacy Netherlands	67.012	116.400	
Health Systems Advocacy International	64.669	113.600	
Medicines	30.512	42.200	
EDCs	23.439	61.200	
Pesticides in Africa	13.344		
Human Resources for Health			79.189
Global Health Governance			96.236
Health Unlimited			10.939
Health Workers for All and All for HW			245.342
	198.976	333.400	431.706
Costs own organization	692.262	862.200	498.402
	891.238	1.195.600	930.108
Expenditures related to income acquisitions	9.013	25.100	48.319
Costs own organization	70.683	13.900	22.903
Total income acquisitions	79.696	39.000	71.222
Expenditures related to management and administration	144	8.400	273
Costs own organization	53.873	37.600	51.382
Total income acquisitions	54.017	46.000	51.655
Totaal general	1.024.951	1.280.600	1.052.985
FINANCIAL PROFIT AND LOSSES			
Interest bank accounts	4.500	5.000	4.449
RESULT	46.013	0	-13.005

The remuneration policy is in accordance with the norm as stated in the law on remuneration for High officials in the public and semipublic sector (maximum 2016: € 168.000) as determined by the Ministry of Foreign Affairs.

REMUNERATION OF THE DIRECTOR *All amounts are in Euro*

Anke Tijtsma - Director

Permanent contract, 27 hours/week, Employment period 01.01 - 15.09.16

Gross salary	Holiday allowance	One-off allowance	Social security costs employer	Pension costs employer	Remuneration p/hour (VAT excluded)	Remuneration (VAT excluded)	Total 2016	Total 2015
41.191	5.983	66	4.574	4.728			56.542	76.472

Nelke Manders - Interim director

No contract, average 2 days/week, period 15.08.16 - 31.12.16

Gross salary	Holiday allowance	One-off allowance	Social security costs employer	Pension costs employer	Remuneration p/hour (VAT excluded)	Remuneration (VAT excluded)	Total 2016	Total 2015
					100	29.000	29.000	0

At the time of writing the financial statements, Wemos found a candidate for the vacancy for director, which would be filled from April 1st 2017 onwards.

Staff members who have an employment contract do not receive higher payment than Wemos' director.

The board of directors is also unremunerated; all members are entitled to have € 75 reimbursed for expenses for each attended meeting. In 2016, four board members attended all five meetings of that year, and one member attended four meetings. The total cost of reimbursement was therefore € 1.425.

EXPLANATORY NOTES EXPENDITURES *All amounts are in Euro*

Designated fund	Objectives						Income acquisition	Management and administration	Total 2016	Budget 2016	Total 2015
	Health Systems Advocacy Netherlands	Health Systems Advocacy International	Medicines	EDCs	Pesticides in Africa	Total					
Direct programme costs	64.669	67.012	30.512	23.439	13.344	198.975			198.975	308.300	431.705
Other direct costs						0	9.013	144	9.157	25.100	48.592
Personnel costs	254.743	207.673	45.155	73.343	7.160	588.074	60.045	45.766	693.885	773.000	476.497
Accommodation costs	18.136	14.785	3.215	5.222	510	41.868	4.275	3.258	49.401	81.500	50.643
Office and general costs	24.786	20.207	4.394	7.136	697	57.220	5.842	4.453	67.515	85.700	39.745
Depreciation costs	2.209	1.801	392	636	62	5.100	521	397	6.018	7.000	5.803
TOTAL	364.543	311.478	83.668	109.776	21.773	891.237	79.696	54.017	1.024.950	1.280.600	1.052.985

In accordance with Directive 650 for Fundraising institutions, costs are attributed to objectives, income generation, and management and administration.

Attribution was based on the following principles:

- Directly attributable costs are ascribed as such;
- Costs that cannot be directly attributed are ascribed based on a ratio based on the number of FTEs per category:

	FTE
Strategy	7,82
Income acquisition costs	0,80
Management and administration	0,61
	9,23

Personnel costs are divided in:

	Actuals 2016	Budget 2016	Actuals 2015
Salary costs	506.553	605.200	364.697
Social costs	79.410	90.800	58.905
Pension costs	44.318	55.200	34.352
Other personnel costs	63.604	21.800	18.542
	693.885	773.000	476.496

The number of FTEs with fixed-term and permanent contracts as of December 31st 2016 is 10,45 FTE (13 persons).

AUDIT REPORT

INDEPENDENT AUDITOR'S REPORT

To: the Supervisory Board and the Board of Stichting Wemos.

A. Report on the audit of the financial statements 2016 included in the annual report

Our opinion

We have audited the financial statements 2016 of Stichting Wemos based in Amsterdam.

In our opinion the accompanying financial statements give a true and fair view of the financial position of Stichting Wemos as at 31 December 2016 and of its result for 2016 in accordance with the Guidelines for annual reporting 650 "Fundraising Institutions" of the Dutch Accounting Standards Board, and the Policy rules implementation of the Public and Semi-public Sector Senior Officials (Standard Remuneration) Act (WNT).

The financial statements comprise:

1. the balance sheet as at 31 December 2016;
2. statement of income and expenditures for 2016; and
3. the notes comprising a summary of the accounting policies and other explanatory information.

Basis for our opinion

We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing as well as the Policy rules implementation WNT, including the Audit Protocol WNT. 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 Wemos 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.

B. 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 the Board's report (Introduction up to and including Internal organization).

Dubois & Co. Registeraccountants is een maatschap van praktijkvennootschappen. Op alle opdrachten die aan ons kantoor worden verstrekt zijn onze algemene voorwaarden van toepassing. Deze voorwaarden, waarvan de tekst is opgenomen op de website www.dubois.nl, bevatten een aansprakelijkheidsbeperking.

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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, including the Board's report, in accordance with the Guidelines for annual reporting 650 "Fundraising Institutions" of the Dutch Accounting Standards Board.

C. Description of responsibilities regarding the financial statements

Responsibilities of the Board and the Supervisory Board for the financial statements

The Board is responsible for the preparation and fair presentation of the financial statements, in accordance with the Guidelines for annual reporting 650 "Fundraising Institutions" of the Dutch Accounting Standards Board, and the Policy rules implementation of the Public and Semi-public Sector Senior Officials (Standard Remuneration) Act (WNT). Furthermore, the Board is responsible for such internal control as the 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 Board is responsible for assessing the organization's ability to continue as a going concern. Based on the financial reporting framework mentioned, the Board should prepare the financial statements using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

The board should disclose events and circumstances that may cast significant doubt on the organization's ability to continue as a going concern in the financial statements.

The Supervisory Board is responsible for monitoring the financial reporting process of the organization.

Our responsibilities for the audit of the financial statements

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

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

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



We have exercised professional judgement and have maintained professional scepticism throughout the audit, in accordance with Dutch Standards on Auditing, as well as the Policy rules implementation WNT, including the Audit Protocol WNT, ethical requirements and independence requirements. Our audit included e.g.:

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board;
- 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 organization'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 an organization 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.

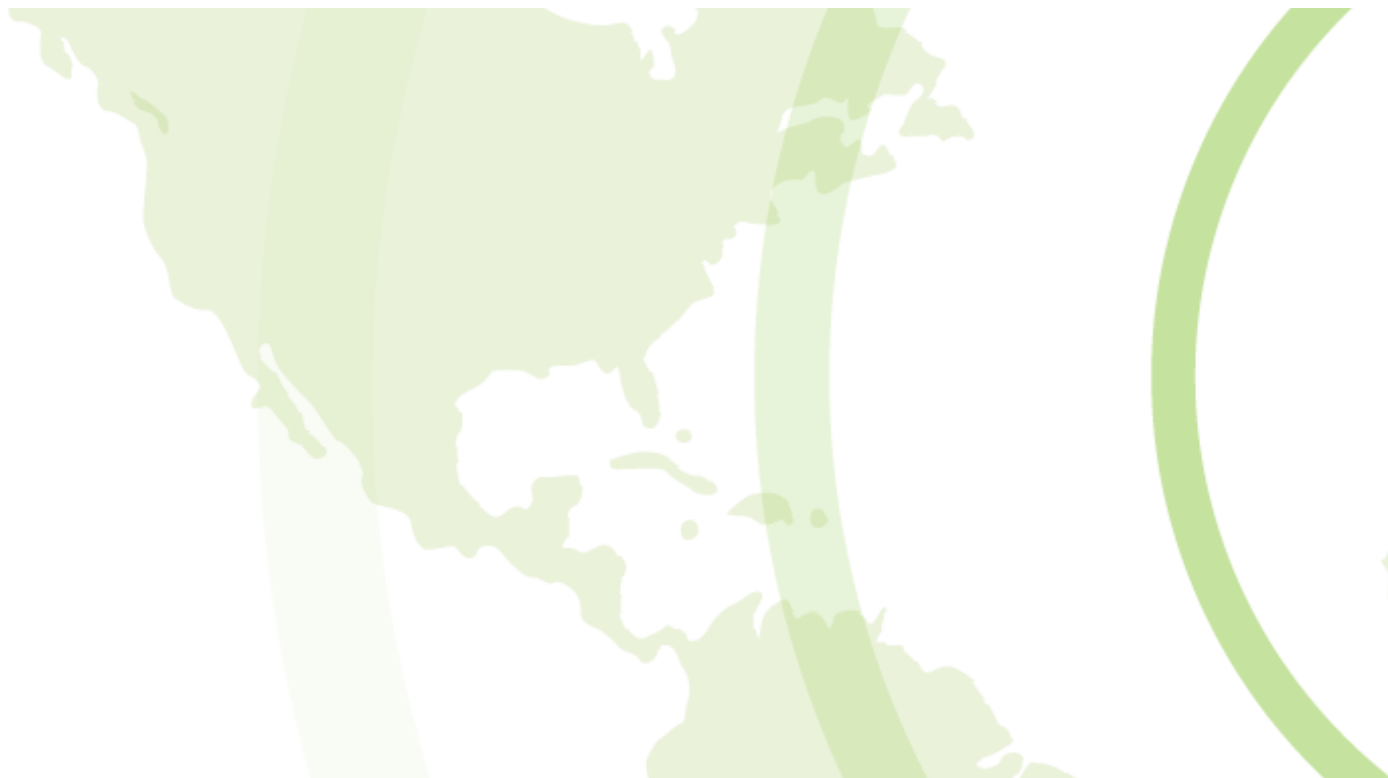
We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Amsterdam, 19 April 2017

Dubois & Co. Registeraccountants

Signed on original by:
G. Visser RA





COLOPHON

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