

Year overview 2025

Making health justice happen

2025 was a turbulent year. In his first week as President of the United States (US), Donald Trump shocked the world announcing to withdraw from the World Health Organization. Days later, the US State Department reinstated the global gag rule, a policy that blocks US aid to foreign organizations that perform or discuss abortions or advocate for abortion rights overseas. In addition, the US issued a freeze on foreign aid, leading to a devastating halt in the distribution of life-saving HIV drugs by PEPFAR. After decades of the US being a corner stone in global health, this collapsed at an unprecedented speed.

Geopolitical shifts prompted governments elsewhere to invest more in defence, at the expense of development cooperation, for example, in the UK and the Netherlands. According to The Lancet, a continuing decline in global official development assistance could lead to 9.4 million additional deaths, including 2.5 million children under the age of 5, by 2030. A horrific prospect.

The current system of development cooperation has its shortcomings, but remains a lifeline for millions of people for the time being. The Netherlands and other countries should focus on improving development cooperation whilst simultaneously working towards reforms in the global economy that will make lower-income countries more independent. For example, through international tax

reforms and debt relief mechanisms – because debt repayments and interest place a heavy burden on the budget for public services, including healthcare, in many countries. Similarly, by investing in the regional production of medicines, countries can become more self-reliant.

In 2025, we put these and other important topics on the agenda. Through collaboration with partners all over the world, sharing insights and engaging in dialogue with stakeholders at Dutch, EU and global level, we aimed to contribute to structural change. This overview highlights our key efforts and achievements.

After nine wonderful years as director of Wemos, the time came for me to take a new step. A decision that I did not take lightly, since I am deeply committed to Wemos and our mission. Still, I took this step with confidence, knowing that Wemos has a dedicated team and strong management. I am happy to be handing over to a new, talented director, Suying Lai, whom I hope you will meet soon.



Thanks for all the great collaborations over the years.

Mariëlle Bemelmans,
Director of Wemos in 2025

Introducing our new director: Suying Lai



On 15 April 2026, Suying Lai started as director of Wemos. With almost 19 years of experience working at Oxfam Novib, Suying is an experienced leader in the humanitarian and development sectors. Traveling

to many severely conflict-affected countries, such as the Democratic Republic of Congo, Somalia and Yemen, she witnessed firsthand what it means to live without access to clean water, basic medicines or a properly equipped maternity ward.

Suying is highly dedicated to the fight against injustice: *"It is unconscionable that in a world where we have sufficient resources to provide a dignified life for all, millions of people needlessly suffer."*

What we achieved in our programmes



External financial support to strengthen health systems



Access to affordable medicines for all



Reform of the international financial architecture



Sustainable regional production of medical products



Pandemic prevention, preparedness and response



Effective Dutch global health policy



Using an intersectional lens to leave no one behind

Also in this year overview

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About Wemos

Wemos aims to make a structural contribution to improving people's health by influencing policy at national, European and international level, based on a human rights approach.

Our vision

Wemos envisions a world where we can all be as healthy as possible

Our mission

We advocate structural change to achieve global health justice

Our guiding principles

Health is a human right

As health is a fundamental need, it is established as a human right in international treaties. Governments are responsible and accountable for ensuring the conditions to achieve optimal access to healthcare and protection against threats to health for everyone. It also means that the public interest in health must take precedence over political and economic interests.

No one must be left behind

'Leaving no one behind' is a central promise of the Sustainable Development Goals (SDGs). There should be no unfair or avoidable differences in health outcomes among different groups of people, whether they are defined socially, economically, demographically, geographically or, for example, in terms of sex, gender, ethnicity, ability or sexual orientation.

Health justice requires structural change

Creating resilient health systems and health policies for everyone calls for structural change. This includes political, economic and social change, both in countries and globally. It also means that we need to change laws and set priorities, improve our financing mechanisms, and have better ways to involve stakeholders in policy development. At the same time, we need policy coherence across government departments – as well as national and international governing bodies – to avoid that policies conflict with health interests.

Health justice is a shared responsibility

In our globalized world, pursuing equitable access to quality healthcare and protection against threats to health for everyone is a shared responsibility, as well as a shared benefit. We all have a role to play: governments, international donors, multi-lateral institutions, civil society, and communities. Moreover, inequity between countries and populations often has roots in colonial history. Supporting global health justice is an important part of necessary reparations.



How we work

1. Equitable partnerships

We work with civil society organizations from all over the world, participate in Dutch, European and global networks, link with expert groups, and create new alliances. We are aware of the advantages we have as an organization based in the Netherlands in accessing information and resources. In our partnerships we look to mutually strengthen each other's capacity and knowledge, enhance learning and share networks. This includes making way for organizations in low- and middle-income countries to take part in global events and sit at decision-making tables.

2. Evidence-building

We thoroughly analyse the factors hindering health justice and the possible solutions for overcoming these barriers. We initiate our work with national partners in low- and middle-income countries, based on their most urgent issues related to health justice. Jointly, we build our positions and recommendations for structural change based on evidence.

3. Presenting solutions

We engage with policymakers on the Dutch, European and global level and provide them with solutions to root causes of health inequity and injustice. We develop and bring forward these solutions in collaboration with allies worldwide. By aligning our global interventions with the work in countries, we ensure that we contribute to improvements in health in practice.

Strategic communication

Communication is the backbone of our work. Clear and inclusive communication facilitates collaborations, allowing us to expand our network, comprehend the realities of the contexts in which we work, and enhance our shared messaging. We translate facts and data from the national level into appealing knowledge products that support our policy change recommendations. In our communication, we express a positive perspective, emphasizing possibilities rather than problems.

Collaborations

We collaborate with many civil society organizations and networks in countries around the world, as well as with academia, multilateral institutions and governments. Both the Dutch Ministry of Foreign Affairs and the Dutch Ministry of Health, Welfare and Sport regularly invite us to discuss relevant topics or speak at expert groups or fora.

In the Make Way programme (2020-2025), which focused on securing the ability of the most vulnerable people to realize their sexual and reproductive health and rights (SRHR), we partnered with [Akina Mama wa Afrika](#) (Uganda), [The Circle of Concerned African Women Theologians – Kenya](#) (Kenya), [Forum for African Women Educationalists](#) (Kenya), [Liliane Foundation](#) (Netherlands), and [VSO Netherlands](#) (Netherlands) and the [Dutch Ministry of Foreign Affairs](#). With [Access To Medicines Platform](#) (Kenya), [CORHA](#) (Ethiopia) and the [Society for Family Health](#) (Rwanda) we provided technical knowledge on health systems and health systems strengthening. Wemos was the lead grantee of the Make Way partnership.



We also work with a strong, international [consortium](#) to enhance the enabling environment for better access to medical innovations, particularly for low- and middle-income countries. Our partners are [Health Action International](#), [Corporación Innovarte](#) (Chile), [Knowledge Ecology International](#) (United States), [Afya na Haki](#) (Uganda), [Medicines Law & Policy](#) (Netherlands) and [Universities Allied for Essential Medicines](#) (UAEM, an international network). The four-year Wemos-led project is funded by [Unitaid](#). Furthermore, we chair the [Medicines Network Netherlands](#), consisting of like-minded organizations such as the [KWF Dutch Cancer Society](#), the [Dutch Patient Federation](#) and the [Pharmaceutical Accountability Foundation](#). In this network we exchange expertise and explore opportunities for joint activities.

Moreover, we have a successful partnership with [N'weti](#) in the project 'Equitable health financing for a strong health system in Mozambique', aimed at strengthening Mozambique's public health system. This project is funded by [SAS-P Philanthropy](#).

Wemos is part of a broad [network](#) of organizations around the world.

Our strategy to achieve global health justice

How we work



Equitable partnerships
Working with civil society organizations worldwide, actively sharing our network and knowledge, and creating space for others.



Evidence-building
Jointly analysing barriers that hinder health justice, both at national and global level, and developing solutions.



Presenting solutions
Engaging Dutch, European, and global policymakers on practical solutions to health injustice, aligned with partners' work in other countries



We connect global with national developments and vice versa.

The 5 cumulative changes we push for



Behavioural change Key actors change their behaviour and implement meaningful policies at all relevant levels.



Policy change Decision-makers and policymakers amend or adopt policies, strategies and laws.



Procedural change Changes are made in decision-making processes, e.g. opening of new spaces for policy dialogue.



Discursive change Advocacy targets start adopting our terminology, rhetoric and framing of the issue.



Agenda setting After drawing attention and creating awareness, the issue is put on the political agenda.

Our focus areas and goals



Finance for health

All governments are able to allocate sufficient funding for public health systems that are accessible to all citizens.



Access to medicines

All people, everywhere, have access to pharmaceutical products that meet their medical needs.



Human resources for health

Everyone, everywhere, has access to skilled, motivated and properly supported health workers.



Dutch global health policy

The Dutch government implements an integral approach for dealing with current and future global health issues.



We develop solutions that are inclusive and leave no one behind.

Ultimate goal



Global health justice

Everyone has optimal access to quality healthcare and is protected against health threats, no matter who they are, where they live or how much money they have.

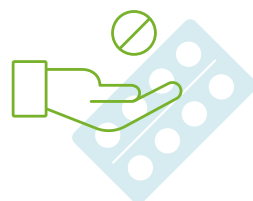
What we achieved in our programmes

This section presents the programmes we work on to achieve our mission, showing our progress in 2025. The icons indicate to which theme(s) the highlights link.



Finance for health

Sustainable, sufficient finance is needed to create resilient and high-quality systems for health.



Access to medicines

All people in the world should have access to affordable medicines that meet their medical needs.



Dutch global health policy

Sound policies help the Netherlands to deal with current and potential future global health issues.



Inclusive health systems

Strong health systems meet everyone's needs, including our sexual and reproductive health and rights.



External financial support to strengthen health systems

What is the issue?

For many low- and middle-income countries it is difficult to raise the resources needed for public services. They often depend on external funding for their health budgets. For example, from the World Bank and health funds such as the [Global Financing Facility](#). If this funding is not sufficiently aligned with the most urgent health needs in a country, it risks being inefficient and fragmented, and can lead to duplication in service delivery and increased burden for national health authorities.

What is our solution?

If we want to know whether the external funding is effectively improving access to health services, we need the right criteria to evaluate progress. For example, by assessing if there is enough alignment with the needs and plans of national governments. Additionally, continuous monitoring of funding outcomes is vital to assess whether everyone, particularly marginalized communities, is receiving the healthcare they need. This process of learning and reflection can inform future investments and improve the overall impact of global health funding.



Contributing to an effective strategy for the health of women, children and adolescents

The Global Financing Facility is an international financing mechanism that strengthens health systems and scales up access to affordable, quality care for women, children and adolescents in 36 low- and lower-middle income countries. We closely followed and influenced the development of the Global Financing Facility's new strategy. Our push for improvements is not meant to complicate the strategy, but to make sure that all people – including those in the most vulnerable situations – can actually benefit from it.

In the public consultation, we gave feedback on the draft [strategy](#), shared our findings with civil society and stimulated them to also give their inputs in the consultation. In December, we shared [our assessment](#) of the final strategy. We are happy that it has clear targets and maintains the equity and SRHR backbone. However, we miss stronger language on rights, a bolder approach to domestic resources, and clearer safeguards around private actors.



Reform of the international financial architecture

What is the issue?

Whether or not a country has sufficient public resources for health is influenced by national systems but also by the international financial system. Currently, there is no comprehensive global tax system. This enables aggressive tax avoidance by multinational corporations and the ultra-rich, leading to [\\$492 billion](#) in taxes lost annually worldwide. The current global financial architecture also sustains heavy debt burdens while international financial institutions impose economic policies on countries. For example, in 2024, Mozambique spent 23.5% of its budget to servicing debt while it lost \$109.4 million (22% of total government health expenditure in 2022) to tax abuse.

What is our solution?

We can only achieve health justice if the global financial architecture changes. For one, all countries must address tax abuse. The decision to negotiate a UN tax convention is crucial in this endeavour. It is important that high-income countries support this process to achieve meaningful changes and successful implementation. By ensuring a fair allocation of taxing rights, countries can secure their rightful share of tax revenues, providing more fiscal space for essential services like healthcare. Furthermore, we want to break the vicious circle of debt repayments through debt cancellation.



Consultation with Dutch delegation at the International Conference on Financing for Development.

MAKE WAY

A highlight of our global level work in Make Way. See page 12.

Working towards systemic reforms for development and health

The 4th International Conference on Financing for Development in Seville aspired to build a renewed global financing framework to address some of the issues mentioned above. Ahead of the conference, we shared an [advocacy brief](#), asking European leaders to support systemic reforms under the UN, aimed at:

- ▶ Breaking the vicious circle of debt crisis
- ▶ Creating a convention on international tax cooperation
- ▶ Making international development cooperation more equal

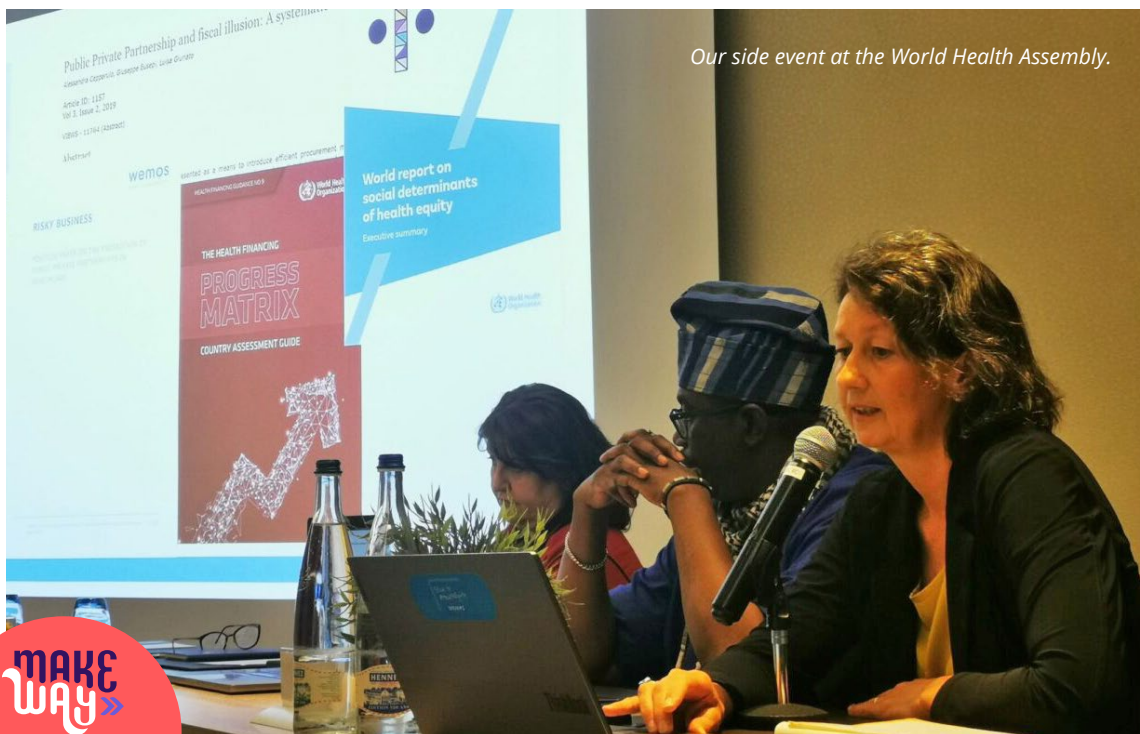
Before the conference had even started, the [outcome document](#) was already final. It was a relatively weak document. Still, at the conference, important topics were discussed. State and non-State actors from nearly every part of the world conversed about the next steps towards

more inclusive and effective international cooperation: debt resolution, progressive taxation and other areas of economic justice and financing for development to promote human rights, including the right to health.

We talked to EU parliamentarians and national delegations (including the Netherlands), urging them to move from protectionist stances to cooperation on equal footing. Although the outcome document does not spell out the ideal commitments, it provides ground for cooperation between all countries.

Raising public awareness on the need for tax justice

In an [opinion piece](#) in De Volkskrant, Wemos' expert in health financing, Mariska Meurs, explained why a fair international system of taxation and debt relief is in the interests of the health and safety of us all.



Our side event at the World Health Assembly.

Side event at the World Health Assembly

Among global health actors, we emphasized the importance of global financial justice to secure fair and sustainable health funding. While budget cuts are pushing governments to search for new and innovative ways to fund health systems, it is important to understand that not all funding methods create equal access. Public funding is still crucial to achieve Universal Health Coverage. And to mobilize sufficient public resources, we need reforms in global financial agreements on taxation and debt resolution.

At the 78th World Health Assembly, we organized a [side event](#) on global health and economic justice. Panellists from the [Tax Justice Network Africa](#),

the Uganda Ministry of Health and [UNAIDS](#) shared their views on the need for tax justice and debt relief for sustainable health and HIV financing, and forms of public private partnerships in health that did not result in health equity. We also shared information on UN processes promoting economic justice that need support from global health advocates.

During the assembly, we engaged with delegates and stakeholders, disseminating our briefing note '[WHA78 delegates, we need to talk about tax and debt](#)'.

Equitable health financing in Mozambique

Our partner [N'weti](#) improves Mozambicans' health through social and behavioral change, and advocacy for equitable healthcare and strong public policies. Together, we aim to improve health financing in Mozambique. Under Mozambique's new decentralization framework, health budgets are allocated to districts who then have more autonomy on how to spend the money. N'weti facilitated a Ministry of Finance-led training for staff from the five largest general hospitals in Maputo province, enhancing their ability to manage financial resources effectively within this new framework.



At a multi-stakeholder workshop in Maputo, N'weti disseminated the new National Health Financing Strategy 2025-2034 and gathered contributions from civil society. This fostered ongoing dialogue with the Ministry of Health, bridging a critical engagement gap.

N'weti presented recommendations from our joint studies on fiscal space for health in Mozambique (see [study 1](#) and [study 2](#)).

In the fall, we collaborated to formulate questions and comments for N'weti's participation in an International Monetary Fund (IMF) consultation in Maputo. This annual review assesses Mozambique's economy and offers reform advice, providing civil society with a platform to influence economic decisions. However, these consultations often feel like a tick-the-box exercise. For them to be impactful, the IMF must commit to deeper engagement and ensure civil society input shapes decisions.

In 2026, we will further analyse IMF programmes in Mozambique, develop recommendations for equitable health financing, and engage with the IMF and World Bank in Mozambique and at the global level.



Pandemic prevention, preparedness and response

What is the issue?

Spurred by the Covid-19 pandemic, WHO member states established the Intergovernmental Negotiating Body in December 2021 to draft and negotiate an international instrument for strengthening pandemic prevention, preparedness and response. Given the existing funding gaps in health, financing should not come at the expense of official development assistance. The unequal access to medicines we saw during Covid-19 must be prevented. And sufficient attention should be given to the health workforce since they play a crucial role.

What is our solution?

The Pandemic Agreement must include provisions to ensure equitable access to medical products and recognize the vital role of health workers. Additionally, for the agreement to succeed, negotiators must establish a fair, adequate and supplementary funding mechanism for its implementation. Only when the principles of health justice are central to the Pandemic Agreement, will it ensure protection for everyone, regardless of who you are or where you live.



WHO Director-General Dr. Tedros Adhanom Ghebreyesus cheering the adoption of the Pandemic Agreement at the 78th World Health Assembly.

Promoting health equity in the Pandemic Agreement

Wemos has been actively advocating for a robust Pandemic Agreement. Through [policy analysis](#) and collaboration with other civil society organizations, we supported provisions for equitable global access to vaccines, diagnostics and other medical products, as well as predictable and fair financing measures to prevent a strain on (already tight) national budgets in low- and middle-income countries.

We provided commentary on draft texts, gave concrete text suggestions and hosted side events. Our advocacy influenced negotiations leading up to the historic [adoption of the Pandemic Agreement](#) by the 78th World Health Assembly in May 2025. It reflects many, though not all, principles Wemos championed (see box).

Interview about the Pandemic Agreement negotiations

Former Wemos colleague Corinne Hinlopen and Wemos global health expert Mariska Meurs interviewed Roland Driece (director International Affairs at the Dutch Ministry of Health) on his role during the negotiations of WHO's Pandemic Agreement. [Their article](#) was published on the Global Health Perspectives platform of the [Netherlands' Society for Global Health \(NSGH\)](#).

Our assessment of the Pandemic Agreement

The agreement includes provisions to improve equitable access to pandemic countermeasures and encourages sharing government-funded innovations via licensing and technology transfer. However, it lacks strong commitments on sharing technology, know-how, and intellectual property. The annex about a WHO Pathogen Access and Benefit Sharing system is still under development. This mechanism aims to ensure that all countries, particularly low- and middle-income ones, have access to scientific advancements and medical countermeasures developed during pandemics.

The agreement establishes a coordinating financial mechanism, a positive step, though we had hoped for stronger binding commitments. Positively, it recognizes the need for a skilled global health emergency workforce. Unfortunately, it does not address the uneven distribution of health workers worldwide.

In a time when multilateral cooperation is increasingly rare, the adoption of the Pandemic Agreement can be a crucial step toward stronger, more equitable responses to global health threats.



Using an intersectional lens to leave no one behind

What is the issue?

The promise to 'leave no one behind' is at the heart of the Sustainable Development Goals (SDGs), including [SDG 3](#) for good health and well-being. However, current policies and programmes often fail to recognize the barriers minoritized people in our societies face. For example, a girl with a disability who lives in poverty encounters far greater obstacles in accessing necessary health services compared to an average middle-class man in the same society.

What is our solution?

[Intersectionality](#) is the idea that different aspects of a person's identity – like gender, religion, ability, ethnicity and social status – intersect and overlap, creating unique experiences of discrimination and privilege. Using an intersectional lens, for example in policy analysis and research, enables us to see the (lack of) effect of health policies on the most vulnerable people in our societies. In the [Make Way programme](#), we operationalized this intersectional lens and used it to advocate for health systems strengthening and the realization of sexual and reproductive health and rights (SRHR) for all people.



Make Way - Embracing intersectionality for health equity and justice

The Make Way programme (2020-2025) was implemented in Ethiopia, Kenya, Rwanda, Uganda, Zambia, at the Eastern African regional level and globally. We worked with a diverse group of core partners ([see page 4](#)) and 45 collaborating partners across multiple countries to break down barriers to SRHR. The section Reform of the international financial architecture ([pages 9-10](#)) shows some of our work at the global level within this programme.

Read about our lessons of five implementing years of Make Way [▶](#)



In 2025, we launched a video explaining how to use the intersectional community scorecard.

This tool enables marginalized young people to connect with health service providers and assess, score, and improve local SRH services.

Our toolkit to guide your journey towards inclusive advocacy

Over the years, we developed a [special toolkit](#) to guide civil society actors and organizations on how to conduct intersectional lobby and advocacy so they can better promote SRHR. It contains twelve participatory tools that increase and improve their capacity, skills and knowledge. The tools help uncover and discuss power dynamics, foster inclusion, and strengthen the voices of young people with compounded vulnerabilities. You can use them individually or in combination, depending on your needs and context.



How Make Way improved access to sexual and reproductive health services

With the tools we developed, youth were able to push for increased budgets for sexual and reproductive health (SRH), thereby improving access to essential health services. For example, through the intersectional community scorecard and the budget advocacy tool, they enhanced accessibility and youth-friendliness at health facilities and SRH service delivery. In Kenya, a disability maternity ward was built, equipped and staffed. In Zambia, healthcare facilities installed ramps to improve accessibility for people with disabilities, with churches and public buildings following their example.

Access to services was also improved by increasing the moments to obtain SRH services. For example, in Ethiopia, SRH service delivery was expanded to include weekends, introducing 24/7 health service provision. In Uganda, we saw increased medical staffing specialized in adolescent health. In Zambia, a nursing school now provides training on sign language as part of the curriculum. And in Ethiopia, a health facility established a feedback system allowing users to report discrimination or unfriendly behaviour. In all contexts young people reported improved attitudes of health workers and claim that they can now openly approach health workers to ask for condoms and other contraceptives without fear.



Showing the impact of Make Way with our #SeeMe campaign and podcast

In 2025, we continued the online [#SeeMe campaign](#) to raise awareness on how an intersectional approach can help ensure SRHR for all. Health professionals, youth advocates and civil society organizations shared the impact that Make Way has had on their lives and the lives of others.

The #SeeMe campaign reached over 4 million impressions in 2024 and 2025, bringing our messages across to policymakers, civil society organizations, advocates, governments and donors. Through people-centred, visually appealing and hope-based messaging, combined with partner-wide co-creation and targeted advertising, we were able to reach a wide and diverse audience.

Next to that, the [Make Way for Youth podcast](#) produced six episodes in 2025. This entirely youth-led podcast is co-hosted by members of the Make Way regional and global youth panel. With SRHR under threat around the world, the podcast offers a space to break taboos, normalize conversations on SRHR and provide

inspiring stories on the work of SRHR youth advocates, religious leaders, policymakers and civil society actors. The podcast episodes have been listened to over 350,000 times by more than 130,000 listeners.

Make-Way in figures

- Make Way strengthened the capacities of 125 organizations, 67 of which were youth-led.
- Make Way set up, reactivated, enhanced or convened more than 150 safe spaces.
- Make Way realized many advocacy activities: over 260 at (inter)national level and more than 210 at (sub)national level.
- Make Way brought changes to 4 laws, 7 by-laws, 26 government policies and 11 international agreements - and we expect even more changes in the future that we have set in motion.



Access to affordable medicines for all

What is the issue?

Access to healthcare and medicines is under pressure, also in the Netherlands. Pharmaceutical companies gain a monopoly on new medicines and sometimes ask extremely high and opaque prices. Expensive medicines are in danger of no longer being reimbursed by the health insurer and the high costs crowd out funding for other important healthcare. In low- and middle-income countries, access to many life-saving medicines has long been a distant dream, partly due to the high prices.

What is our solution?

The public interest of health must always take precedence over the commercial interests of companies. We should pay a fair price for new medicines – fair to everyone. The Netherlands can take an international lead in this regard. We share knowledge and engage in dialogue to show the Dutch government what it can do. We call for legislation to ensure transparency about the costs and pricing of medicines, and agreements on prices when medicines are developed with taxpayer's money.



Report on progress towards pharmaceutical market transparency

We published a [report](#) together with Health Action International on the progress countries have made in enhancing transparency in the pharmaceutical sector. Transparency – for example, regarding pricing, development costs and profit margins – is crucial for setting fair prices for medicines and strengthening public trust and accountability. In 2019, the World Health Organization member states adopted a [resolution](#) to increase pharmaceutical transparency. Our report assesses the extent to which countries have implemented this resolution. We highlight good and bad practices and provide recommendations.

Improving pharmaceutical transparency requires both national measures and international cooperation between countries. Therefore, we presented our findings from the report to policymakers at Dutch, European and global levels. We launched the report at the [World Health Assembly](#) and organized events in [The Hague](#) and at the [European Parliament](#) to discuss steps forwards. This garnered significant attention and support from key stakeholders to revitalize the resolution's ambitions.

Findings from our report 'Pharmaceutical transparency: from resolution to reality'



Countries should learn from good practice and strengthen international collaboration to achieve transparency of pharmaceutical markets. That is the main message from our [joint report](#) with Health Action International on pharmaceutical transparency. The report

shows that several countries have taken positive steps. For example, Italy has passed legislation to enforce the disclosure of research and development (R&D) costs and the amount of public funding of R&D, and Spain has established a special institutional body to enhance transparency. Additional steps and political will are needed to successfully implement adopted legislation and initiatives undertaken. Collaboration with other countries is crucial to gain a stronger position in negotiations with pharmaceutical companies and to enforce transparency.

[Read the executive summary of the report](#) ▶



Handover of the open letter to the Ministry of Health on October 28, 2025.

Open letter calling for pharmaceutical transparency

We handed over an [open letter](#) to the Dutch Ministry of Health calling for increased transparency in the pharmaceutical sector. The letter is signed by numerous health policy experts, healthcare professionals and organizations, including the Dutch Breast Cancer Association and Doctors Without Borders Netherlands. The signatories urge the government to take measures to ensure transparency regarding, among other things, pricing, development costs and profit margins, so that a fair price for new medicines can be determined.

Early 2026 we will also present the letter to the Dutch House of Representatives. Before that, we will hold a campaign to encourage even more people and organizations to sign the open letter. In [videos](#) on social media, the Dutch Patient Federation,

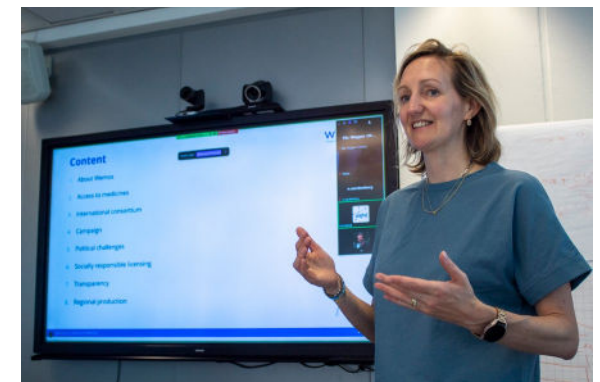
“Pharmaceutical companies set their asking price for new medicines without the government or a civil society organization with a watchdog function being able to verify whether this price is fair. Under pressure to make medicines accessible to patients, the government often pays excessively high amounts. Moreover, due to this lack of transparency, the government is unable to adequately account for its expenditures. It also leads to unequal access between countries.” - Passage from our open letter to the Dutch Ministry of Health

a professor and researcher in the field of fair pricing, and a participant in the Citizen Platform for Expensive Medicines explain why they consider transparency in the pharmaceutical sector important.

Boosting socially responsible licensing by universities

We started promoting socially responsible licensing again as an effective method to improve access to medicines for all. Many discoveries for new medicines are made through research at universities. Socially responsible licensing entails that universities include conditions when selling these innovations to pharmaceutical companies to ensure access for all to the final products. For example, conditions regarding affordability and availability in low- and middle-income countries.

We gave presentations on the application and benefits of socially responsible licensing at the [Leiden University Medical Center](#), the [Amsterdam Institute for Global Health and Development](#) and the [Dutch Ministry of Health](#). We also started research into the best practices of universities when it comes to socially responsible licensing and will publish a report based on this research in 2026.





Sustainable regional production of medical products

What is the issue?

The Covid-19 pandemic painfully demonstrated how much the world depends on a few pharmaceutical companies from the Global North for access to vaccines and medicines. The result is that regions outside the Global North are last in line for access to medical products. Moreover, these products are often unaffordable for countries in the Global South and the supply is not always tailored to local needs.

What is our solution?

If countries in the Global South can develop and produce medical products themselves, they can respond faster and better to viruses and diseases. To be sustainable and effective, regional production must be needs-driven and independent from priorities and profit motives in the Global North. This requires regional production by local manufacturers. All actors involved in initiatives for regional production should therefore focus on creating local ownership, including by ensuring transfer of technologies and know-how to local companies.



Roundtable discussion on regional production in Brussels.

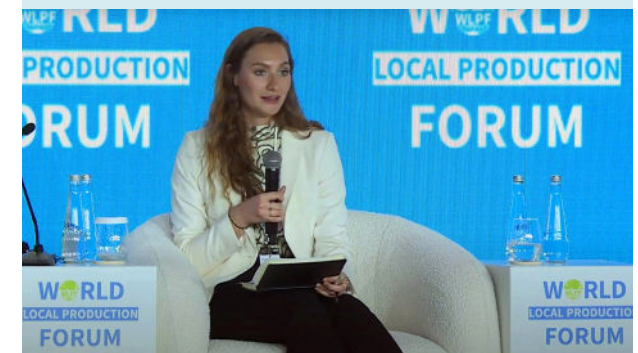
“Regional production offers a great and highly-needed prospect: equitable, affordable and independent access to life-saving medical products for all, based on local health needs.”

- Julia Hochberger (Wemos) at the World Local Production Forum

Steering towards equity in regional production of medicines

We continued to emphasize the importance of establishing regional production of medicines that is not only in the region, but also for and by the region. Local ownership of production is essential for countries to ensure equitable and affordable access to the medicines they need most. We organized and joined several meetings on the topic to present our position and contribute to a shared understanding of what sustainable regional production of health products entails.

Together with the European Centre for Development Policy Management (ECDPM), we organized a [roundtable discussion](#) in Brussels with key stakeholders to discuss what is needed to jointly ensure sustainable regional production. We also



participated in the World Local Production Forum in Abu Dhabi, which brought together policymakers, experts and industry representatives from around the world. In a panel discussion, Julia Hochberger, global health expert at Wemos, gave a [powerful statement](#) on achieving health equity through regional production.



Effective Dutch global health policy

What is the issue?

When it comes to our health, we are inescapably connected to the rest of the world. The Covid-19 pandemic showed how a disease outbreak on the other side of the globe can completely disrupt our health – and even our daily lives. Similarly, climate change is a global problem with local implications, including for health. Unfortunately, in the case of the Netherlands, current global health policies fall short in ensuring access to healthcare for all.

What is our solution?

To effectively address current and future cross-border health threats, we need a comprehensive, multi-sectoral approach, backed by sufficient investments. This allows the Netherlands to achieve several objectives: 1) addressing structural international health financing gaps, including by tackling debt problems and tax evasion, 2) improving pandemic preparedness, including by enabling regional production of medical products, 3) supporting the WHO to remain the central coordinating organization in global health, and 4) contributing to addressing climate change-related health threats. Moreover, the Netherlands can leverage its renowned expertise in global health and sexual and reproductive health and rights (SRHR) for sustainable improvements.



Urging the Netherlands and EU to counter US aid development cuts

We called attention to the far-reaching consequences of the withdrawal of the US from the WHO. US President Trump's decisions in early 2025 marked a turning point in global health: a freeze of all foreign aid and the reinstatement of the global gag rule, a policy blocking US aid to foreign organizations that perform or discuss abortions or advocate for abortion rights overseas. This has a disastrous impact on the health of millions of people all over the world. In an opinion piece for the Dutch newspaper De Volkskrant, director Mariëlle Bemelmans argued that the Netherlands and the EU must step up to counter these developments and help close the emerging gaps.

Dialogue on the Netherlands' role in human rights and global health

With the Dutch Global Health Alliance and the SRHR lobby group, we emphasized how important it is that the Netherlands maintains and strengthens its role in human

rights and global health. We did this by organizing a successful election event in The Hague ahead of the national elections in October 2025.

Candidate members of parliament (MPs) from seven political parties discussed their vision and commitment to advancing (sexual) health and rights in the Netherlands and worldwide. With input from experts, we discussed the impact of the USAID budget cuts on the global HIV/AIDS response, the growing influence of anti-rights movements on SRHR and the question what the Netherlands can do to support countries in strengthening their health systems, without creating (financial) dependency. MPs expressed support for global health and SRHR, with nuances based on their party perspectives.

We will continue the dialogue with the newly elected MPs, urging them to champion these important priorities for the Netherlands.

Reflecting on our programmatic result

For everyone to receive the right care, we need sufficient skilled, motivated and properly supported health workers. That is why Wemos has been working on the topic of Human Resources for Health for many years. For example, we analysed funding gaps for health workers in Malawi and Uganda, advocated for sustainable funding for healthcare personnel in many international programmes (e.g. the Global Financing Facility), dove into the migration of health staff in Europe, and raised awareness about so-called medical deserts in the European region – areas with a dire lack of health services. Even though many stakeholders recognize our expertise on this topic and acknowledge the urgency to tackle these growing issues, our efforts to secure funding for this theme have not been successful. That is why, for now, we had to end our work on Human Resources for Health.

In 2024, we made good progress on the topic of tax justice, linking it to countries' opportunities to raise their public budgets for health. We had expected to find more funding, for example through calls for proposals by Eurodad and Norad. Unfortunately, this did not materialize. We still include tax justice in our work, albeit less intensively than before.



With 2025 being the final year of the Make Way programme, we had to scale down our activities and staff. Considering the strong results of the programme (see the [end-term evaluation](#) and the booklet with lessons learned) and the positive feedback from the Ministry of Foreign Affairs, we actively explored opportunities to continue this important work on health systems strengthening and sexual and reproductive health and rights with new donors. While we have not yet secured follow-up funding, together with our partners we remain committed to this agenda and will continue to pursue new opportunities to sustain and build on the impact achieved.



Lessons learned

Our 'Make Way booklet of lessons learned' features a collection of insights and best practices from the programme (2020-2025). It shows, for example, how we used innovative approaches, such as intersectionality, meaningful youth engagement and faith-based dialogues. ▶

These changes do not directly affect our strategy. They do mean that we can make less impact on these specific topics, although they remain important topics that can improve the health and lives of many people around the world.

Wemos in the media

In 2025, Wemos appeared in various media outlets again regarding the topic of global health.

de Volkskrant

Opinie: Pak belastingen en schulden aan voor wereldwijde gezondheid



Straatbeeld Lagos, Nigeria. Martin Roelmers / ANP

Tackle taxes and debt for global health (in Dutch)

In an opinion piece in De Volkskrant, Wemos global health expert Mariska Meurs explains why a fair international system of taxation and debt relief is in the interests of the health and safety of us all. ▶

ZORGVISIE

Opinie | Overheid moet grenzen stellen aan medicijnpreizen



Ella Weggen, expert geneesmiddelenbeleid bij Wemos.

Government must set limits on medicine prices (in Dutch)

In an opinion piece for the Dutch magazine and online platform Zorgvisie, Wemos global health expert Ella Weggen explains why the government should set limits on unreasonable medicine prices and require manufacturers to be transparent about their price setting. ▶

MEPs: Price transparency key to avoiding another Pfizergate

Euractiv published an article on the event that Wemos and Health Action International organized at the European Parliament on increasing transparency in the pharmaceutical sector. ▶

What is a reasonable price for medicines? This is how it's determined (in Dutch)

In an article in the Dutch national newspaper De Telegraaf, Wemos global health expert Ella Weggen explains how the prices of new medicines can be made fairer and more affordable. ▶



Moet medicijnprijs nou omhoog of omlaag?

Totale uitgaven dure geneesmiddelen (in mln)

Jaar	2008	2010	2012	2014	2016	2018	2020	2022
Uitgaven	100	120	140	160	180	200	220	240

Veranderingen

- 2008-2010: +20%
- 2010-2012: +17%
- 2012-2014: +14%
- 2014-2016: +13%
- 2016-2018: +11%
- 2018-2020: +10%
- 2020-2022: +9%

Wemos in the media

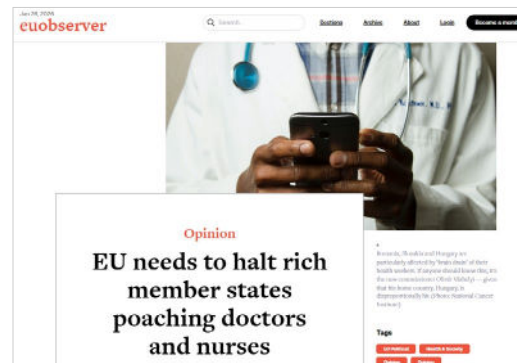
EU countries: shortages lead to increasing competition on the job market *(Luxembourgish)*

In a radio interview for Luxembourg public radio 100,7, Wemos director Mariëlle Bemelmans talks about the health workforce shortages in the European Union and calls for EU level political will and collaboration, not competition, to solve the crisis. ▶



EU needs to halt rich member states poaching doctors and nurses

In an opinion article for EUobserver, Wemos director Mariëlle Bemelmans calls on the new EU Commissioner for Health and Animal Welfare, Olivér Várhelyi, to stop EU member states' competition for each other's scarce health workers and instead spearhead united European action to address Europe's health workforce crisis. ▶



Pharma companies can ask whatever price they want *(in Dutch)*

In an opinion piece in Dutch national newspaper Trouw, Wemos global health expert Ella Weggen states that action is needed to increase transparency in the pharmaceutical sector. Lack of transparency leads to extreme prices of new drugs, which weigh heavily on healthcare budgets. ▶



de Volkskrant

Opinie: Trump riskeert een wereldwijde gezondheidscrisis, blijft Nederland lijdzaam toekijken?



Trump risks a global health crisis, will the Netherlands stand idly by? *(in Dutch)*

In an opinion piece in De Volkskrant, Wemos director Mariëlle Bemelmans says the Netherlands and the EU must counter President Trump's drastic decisions on WHO, foreign aid and USAID, which acutely endanger millions of lives. ▶

Guest essay: Turn words into action for greater transparency in pharmaceutical markets

In a joint guest essay for Geneva Health Files, Aliénor Devalière (Wemos), Alice Beck and Jaume Vidal (Health Action International) argue that governments around the world must step up efforts to increase the transparency of pharmaceutical markets. ▶

External communication

Our communication with stakeholders

At Wemos, we identify various stakeholders. For example, policymakers and decision-makers, such as members of parliament and ministers, to whom we present our insights and (policy) solutions, and mutually exchange knowledge and perspectives. We are in contact with staff working at other civil society organizations with whom we exchange knowledge and strategize about joint actions, with professionals in the healthcare sector and with academia, to learn from their perspectives and share ours. Occasionally, we meet with insurers and representatives from the pharmaceutical sector to exchange insights and ideas. Next to that, we have the donors who support our work, both institutional donors and foundations, and a group of 63 loyal individual donors.

Respect and integrity is essential in our communication with external stakeholders, both online, in writing and in-person. Although we can have a critical stance when it comes to policy choices and decisions, we will always remain respectful to individuals. To maintain our reputation as a reliable partner, we ensure that the information we share is accurate and well-founded. In dialogues, we value active listening to understand people's experiences, perspectives and opinions, and offer room for feedback and questions.

Of course, these principles also apply to the way we communicate with our funders. Depending on their wishes and needs, we adapt our reporting and information sharing. Some donors have specific criteria and formats for reporting progress on the work they fund, while others want us to spend minimal work on updates and reports, and instead use our year overview (including our annual financial report) to assess our work.

There are two moments in the year when we inform our individual donors: when we publish our year overview (often in June), and when we share the highlights of the year and our Christmas greetings in December. In principle, these updates are shared digitally, except with donors who have not provided an email address; they receive the information by post. We kindly bring the option to subscribe to the newsletter (see below) to their attention.

Social media engagement

Through social media channels, we share news and updates, upcoming events and responses to current developments in global health. It is an easy way to connect with partners, global health actors, academics, cross sectoral professionals, journalists, our donors and the broader public. We aim to raise awareness and share our knowledge, looking to engage with others on the topics of our work.

In 2025, our main focus was on [LinkedIn](#), which is still the channel where we best reach our key stakeholders. The number of followers on LinkedIn increased by 15% to 6,554. Including a few paid advertisements for our Make Way #SeeMe campaign, we reached over a million impressions and over 2,700 reactions. Through LinkedIn, the Wemos team, and in particular our global health experts, establish new connections to relevant stakeholders, allowing them to build valuable relationships and spread our knowledge.

After we started our [Bluesky](#) account in December 2024, we gained over 500 followers by the end of 2025. However, we see very little engagement with our posts. Instagram shows a similar pattern with only 241 followers. Our YouTube channel has little under 500 subscribers. Considering the engagement per social media channel and the reduction of the communication team, we will prioritize LinkedIn as our main channel in 2026.

Newsletter

We sent out 10 newsletters in 2025. Through the newsletter, subscribers receive updates about our latest news, upcoming events and tips on global health-related media directly in their inbox. At the start of the year, we had 684 subscribers, increasing to 785 subscribers by the end of the year, a 14.8% increase. With an open rate of 40.7% and a click rate of 5.51%, our numbers are a bit above [average](#).

Send me
the Wemos
newsletter



Working with universities and knowledge centres

We continue working closely with universities and academic institutions, encouraging mutual learning and knowledge sharing. Like in previous years, we were invited to give various lectures to students and researchers.

- In February, Ella Weggen gave a [lecture](#) to students of [Utrecht University](#) in a course on access to medicines. She spoke about the need for fair pricing of medicines, transparency in the pharmaceutical sector, social responsible licensing and regional production of medical products.
- Ella Weggen and Julia Hochberger gave a lecture at the Leiden University Medical Center in March. They presented socially responsible licensing as an effective tool that university researchers and technology transfer offices can use to ensure their health innovations contribute to affordable and accessible health products. Staff, researchers and students of the Leiden University Center for Infectious Diseases attended the lecture.
- In July, Ella Weggen gave a [lecture](#) at the Amsterdam Institute for Global Health and Development ([AIGHD](#)) on advocacy for better access to medicines. AIGHD is a joint institute of the University of Amsterdam and Vrije Universiteit Amsterdam to address challenges in global health and development through research and education.
- Julia Hochberger held a guest lecture at the Utrecht University summer course on pharmaceutical policy analysis. She focussed on the role of transparency in price negotiations for pharmaceutical products and shared the findings of our [transparency report](#).
- Wemos was present at the '[Building Bridges for Medicines Justice](#)' conference at the University of Amsterdam in November. Julia Hochberger joined a [panel discussion](#) on regional production for equitable access to medicines, while Ella Weggen gave a presentation on the need for more transparency in the pharmaceutical sector.
- In November, at the fall symposium of the Global Health Knowledge Centre (KCGH), Wemos presented [two key pathways](#) to structurally protect and enhance global health: 1) resolving the debt crisis, so that countries have more budget to spend on healthcare (together with [N'weti](#)), and 2) establishing regional production of medicines that makes countries truly self-sufficient (together with [ECDPM](#)).



Ella Weggen (Wemos) at the 'Building Bridges for Medicines Justice' conference.



Wemos colleagues at the Digital Collage workshop

with these funds, a similar assessment on all three scopes would need to be conducted for each partner receiving funding through Wemos. However, this level of analysis falls beyond the scope of our greenhouse gas emission measurements and goals. Our primary focus is on implementing measures over which we have direct control. Excluding investments, we reduced emissions by 10% from 2023 to 2024.

Learning about the impact of digital technology

Next to measuring and reducing our greenhouse gas emissions, we aim to raise awareness of climate change, for example by offering training opportunities to our team and partners. In 2025, we focused the training on better understanding the environmental challenges of using digital technology and how to overcome them. As a team we attended a [Digital Collage workshop](#) that challenged us to organize cards with information about digital technology – on the needs people have, required resources, production, planned obsolescence, and the impact on humans and nature. This sparked open discussions and gave us new insights.

We explored practical solutions and potential behavioural changes for both individual participants and Wemos as an organization. Some of the actions we committed to:

- Raising awareness beyond our team through communication and participation in climate marches.
- Un-digitizing by minimizing device use during meetings, limiting AI to essential tasks, reducing video consumption and using the eco-friendly Ecosia browser.
- Rationalizing digital usage by deleting unnecessary files and emails and creating sustainable e-storage guidelines.
- Revising our purchasing policy to prioritize second-hand or refurbished devices and to ensure responsible recycling of electronic equipment.

We thank Uniaid for supporting and accelerating our climate and environmental efforts.

Reducing our impact on the environment

Climate change affects our health, everywhere in the world. This is why at Wemos, we want to keep our carbon footprint as small as possible. So, we commute by public transport, only travel by plane if really necessary, and avoid printing.

Measuring and reducing our greenhouse gas emissions

In 2024, we began measuring greenhouse gas emissions across three scopes:

- **Scope 1** Direct emissions from our activities, e.g. gas, vehicles, and air-conditioning leaks.
- **Scope 2** Indirect emissions from purchased electricity.
- **Scope 3** Other indirect emissions, e.g. procurement, transport and distribution, product use, product end of life, etc.

Scope 3 emissions occur from sources that we do not own or control. They often form the greatest share of the carbon footprint and can be the most challenging to reduce.

In 2023, our total emissions were 436.39 t CO₂e, rising to 486.35 t CO₂e in 2024. While we reduced Scope 3 emissions (goods, services and business travel), we saw an increase in so-called investment-related emissions. The greenhouse gas protocol was originally developed for corporate entities rather than NGOs. As a result, the investment category includes our payments to partner organizations, such as partners in the Uniaid-funded MIFA consortium and the Make Way programme on SRHR. To fully and accurately assess greenhouse gas emissions associated

Yes, I want
to support
Wemos



Together we can make health
justice happen!

Grateful for the support of our donors

Our donors were pivotal to our successes over the past year. We warmly thank Dioraphte Foundation, the Dutch Ministry of Foreign Affairs, the Gates Foundation, IDA Charity Foundation, SAS-P, Stichting Nieuwe Waarde and Unitaid for their continued trust in our work. We cannot do our work without the highly valued support of our donors.

Furthermore, we express our gratitude to our loyal group of individual donors who follow our work with great interest. We thank them for their ongoing support throughout the years.

Do you share our vision?

Please consider supporting our work through a [one-off or recurring donation](#). You can easily donate via our website. Thanks a lot!



Our fundraising method

The focus of our fundraising is on institutional donors and foundations, both in the Netherlands and abroad. Over the years, we have learned that they are most inclined to understand and value the complexity and importance of our work. Besides, the return on investment is higher compared to the investments needed to attract more individual donors. Therefore, we keep the latter on a basic level; adding the option to donate to our newsletter or bringing signs with a QR code that leads to the donation page of our website to events.

We monitor donors for calls for proposals, look out for opportunities to collaborate with partner organizations and academia, and try to get in contact with potential donors at various events or through existing relationships. Fundraising is a true team effort. Our global health experts are very well placed to have conversations with (potential) donors about our work because of their in-depth expertise and understanding of the urgent issues. Communication, Finance & Operation, and Programme Monitoring Evaluation & Learning staff support in developing and submitting proposals and in reporting on progress.

We are proud to start collaborations with two new donors in 2026. The Perls Foundation will support us for organizing two roundtables where African and European partners will come together to exchange knowledge and discuss ways in which local production of medical products can contribute to equitable access, quality and sustainability. The Ronald W. Naito MD Foundation will support our advocacy and awareness raising. Our objective is to ensure the inclusion of investment criteria that will strengthen equality and rights-based protection in the Environmental and Social Performance Standards of the International Finance Corporation (the World Bank Group's private sector arm), which are currently being updated.

Our governance

Wemos is a foundation based in the Netherlands. It was founded in 1979 and has since then been dedicated to structurally improving health worldwide. Mariëlle Bemelmans has been managing director since 1 April 2017. Our supervisory board has a supervisory function as well as an advisory role. Members perform their work without remuneration. The division of tasks, authorities and responsibilities is defined in [our statutes](#).

Wemos' supervisory board consists of five members. On 31 December 2025, these were:

- Ingrid van de Stadt (chair). She is a senior expert in marketing. She worked as regional marketing director for international markets at Elsevier in Amsterdam until 2025. In addition to her chairmanship of the supervisory board of Wemos, Van de Stadt works as a staff volunteer at PUM in the role of recruiter and marketing expert. Within the supervisory board, her area of focus is communication.
- Thomas van den Akker. He is gynaecologist and professor of obstetrics at Leiden University Medical Center and professor of global maternal health at the Vrije Universiteit Amsterdam. Thomas is also chair of the Foetomaternal Medicine Section of the Dutch Society for Obstetrics and Gynaecology. Within the supervisory board, his main area of focus is global health.
- Katri Bertram. She is executive director of Médecins du Monde/Doctors of the World Germany. She is also a member of the supervisory board of Global Health Advocates, the advisory board of British Medical Journal (BMJ) Public Health, and the steering committee of the George Institute's UHC Accelerator. Within the Wemos supervisory board, Katri is part of the audit committee.
- Ruud van den Hurk. He held executive roles in a number of civil society organizations in the past, among others, ActionAid Netherlands, Simavi, International Care and Relief UK and InterAid Kenya. His focus in the supervisory board is on governance and finance. He also participates in the audit committee.
- Leigh Kamore Haynes. She is associate professor at Simmons University in Boston (USA) and director of the university's Master of Public Health programme.

In 2025, the supervisory board convened four times; twice in person and twice online. The board approved the extension of the term of three members for a second four-year period, until April 2029. The primary focus of the board was on monitoring financial forecasts and advising on strategic directions, ensuring the continuity of the organization.



In September 2025, after Mariëlle Bemelmans announced her intention to step down in April 2026, the search for a new director began. A selection committee, consisting of three board members, conducted the search together with an executive search agency. This process resulted in the successful appointment of a new director in February 2026 who would start on 15 April 2026. The recruitment process was characterized by transparency and frequent interaction between the board and Wemos staff.

Remuneration of the director

The supervisory board has established the remuneration policy, the level of the directors' remuneration, and other remuneration components. The policy is updated periodically with the last evaluation in March 2025. In determining the remuneration policy and setting remuneration levels, Wemos adheres to the regulation on the remuneration of directors of charitable organizations in the Netherlands (see www.goededoelennederland.nl).



The regulation uses weighting criteria to set a maximum annual income limit. The supervisory board carried out the weighting for Wemos which resulted in a so-called BSD score ('base score for executive roles') of 455 points with a maximum annual income of 163,473 euro (1 FTE/12 months). The actual annual income of the director, relevant for the assessment against the applicable limits amounted to 124,794 euro for Mariëlle Bemelmans (1 FTE/12 months). This remuneration remained within the applicable limits.

The annual income, taxable allowances/benefits, employer's pension contribution, pension compensation, and other remunerations for Mariëlle Bemelmans amounted to 139,264 euro, thus remaining within the maximum amount of 202,706 euro per year specified in the regulation. Moreover, the taxable allowances/benefits, employer's pension contribution, and other term remunerations were in a reasonable proportion to the annual income.

The level and composition of the remuneration are explained in the notes to the statement of income and expenses in the financial annual report (starting on page 32).

Accreditation

Wemos is recognized as a Public Benefit Organization (PBO, or ANBI in Dutch) by the Dutch tax authorities. We hold a quality certificate by the Netherlands Fundraising Regulator ([CBF](#)) and are certified as an equivalent to a Certified Public Charity by [NGOsource](#) (Equivalency Determination certification), which means that Wemos is equivalent to a US public charity.

Integrity and complaints

We attach great importance to integrity. For us, this means that we always act fairly and treat people and organizations with integrity. We have a zero-tolerance policy for any form of (sexual) harassment, aggression or discrimination in the workplace. If an incident is reported, we take it seriously and investigate the reported allegation immediately.

The Wemos Code of Conduct forms the foundation of our integrity system. It consists of an internal integrity body and three reporting channels, one of which is an external reporting channel. Two of our employees have the role as confidential counsellor. Additionally, as a member of [Partos](#), the Dutch platform organization for development cooperation, Wemos subscribes to the Partos Code of Conduct. Both codes of conduct, together with the employment conditions regulations, form part of the employment contract of Wemos employees. Our code of conduct, complaints procedure and whistleblower policy are published on our [website](#). Integrity is part of the agenda of our bi-annual staff meetings, and during the meetings of the supervisory board there is always sufficient time to discuss developments or incidents.

When a complaint is received, our confidential counsellor first examines whether the complaint is admissible. If that is the case, our confidential counsellor will start an investigation as soon as possible. The exact process depends on the nature of the complaint. Normally, the counsellor will contact the person who filed the complaint to get additional information. After that, a decision will be made about the follow-up process, in which Wemos will take appropriate measures if necessary. Eventually, the complaint (and the mitigating measure) will be registered in our incident register.

In 2025, there were no reports of (possible) integrity violations, nor any complaints.

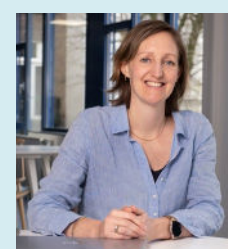
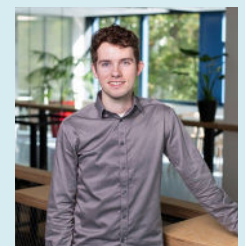
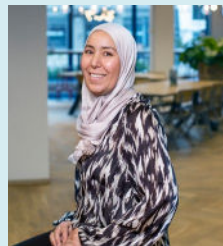
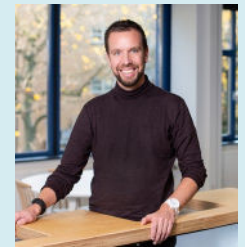
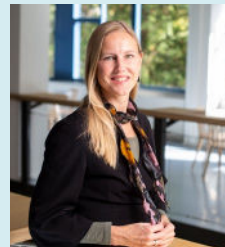
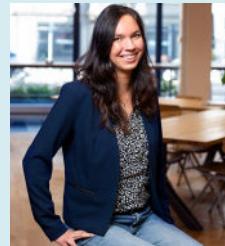
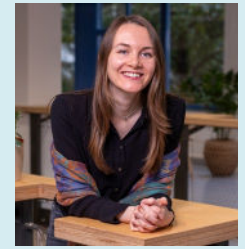
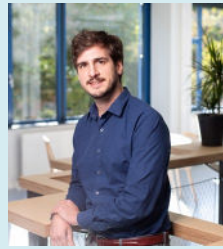
Our team

Our team is what makes Wemos. We are proud of our dedicated and highly engaged staff, and the professional and friendly working culture. To make sure staff members stay motivated and engaged, we have regular staff meetings in which employees can bring in topics for discussion. During the two performance review meetings per year, we discuss progress, challenges and training needs, for which we have a training budget. We pay continuous attention to integrity, our code of conduct, whistleblowing policy and complaints procedure. At 1.39%, our absenteeism rate was way below the national average (5,4%).

Due to a decline in funding, we were forced to reduce the team. We said goodbye to eight team members in 2025 which weighed heavily on everyone. The management team was open about the financial situation and consequences, and regularly updated staff about developments. The team highly valued this transparency. We are impressed by the understanding and dedication of our team and our shared sense of justice and perseverance.

At the end of 2025, our team consisted of 12 employees (2024: 23 employees), equivalent to 11,3 FTE (2024: 21,6 FTE). In addition, there are three programmatic interim employees and one financial consultant. Besides global health experts, we have communication specialists, planning, monitoring, evaluation and learning specialists, and financial and administrative colleagues. For remuneration, we follow the salary scale of the Social Work Collective Labour Agreement.

[Meet the team ▶](#)



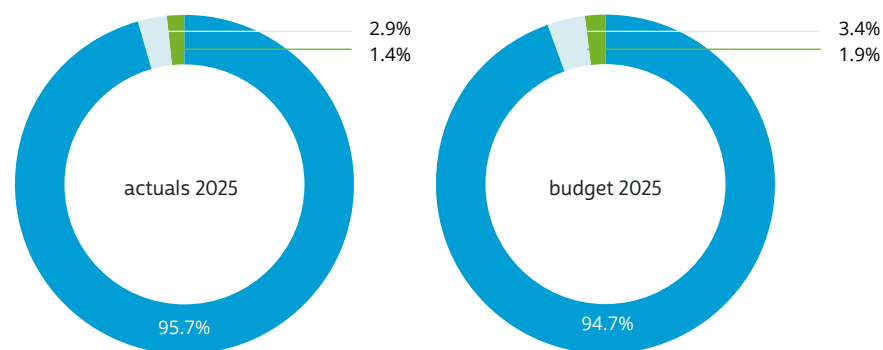
Financial policy and financial results

Working on our mission to achieve global health justice requires funds. We aim to spend as much of every euro we raise on our programmatic goals (objective). In 2025, we spent almost 96% on programmes, a little more than budgeted. Our income acquisition costs are slightly lower than budgeted because we mainly worked on identifying calls and potential donors, responding to calls and opportunities, and developing proposals, and spent less on costs such as communication materials and design.

As of 31 December 2025, Wemos' assets totalled 1,859,385 euro (6,552,095 euro in 2024). This high amount in December 2024 is explained by the fact that the Make Way budget for 2025, including the portion for our partner organizations (3,415,851 euro), was in the Wemos account at that time. The assets are held in various savings accounts and a current account. Wemos does not maintain an investment portfolio. Part of the assets are intended as a continuity reserve (854,972 euro in 2025). Together with the supervisory board, the director determined that this reserve must be sufficient to bear Wemos' operating costs for at least four months.

With the Make Way programme ending, and no clear new funding opportunities from the Dutch Ministry of Foreign Affairs in sight, this reserve is essential to bridge a financially tight period. That is why, in 2025, the costs for the settlement agreements are added to the four month standard. Hence, the continuity reserve has to be at least 525,000 euro. This objective has been met. Furthermore, Wemos has a fundraising reserve of 6,834 euro.

In 2025, we updated our financial manual and had it approved by the auditor. In case of additional updates, we always consult our accountant. We switched to Exact for our human resources and payroll administration.



Key figures

- Expenditures on objectives / Total expenditures
- Income acquisition costs / Total expenditures
- Management and administration costs / Total expenditures

Risks and uncertainties

We use a risk matrix with risks, likelihood and mitigation measures to maintain an overview of and anticipate potential risks. The management team regularly reviews and updates the matrix according to developments, and it is on the agenda of the supervisory board twice a year. Raising sufficient funds for the organization, while also diversifying our funding sources, is a key topic on the matrix, and therefore a continued focus. In 2025, a number of foundations and institutional donors supported our work. Through the years, our dependency on funding by the Dutch Ministry of Foreign Affairs dropped from 84% of our total funding in 2017 to 57% in 2025.

Funding from one institutional donor as percentage of income Wemos

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Percentage	84%	75%	72%	52%	50%	55%	60%	65%	57%

Managing an international partnership leads to additional costs for the penholder. In the Make Way programme, we spent 462,355 euro on the Project Coordination Unit in 2025. To better compare the percentages with the situation in 2017, the second table shows the percentages without these additional costs. We then see the dependency on the Dutch Ministry of Foreign Affairs drop from 84% (2017) to 46% (2025).

Funding by the Dutch Ministry of Foreign Affairs as percentage of Wemos income, without the role as penholder

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Percentage	84%	75%	72%	59%	51%	46%	50%	56%	46%

The biggest risk for Wemos, lies in resource mobilization. With the significant decline in Official Development Assistance budgets worldwide, changes in donor strategies and the high competition of other civil society organizations, raising funds has become even more challenging than before. To mitigate the financial downturn, we have reduced costs in various ways. In anticipation of the developments and already reducing donor budgets, we began downsizing our team in a natural way in 2024 – by not renewing temporary contracts nor replacing staff who left the organization. In 2025, however, we were forced to let go of employees with permanent employment contracts as well, offering coaching trajectories to guide them to new jobs. Our team reduced from 29 staff (including 6 consultants/interim staff) at the end of 2024 to 16 staff (including 4 consultants/interim staff) at the end of 2025.

Furthermore, we have critically assessed and cut costs for subscriptions and other costs. Some colleagues have voluntarily agreed to temporarily reduce their working hours, while ensuring that Wemos' programme commitments to donors remain protected. At the same time, we are maintaining sufficient expertise to safeguard Wemos' mission and to remain responsive and competitive in highly competitive funding calls. Moreover, we are exploring options to reduce costs by sharing office space with a like-minded organization.

Securing additional funding will remain a key priority in 2026. We are actively pursuing several promising leads and have a few proposals in the pipeline, which we expect will contribute to achieving our fundraising targets.

The continuity reserve is currently sufficient to cover a potential funding gap in 2026 and is projected to provide a good buffer for 2027 too, if needed. At the same time, meeting our 2027 ambitions will depend on successfully securing new funding streams.



Prospects for the future

The world-wide budget cuts on development cooperation make it all the more challenging for civil society organizations to mobilize resources for their work. In 2025, with the well-funded Make Way programme coming to an end, we anticipated a significant decrease in income, as funding from the Ministry of Foreign Affairs is not easily replaced. Although we achieved notable success in securing new foundation funding, this was not sufficient to fully offset the decline. Still, political contexts can change, like in the Netherlands where elections were held in 2025 and a new government is formed with parties more inclined to invest in global health and international development, giving room for more optimism.

At the same time, the reductions in Official Development Assistance and funding from the US government illustrate the urgent need for countries to improve their domestic resources mobilization – a topic that links strongly to the global financial architecture. Wemos has a clear vision on the systemic changes that are needed to make this architecture fairer and more equitable. Instead of keeping lower-income countries dependent on high-income countries through donor models, we need to establish a more level playing field, including through debt relief and an international tax convention.

This also relates to regional production of medical products; enabling more regionally produced medicines, vaccines and diagnostics would greatly improve both countries' self-reliance, access to medicines and the ability to respond more swiftly to disease outbreaks.

Our work plans for 2026 provide a solid foundation of our objectives and can easily be expanded to realize more impact, for example by widening the geographical scope. Although challenging, we keep faith that donors will align with our vision and recognize the good work our team has been doing for over 45 years.

Given these challenges, the Supervisory Board will continue to actively monitor the financial situation and provide strategic guidance for its management.

Budget 2026 *All amounts in this financial report are in euros*

Budget 2026

Income Wemos

Income individual donors

Donors	6,000
Subtotal	6,000

Income from government grants

Ministry of Foreign Affairs	64,318
Subtotal	64,318

Income from not-for-profit organizations

IDA Charity Foundation	50.000
Sint Antonius Stichting	58.036
Unitaid	356.492
Unitaid Climate Action Pilot	33.461
Stichting Nieuwe Waarde	50.000
Anonymous	8.410
Dioraphte	125.000
Ronald W Naito MD Foundation	21.134
Perls Foundation	54.872
Fundraising target (Other organizations)	350.000
Gates Foundation	49.500
Subtotal	1.156.904

Income (Wemos) 1.227.222

Income from other not-for-profit organizations

Partners Unitaid	514.851
Partner Sint Antonius Stichting	129.462
Subtotal	644.313

Total income 1.871.535

Budget 2026

Expenditures Wemos

Project costs	261.817
Personnel costs	1.103.462
Housing	51.247
Office and general expenses	75.850
Depreciation	6.800
Communication	5.000
Fundraising	20.000

Expenditures (Wemos) 1.524.176

Expenditures alliance partners

Partners Unitaid	514.851
Partner Sint Antonius Stichting	129.462

Expenditures (Partners) 644.313

Total expenditures 2.168.490

Deficit -296.955

Mutations in:

Innovation reserve	-9.659
Continuity reserve	-287.296

Total mutations -296.955



Financial report 2025

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Balance Sheet *All amounts in this financial report are in euros*

ASSETS	31-12-2025	31-12-2024
Fixed assets	9,643	18,286
Current assets	233,361	273,818
Liquidities	1,616,381	6,259,992
TOTAL ASSETS	1,859,385	6,552,095

LIABILITIES	31-12-2025	31-12-2024
Continuity reserve	854,972	854,972
Designated reserves	6,834	103,476
Total reserves	861,806	958,448
Short term liabilities	997,579	5,593,647
TOTAL LIABILITIES	1,859,385	6,552,095

Statement of income and expenditures

	Actuals 2025	Budget 2025	Actuals 2024
Income			
Income from individual donors	7,952	10,000	11,033
Income from companies	0	0	48,950
Income from government and intergovernmental grants	4,771,023	4,899,239	6,577,863
Income from other not-for-profit organizations	1,662,244	1,786,832	1,530,177
Income from lottery organizations	0	0	50,917
Total income raised	6,441,219	6,696,072	8,218,940
Total income	6,441,219	6,696,072	8,218,940
Expenditures			
Expenditures on objectives	6,264,243	6,417,392	7,842,676
Income acquisition costs	188,048	232,421	356,155
Management and administration costs	89,249	131,968	175,125
TOTAL EXPENDITURES	6,541,541	6,781,781	8,373,956
RESULT BEFORE PROFIT AND LOSS	-100,322	-85,709	-155,016
Financial income and expenditures	3,680	0	9,541
SURPLUS / DEFICIT	-96,642	-85,709	-145,474
Result allocation			
Continuity reserve	0		-48,950
Designation reserve fundraising	-71,642	-60,709	-71,524
Designated reserves innovation	-25,000	-25,000	-25,000
BALANCE OF INCOME AND EXPENDITURES	-96,642	-85,709	-145,474

	Actuals 2025	Budget 2025	Actuals 2024
Key figures			
Cost percentage fundraising	2.9%	3.5%	4.3%
Expenditures on objectives / Total expenditures	95.7%	94.7%	93.7%
Income acquisition costs / Total expenditures	2.9%	3.4%	4.3%
Management and administration costs / Total expenditures	1.4%	1.9%	2.1%

Valuation standards

The annual accounts have been drawn up in accordance with the Directive 650 for fundraising organizations.

Going concern

The financial statements have been prepared on a going concern basis.

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 furniture and office equipment is 5 years (20%). Computers, other hardware and software are depreciated within 3 years (33.3%).

Receivables and accruals

Receivables and accruals are valued at amortized cost after deduction of impairments.

Grants to be received

The difference between the amount spent in a financial year on the execution of a project and the payment by the grant provider in that same financial year is included in the balance sheet as 'Grants to be received'. In this case the project costs are higher than the advance payment.

Grants received in advance/grants to be received

Some grants exceed the term of one financial year.

The difference between the advance payment by the grant provider in a financial year and the amount spent in that same financial year on the execution of a project is included in the balance sheet as 'Grants received in advance'. In this case the advance payment is higher than the project costs.

Reserves and funds

The reserves and funds are allocated in the context of the foundation's objectives.

Short-term liabilities

Short-term liabilities are valued at amortized cost.

Principles for determining the balance of income and expenditure

Grant income

Grants are allocated on the basis of the realized execution costs of a project, within the frameworks fixed in the grant decision.

Donations and gifts

Donations and gifts are recognized as income in the financial year of receipt. This also applies to periodic donations.

Cost distribution

Costs for management and administration, fundraising and the various objectives are calculated on the basis of a distribution key in accordance with the Directive 650 for fundraising organizations.

Balance of income and expenditures

The balance of income and expenditures is calculated based on the difference between the income attributable to the financial year and the expenditures required to realize it.

Explanatory notes to the balance sheet

	31-12-2025	31-12-2024
Assets		
Tangible fixed assets		
Purchase value opening balance	107,853	106,484
Investments financial year		1,736
Divestments financial year	-544	-367
Subtotal	107,309	107,853
Depreciation up to the end of previous financial year	89,568	77,211
Depreciation financial year	8,642	12,241
Depreciation on divestment	-544	116
Subtotal	97,666	89,568
Book value	9,643	18,286

All tangible fixed assets are designated to the organization. This includes computers (€ 1,688), furniture (€ 4,423) and office equipment (€ 3,532).

Current assets

Grants to be received

Ministry of Foreign Affairs	201,175	
Private funds	12,500	14,718
Subtotal	213,675	14,718

Prepayments

Funding of alliance partners	6,138	239,614
Other prepaid expenses	3,684	12,231
Advance payment employees	441	8
Subtotal	10,263	251,852

	31-12-2025	31-12-2024
Other receivables		
Amounts to be received	9,343	7,197
Deposits paid	80	50
Subtotal	9,423	7,247
Total receivables and prepayments	233,361	273,818

The Grants to be received from the Ministry of Foreign Affairs consist of the 1% payment that will be done by the Ministry after finalizing the Make Way programme. The grants to be received by private funds consist of a contribution that was granted in 2025, but will be disbursed in 2026.

The prepayments mainly consist of prepayments to MIFA partners (€ 6,138).

The other receivables mainly consist of UWV benefits and the closing balance of the soldo account.

Liquid assets

ASN savings account	997,073	995,314
ING savings account	107,602	3,101
ING current account	247,344	4,970,084
ING US dollar account	264,113	287,599
Soldo current account	0	3,606
Cash - euro	168	168
Cash - foreign currencies	80	120
Total liquid assets	1,616,381	6,259,992

Wemos does not maintain an investment portfolio. All funds are kept at the bank.

LIABILITIES

Reserves	Continuity reserve	Innovation	Fundraising
Book value 1 January 2025	854,972	25,000	78,476
Addition			
Withdrawal		25,000	71,642
Book value 31 December 2025	854,972	0	6,834

Together with the supervisory board, the director determined that the continuity reserve must be sufficient to bear Wemos' operating costs for at least four months (€ 525,000 incl. settlement agreements). The additional amount is to cover the risk of the budget in which a fundraising target is stated of 350,000 euro.

In 2022 the director, in coordination with the supervisory board, decided to create two new reserves to keep the organization healthy for the future: the fundraising reserve and the innovation reserve. These reserves were formed to keep the organization healthy for the future.

31-12-2025 31-12-2024

Short-term liabilities

Taxes and contributions

Income tax and social security contributions	30,170	46,178
Pension fund	42,766	44,495
Subtotal	72,936	90,673

Grants received in advance

Ministry of Foreign Affairs	0	4,569,848
Stichting Nieuwe Waarde	0	17,529
Bill & Melinda Gates Foundation	32,973	52,850
Sint Antonius Stichting Projecten	36,280	7,918
Anonymous donor	6,089	0
Perls Foundation	55,760	0
Ronald W. Natio Foundation	21,134	0
Unitaid	296,036	419,010
Subtotal	448,272	5,067,156

31-12-2025 31-12-2024

Other short-term liabilities

Payable to partners	284,469	215,446
Payable to donors	1,199	1,199
Creditors	16,953	28,496
Other amounts payable	66,041	12,626
Holiday allowance	36,411	111,916
Audit costs	51,035	36,430
Leave day reserve	20,263	29,705
Subtotal	476,371	435,818
Total short-term liabilities	997,579	5,593,647

Note that all the Grants received in advance have not yet been determined. The grants are conditional and the exact amounts will be determined after approval by the donors.

Obligations not included in the balance

Unitaid

Wemos is the penholder of the Medical Innovations for All programme (MIFA) that is financed by Unitaid through a subsidy of \$ 4,270,000 for the period 2024-2027. The amount for Wemos is \$ 1,870,146. The remaining funds are for Wemos' alliance partners.

On 31-12-2025, \$ 2,476,713 of this subsidy was transferred. Of this, \$ 1,078,101 was granted to Wemos.

Housing

Our rental contract runs until June 2027. The rent is indexed annually in January (for the first time in January 2024). As of 31 December 2025, the rent is € 55,624 per year; this is not subject to VAT. For 2026 there is an agreement with the landlord to pay only 3 quarters of the year (€ 41,718).

Lease contract printer

Wemos has a lease contract for a printer for a period of 6 years (August 2022 till August 2028). The amount payable per year is € 705,72.

Explanatory notes to the statement of income and expenditures

Income	Actuals 2025	Budget 2025	Actuals 2024
Income Wemos			
Income from individual donors			
Donors	7,002	10,000	9,533
In kind donations	950	0	1,500
Subtotal	7,952	10,000	11,033
Income from companies			
Companies	0	0	48,950
Subtotal	0	0	48,950
Income from government and intergovernmental grants			
Ministry of Foreign Affairs	1,233,734	1,368,672	1,826,299
Subtotal	1,233,734	1,368,672	1,826,299
Income from other not-for-profit organizations			
Unitaid	421,036	410,877	441,001
IDA Charity Foundation	142,782	150,000	107,218
Dioraphte	125,000	125,000	75,000
Stichting Nieuwe Waarde	67,529	75,000	43,541
Sint Antonius Stichting Projecten (SAS-P)	12,898	10,287	47,882
Sint Antonius Stichting Projecten - 2 (SAS-P)	16,103	0	0
Bill & Melinda Gates Foundation	92,176	91,751	128,346
Anonymous donor	43,911	0	
New funding	0	350,000	0
Subtotal	921,435	1,212,915	842,988
Income from lottery organizations			
Nationale Postcode Loterij	0	0	50,917
Subtotal	0	0	50,917
Income Wemos	2,163,121	2,591,587	2,780,187

Income	Actuals 2025	Budget 2025	Actuals 2024
Income alliance partners			
Income from government and intergovernmental grants			
Ministry of Foreign Affairs	3,537,289	3,530,567	4,751,564
Subtotal	3,537,289	3,530,567	4,751,564
Income from other not-for-profit organizations			
Sint Antonius Stichting Projecten (SAS-P)	13,221	23,833	128,700
Sint Antonius Stichting Projecten - 2 (SAS-P)	172,617		
Unitaid	554,971	550,084	558,489
Subtotal	740,809	573,917	687,189
Income alliance partners	4,278,098	4,104,484	5,438,753
Other income	0	0	0
Total Income	6,441,219	6,696,072	8,218,940

Expenditures	Actuals 2025	Budget 2025	Actuals 2024
Expenditures Wemos			
Personnel costs	1,454,153	1,699,732	1,921,778
Interim personnel	157,020	92,394	199,520
Other personnel costs	45,044	94,220	38,692
Programme costs	357,795	540,152	517,206
Programme costs audit	46,337	24,455	22,975
Housing	70,577	68,000	66,915
Office and general expenses	98,363	95,344	120,053
Communication	5,263	20,000	13,270
Fundraising	20,247	30,000	22,553
Depreciation	8,642	13,000	12,241
Expenditures Wemos	2,263,443	2,677,296	2,935,202
Expenditures alliance partners			
Programme costs Make Way	3,537,289	3,530,567	4,751,564
Programme costs Finance for Health	185,838	23,833	128,700
Programme costs Access to Medicines	554,971	550,084	558,489
Expenditures alliance partners	4,278,098	4,104,484	5,438,753
Total expenditures	6,541,541	6,781,780	8,373,955
Financial income and expenditures	3,680	0	9,541
Surplus / deficit	-96,642	-85,708	-145,474

Expenditures	Actuals 2025	Budget 2025	Actuals 2024
Key figures			
Expenditures on objectives / Total expenditures	95.7%	94.6%	93.7%
Income acquisition costs / Total income	2.9%	3.5%	4.3%
Income acquisition costs / Total expenditures	2.9%	3.4%	4.3%
Management and administration costs / Total expenditures	1.4%	1.9%	2.1%

Wemos' negative result is almost in line with the budget (-/- € 85,708, and actuals -/- € 96,642). Not budgeted costs (€ 21,659) were made for the recruitment of a new director. Unfortunately Wemos did not raise its fundraising target of € 350,000. Instead, we raised almost € 45,000. We reduced the negative balance by cutting back on personnel and programme costs.

Remuneration of senior officials

Senior executive officer with employment contract

Remuneration director (CBF) 2025 2024

Name **Mariëlle Bemelmans**

Function **Managing director**

Employment contract

Nature (duration)	permanent	permanent
Hours per week	36	36
Scope of employment (in FTEs)	1,00	0,87
Period	1/1-31/12	1/1-31/12

Remuneration

Annual income

Gross wages / salary	116,826	105,667*
Holiday pay	7,968	8,662
Fixed year-end bonus	0	0
Payment of residual holidays	0	0

Total annual income	124,794	114,329
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Year-end bonus	0	0
Pension contribution (employer's part)	14,470	11,632
Pension compensation	0	0
Other long-term benefits	0	0
Payment for termination of employment	n/a	n/a

Total remuneration	139,264	125,961
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Individual maximum applicable remuneration (BSD)	202,706	171,870
-/- Amount unduly paid	n/a	n/a

According to Regulations for remuneration of directors of charitable organizations, the chair of the supervisory board set the Basic Score Directors function (BSD) for Wemos at 455 (last updated in March 2025). The annual income of the director (with an employment contract) is € 124,794 and thus remains within the individual maximum of € 163,473 (1 FTE/12 months).

The annual income, taxable allowances/benefits, pension costs, pension compensation, and other remuneration in the long-term combined is € 139,264 and also remain within the maximum of € 202,706 per year stipulated in the regulation. For an explanation of the policy and principles regarding director remuneration, we refer to the chapter "Remuneration of the director" in the annual report.

'Wet Normering Topinkomens' (Top Income Standardisation Act)

The WNT applies to the Wemos foundation. The applicable salary maximum for the Wemos foundation is € 226,000 (1 Fte) in 2025 because the Wemos foundation falls under the sector of development cooperation.

2025 2024

Name **Mariëlle Bemelmans**

Function **Managing director**

Period	1/1-31/12	1/1-31/12
Scope of employment (in FTEs)	1,00	0,87
Employment contract	yes	yes

Remuneration

Remuneration plus taxable expense allowances	124,794	114,329*
Rewards payable in the long-term	14,470	11,632*

Subtotal	139,264	125,961
-----------------	----------------	----------------

Individual maximum applicable remuneration (WNT)	226,000	186180
Amount paid without due cause and not yet received	n/a	n/a

Remuneration	139,264	125,961
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The amount of the excess and the reason why the excess is or is not permitted	n/a	n/a
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* The "Remuneration plus taxable expense allowances" and the "Rewards payable in the long-term" (pension fund) are corrected compared to the annual statement 2024. The "Rewards payable in the long-term" (pension fund) were incorrectly set to 0 in the annual statement 2024.

Senior officials with a remuneration of less than € 2,100

The supervisory board consists of the following members. On 31 December 2025:

- Chair: Ingrid van de Stadt
- Vice chair / chair of audit committee: Ruud van den Hurk
- General members: Thomas van den Akker, Katri Bertram, Leigh Haynes

The members of the supervisory board carry out their duties unpaid; all members are entitled to a reimbursement for incurred expenses of € 75 for each attended meeting.

Staff members with an employment contract do not receive higher remuneration than the Wemos managing director.

Cost allocation sheet

	Objectives				Total spent on objectives	Income acquisition costs	Management and administration costs	Actuals 2025	Budget 2025	Actuals 2024
	Make Way coordination	Finance for Health	Access to Medicines	Climate and health						
Programme costs	140,843	86,331	171,017	5,943	404,133	20,247		424,380	594,607	562,733
Advocacy by alliance partners	3,537,289	185,838	554,971	0	4,278,098			4,278,098	4,104,484	5,438,753
Personnel costs	197,749	698,187	352,759	23,726	1,272,421	149,153	77,622	1,499,197	1,793,952	1,960,471
Interim personnel costs	33,781	49,759	67,703	3,160	154,404	457	2,160	157,020	92,394	199,520
Housing	9,309	32,868	16,607	1,117	59,902	7,022	3,654	70,577	68,000	66,915
Office and general expenses	12,974	45,809	23,145	1,557	83,484	9,786	5,093	98,363	95,344	120,053
Communication	694	2,451	1,238	83	4,467	524	272	5,263	20,000	13,270
Depreciation	1,140	4,025	2,034	137	7,335	860	447	8,642	13,000	12,240
Total	3,933,780	1,105,268	1,189,472	35,723	6,264,243	188,048	89,249	6,541,541	6,781,781	8,373,955

In accordance with the Directive 650 for fundraising organizations, costs are allocated to (1) the objectives, (2) income and acquisition and (3) management and administration. Allocation is carried out on the basis of the following principles:

- Directly attributable costs are allocated as such.
- Not directly attributable costs are allocated on the basis of a distribution key, based on the actual hours spend on the job.

Personnel costs

	Actuals 2025	Budget 2025	Actuals 2024
Salaries	1,139,967	1,326,778	1,361,109
Social security costs	199,977	181,297	274,986
Pension costs	114,208	191,657	285,683
Other personnel costs	45,044	94,220	38,692
Subtotal personnel costs	1,499,197	1,793,952	1,960,471
Interim personnel	157,020	92,394	199,520
Total personnel costs	1,656,217	1,886,346	2,159,991

On 31 December 2025, the number of FTEs with an employment contract for a definite period is 11,3 FTEs (12 employees) and 1 intern. In addition, there are 4 programmatic interim employees and 1 interim parttime finance specialist.

Colophon

Wemos

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June 2026

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Page 11 WHO / Christopher Black, 2025 **Page 16** ECDPM **Page 25, 27** Suzanne Blanchard
Page 31 Liliane Fonds

INDEPENDENT AUDITOR'S REPORT

To: the supervisory board and the management of Stichting Wemos.

A. Report on the audit of the financial statements 2025 included in the annual report

Our opinion

We have audited the financial statements 2025 of Stichting Wemos based in Amsterdam, the Netherlands.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of Stichting Wemos at 31 December 2025 and of its result for 2025 in accordance with the 'RJ-Richtlijn 650 Fondsenwervende organisaties' (Guideline for annual reporting 650 'Fundraising Organisations' of the Dutch Accounting Standards Board) and the 2025 Policy rules implementation of the Standards for Remuneration Act (WNT).

The financial statements comprise:

1. the balance sheet as at 31 December 2025;
2. the statement of income and expenditure for 2025; 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 on Auditing and the Audit Protocol WNT 2025. 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.

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Compliance with rule against overlapping pursuant to the WNT not audited

In accordance with the 2025 Audit Protocol under the Standards for Remuneration Act (“WNT”), we have not audited the rule against overlapping as referred to in Section 1.6a of the WNT and Section 5(1)(n/o) of the WNT Implementing Regulations. This means that we have not audited whether an executive senior official exceeds the norm as a result of any positions as executive senior official at other institutions subject to the WNT, and whether the explanation required in this context is correct and complete.

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.

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, being the Management Board’s report in accordance with Guideline for annual reporting ‘RJ-Richtlijn 650 Fondsenwervende organisaties’ (Guideline for annual reporting 650 ‘Fundraising Organisations’).

C. Description of responsibilities regarding the financial statements

Responsibilities of the supervisory board and the management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the Guideline for annual reporting ‘RJ-Richtlijn 650 Fondsenwervende organisaties’ (Guideline for annual reporting 650 ‘Fundraising Organisations’) and the 2025 Policy rules implementation of the Standards for Remuneration Act (WNT). Furthermore, management is responsible for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, management is responsible for assessing the foundation’s ability to continue as a going concern. Based on the financial reporting framework mentioned, management should prepare the financial statements using the going concern basis of accounting, unless management either intends to liquidate the foundation or to cease operations, or has no realistic alternative but to do so.

Management should disclose events and circumstances that may cast significant doubt on the foundation’s ability to continue as a going concern in the financial statements.

The supervisory board is responsible for overseeing the organization’s financial reporting process.

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 maintained professional skepticism throughout the audit, in accordance with Dutch Standards on Auditing and the Audit Protocol WNT 2025, ethical requirements and independence requirements.

Our audit included among others:

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management;
- concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause a foundation to cease to continue as a going concern.
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Amsterdam, 10 June 2026

Dubois & Co. Registeraccountants

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