



PHOTO: Hans-Jørgen Ramstedt



1-40

CONTENTS

4	Our Core Values
5	Word from the President & the CEO
6	Läkarmissionen's Development Chain
8	Goals and Follow-up
10	Selected Projects in Brief
14	Humanitarian Aid
16	Letter from the Panzi Hospital
18	In Short
20	Fundraising & Information
22	Management Report
28	Income Statement
29	Balance Sheet
30	Cash Flow Analysis
31	Notes to Financial Statements
36	Audit Report
38	Board of Directors

Läkarmissionen is a Swedish aid organisation founded in 1958. Our initial efforts focused on mission healthcare in South Africa and India, which is why we are called Läkarmissionen (Medical Mission Aid). Today we do far more than this. Our focus lies in empowering individuals to help change their own living conditions in three main priority areas: social care, training & education and self-sufficiency. We also engage in humanitarian aid. We collaborate closely with local partners in approximately forty countries in Africa, Latin America, Asia and Eastern Europe.

2016

ANNUAL REPORT

The countries identified on the map indicate where Läkarmissionen is active.

VISION:

We shall, through developing and effective methods, support the desire and ability of vulnerable people to change their living conditions.

MISSION:

We shall fight poverty from a human rights perspective and contribute to sustainable development within our prioritised areas. We shall also, through the provision of information, encourage others to adopt the vision of Läkarmissionen.

CORE VALUES

OUR CORE VALUES ARE the values that form the basis of our work to empower people to a better future.

FIGHTING POVERTY

The basis of our development work is the fight against poverty. Poverty has many causes, which together can be expressed as a lack of freedom, a lack of power and a lack of opportunities for people to positively affect their life situation. This may involve inadequate financial resources, a lack of security, education and healthcare, or it can mean hunger, a lack of clean water or homelessness.

HUMAN RIGHTS PERSPECTIVE

Every human being has equal and inalienable rights. When these rights are respected, individuals are empowered, depending on their desire and ability, to contribute to their own development and to that of their families. The inability of nations to respect, protect and fulfil these rights causes a lack of freedom and deprives individuals of the chance to control their own life situation. Hence violation of these rights reinforces poverty and vulnerability, which in turn helps to ensure that the causes of poverty endure.

SUSTAINABLE DEVELOPMENT

We see the individual as part of a larger context which encompasses community, responsibility and dependence. Family, civil society, the marketplace and the state all influence the individual's choices, possibilities and living conditions. We are committed to social, economic and ecological development which means good management of both human and natural resources.

HOLISTIC VIEW

Läkarmissionen's operation is based upon a foundation of Christian values. Our guiding principles are the equality of all people, respect for the individual's inherent dignity, common sense and ability and every human being's right to life, liberty and sustainable development.

Give a Child a Family (GCF) in South Africa provides orphaned children with a new family – for the rest of their lives.

PHOTO: Toriel Svensson



FOR A BETTER AND WISER WORLD!

The business plan for Läkarmissionen's development aid emphasises that we should apply a SMART approach, which means that the goals that we set must be specific, measurable, achievable, realistic and time-based. For Läkarmissionen, this is an important cornerstone in our long-term strategic commitment. Our annual report also highlights the fact that our aid projects are to be increasingly based on a development chain of supporting components that creates sustainable, effective results, one which provides genuine support in empowering vulnerable individuals to transition from poverty to independence. This is also a way to enhance skills and work wisely.

The indications from 2016 are that the challenges confronting our world are becoming more serious, and that the need for cross-border collaboration and transparency has never been greater, but this contrasts starkly with the ever louder calls for segregation, closed borders and less community spirit coming from the Western world. It is easy to draw parallels with times past when the world seriously believed that an individual's place of origin was critical to their capacity and ability to contribute to long-term growth and development. Läkarmissionen is a committed advocate for creating strong alliances for Agenda 2030 and promoting sustainable innovation in crisis and disaster environments.

2016 has seen alarming reports of increasingly large numbers of people seeking refuge, the threat of climate change is becoming more evident, and radicalisation has reached record levels. It is not difficult to understand that individual donors and people in general might feel apathy and doubt about the possibilities of creating a better world, but the need for strong preventive action and resilience is more urgent than ever.

Läkarmissionen will never give up. Together with our loyal donors, other collaborative partners and employees, we will do everything in our power to create completely new life opportunities for the weakest and most vulnerable. Through a strong network of international and local partners, we will instil hope and faith in a better future in them. By focusing on

development projects with a rights-based approach in which beneficiaries gain access to new knowledge, new tools and effective methods, we will enable a path to wisdom and belief in the future. That is SMART!

We would like to express our profound gratitude to all our donors and collaborative partners for the past year and hope that you will join us in the fight against poverty and vulnerability in 2017!

Johan Lilja, Chief Executive Officer

Bo Guldstrand, President of the Board



PHOTO: Håkan Flank

LÄKARMISSIONEN'S DEVELOPMENT CHAIN

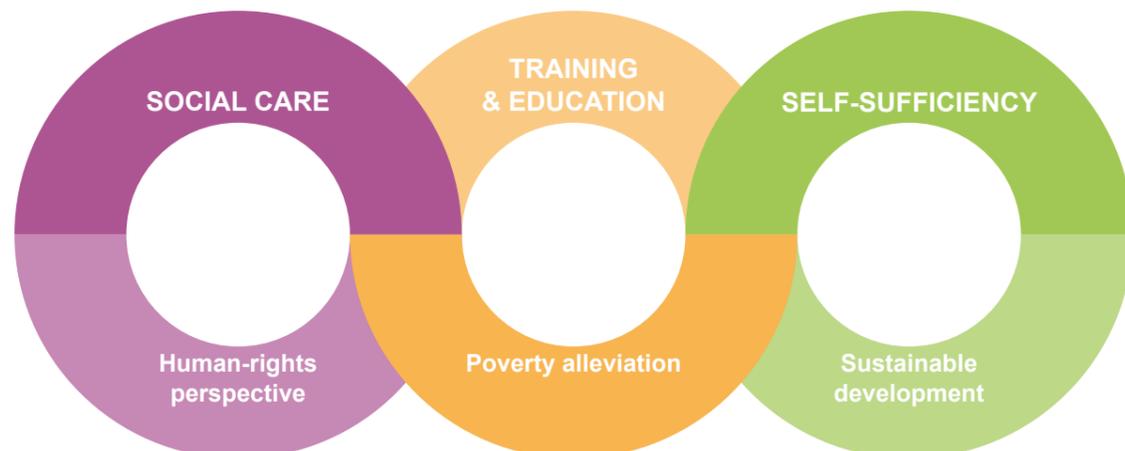
LÄKARMISSIONEN'S GOAL IS to enable vulnerable individuals to transition from dependency to independence – through their power and willingness to improve their own life situations. We achieve this through international development aid, which we have been involved in for nearly 60 years. Although our various priority areas have evolved as individual methods, the strength of our approach lies in combining the various components into a chain of aid efforts. This is our development chain.

The cornerstone of our work is well-designed aid projects in our three main priority areas: social care, training & education, and self-sufficiency. Some of our projects still primarily focus on one of these areas, but our aim is to combine different components (for example education and microfinance) to an increasing degree in order to achieve genuine and lasting change.

The development chain often begins with social care aid. If vulnerable individuals are to make the best possible use of

their own abilities and create a better life, they need to be relatively healthy, have a safe place in life and access to food and clean water. Our main priority is children and their needs, for example providing orphans with a new family or helping girls to avoid female genital mutilation, but adults can also receive aid, such as access to health care that they cannot afford to pay for themselves.

The next step is usually training and education. Individuals who are unable to read, write and count have very little



The above image illustrates how all the basic components link together to form a chain that enables vulnerable individuals to transition from dependency to independence: Läkarmissionen's development chain.

power to change their own life situations – or even to impact their own everyday lives, participate in ordinary community functions, or be aware of their own civil rights. When children are able to attend school, young people receive vocational training and adults training in entrepreneurship, it can break a family's cycle of poverty, provide individuals with opportunities to influence their own lives, and lay the foundations for a brighter future.

The final step to independence is self-sufficiency. The ability to support your own family, to have the means to send your children to school and to buy food for the day enables a feeling of control and an opportunity to plan for the future, which is essential for self-confidence. The self-sufficiency step combines training in basic business planning, economics and marketing with financial support in the form of loans through savings groups or microcredit programmes – with outstanding results.

Our core values run like a thread through all our projects: equal rights, poverty alleviation, sustainable development and a holistic view of the individual. We have faith in the willingness and ability of individuals, and we believe that it is by facilitating the right tools and opportunities that sustainable change can take place.

In addition to the development aid projects in our priority areas, we also provide humanitarian as well as material aid. Humanitarian aid efforts can take place in both emergency and long-term disaster situations. Aid efforts can involve distributing emergency kits with water purification tablets, tarpaulins and hygiene items after an earthquake or a flood, or helping people who are marooned in refugee camps with winter insulation for tents and access to toilet facilities.

Bright Star, our partner in Ethiopia, provides vocational training to former child labourers.



PHOTO: Erika Stenlund

GOAL AND FOLLOW-UP

EVERYTHING EXISTS IN A CONTEXT and the same rule applies to Läkarmissionen. As an aid organisation with projects in about 40 countries on four continents, it is not an exaggeration to say that we are a global operation. Yet we also have a local presence, partly through our regional resource centres in East Africa and Latin America, and partly via our local partners, who run the actual projects in close collaboration with both Läkarmissionen and the participants of the projects.

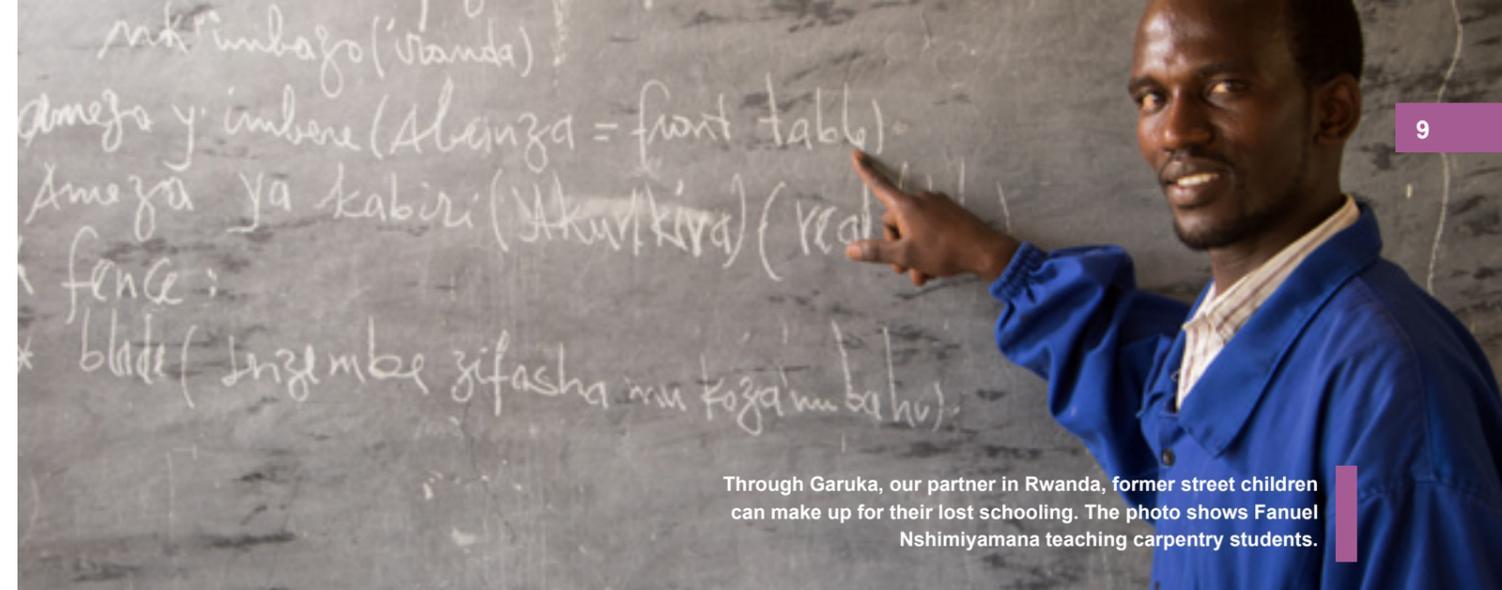
With so many people involved at so many different levels in such a significant organisation, how we govern our work is especially important to us. Ensuring that we are as efficient and effective as possible – ensuring that our aid really makes a difference and that we generate the maximum value from the donations we receive – requires tools such as goals, strategies, plans and metrics.

At an overall level, we are guided by the 17 global Sustainable

Development Goals that world leaders adopted at the Sustainable Development Summit of the UN General Assembly on 25 September, 2015. The aim of these goals is to eradicate extreme poverty, reduce inequality and injustice in the world, and find solutions to the climate crisis – all before 2030.

Within Läkarmissionen's organisation, we have integrated the Sustainable Development Goals into our strategic plan, and they correspond with our priority areas, our core values

The 17 Sustainable Development Goals adopted by world leaders in 2015.



Through Garuka, our partner in Rwanda, former street children can make up for their lost schooling. The photo shows Fanuel Nshimiyamana teaching carpentry students.

PHOTO: Jörgen Bodesand

and our development chain. The goals are consistent with our own working methods, but we remain committed to continuously improving our work. With this in mind, we launched a pilot project during the year in collaboration with our partners to develop indicators that will measure the impact of our aid efforts and which are linked to the Sustainable Development Goals.

During spring 2016, four indicators were developed, based on the collective experiences of the project department, and tested with our partners in eight different countries (Bangladesh, Ethiopia, Burundi, Uganda, DR Congo, Honduras, Argentina and Romania). The table below lists these indicators and the Sustainable Development Goals that they relate to.

School attendance
Sustainable Development Goal 4: Quality Education

Re-integration of children into families/communities
Sustainable Development Goal 1: No Poverty
Sustainable Development Goal 2: Zero Hunger
Sustainable Development Goal 3: Good Health and Well-being
Sustainable Development Goal 4: Quality Education

Nutrition treatment and support for malnourished children
Sustainable Development Goal 2: Zero Hunger
Sustainable Development Goal 3: Good Health and Well-being

Health service coverage – the extent to which people receive the health services they need
Sustainable Development Goal 3: Good Health and Well-being

Practically speaking, these indicators are applied by taking measurements prior to an intervention and then follow-up measurements after the fact, and import them into templates in accordance with the instructions that were developed as part of the pilot project. This enables quantitative and/or qualitative metrics that we can use to evaluate how well we and our partners are achieving our set goals – and how we can refine our methods.

Another important factor in our work is the practice developed for how development co-operation should be conducted, known as a rights-based approach. The premise for this approach is that development co-operation is multifaceted and should primarily be defined on the basis of human rights, not merely on the needs of the beneficiaries. The work that Läkarmissionen and other stakeholders are currently engaged in is based on four key principles that summarise this human rights perspective:

NON-DISCRIMINATION

No individual may be discriminated against in development co-operation. Projects must be designed so as to include as many people as possible regardless of their gender, age, sexual orientation, religion, functional impairment, health status, etc. Priority must be given to the most vulnerable and marginalised groups.

INCLUSION

People are considered rights holders, who need a stronger and clearer voice in civil society that facilitates their efforts to change their own living conditions in the long term. As far as possible, rights holders must be included in planning, implementing, monitoring and evaluating aid.

RESPONSIBILITY – ACCOUNTABILITY

For individuals to be able to claim their rights, the duty bearers of society (for example political and religious leaders) must be held to account. Development co-operation must therefore aim to increase accountability amongst legal and moral duty bearers at different levels. This can be achieved by involving, interacting with and communicating new knowledge to the duty bearers.

TRANSPARENCY

Transparency and openness are prerequisites for evaluating collaborative projects and combating corruption. Hence all development co-operation should advocate greater transparency in the various levels of government as well as in the humanitarian organisations themselves.

Topon Dio is a "barefoot doctor" in Bangladesh. Barefoot doctors have completed a six-month intensive course and can provide people in rural areas with basic medical care.

PHOTO: Hans-Jørgen Ramstedt



RULE OF LAW IN HONDURAS



In 1998, an organisation known as Asociación para una Sociedad más Justa (Association for a More Just Society, ASJ) was founded in the Latin American country of Honduras. Its aim was to endeavour for a more just society by strengthening the voice of the country's most vulnerable citizens. And it is still greatly needed. Many people in Honduras live in extreme poverty and corruption, and the lack of legal certainty has contributed to a culture of violence in the country, which has exacerbated the situation.

For several years, Läkarmissionen has supported ASJ's work to combat violence and child sexual abuse, for example by funding a study that formed the basis of a new law that was passed in March 2015 after extensive efforts by ASJ. The law gives the victims of child abuse the right to testify in an adjoining room accompanied by a psychologist rather than forcing them to recount their traumatic experiences and being subjected to cross-examination in front of strangers.

In addition to working with vulnerable children, ASJ work with advocacy on several levels in the society.

An element in the commitment to strengthen the rule of law and combat corruption in Honduras is the national movement known as Transformemos Honduras (Let's Transform Honduras), which provides social oversight into the public education and health systems. This includes a successful model known as social auditing, whereby residents in vulnerable communities are encouraged to evaluate schools and medical facilities and then use the results to demand accountability from decision makers. ASJ also conducts education and advocacy that focuses on the police and judiciary.

The culture of violence primarily affects the poor inhabitants of urban areas. In order to counter this, ASJ supports the victims of gang crime and/or victims who have not had their cases heard due to corruption. It also offers children and young people alternatives to destructive social structures through sports activities, children's clubs and vocational training. By involving both families and neighbourhoods, ASJ aims to create safe environments for children in which their rights are respected. Special programmes are available for families and young people at risk from substance abuse and criminality.

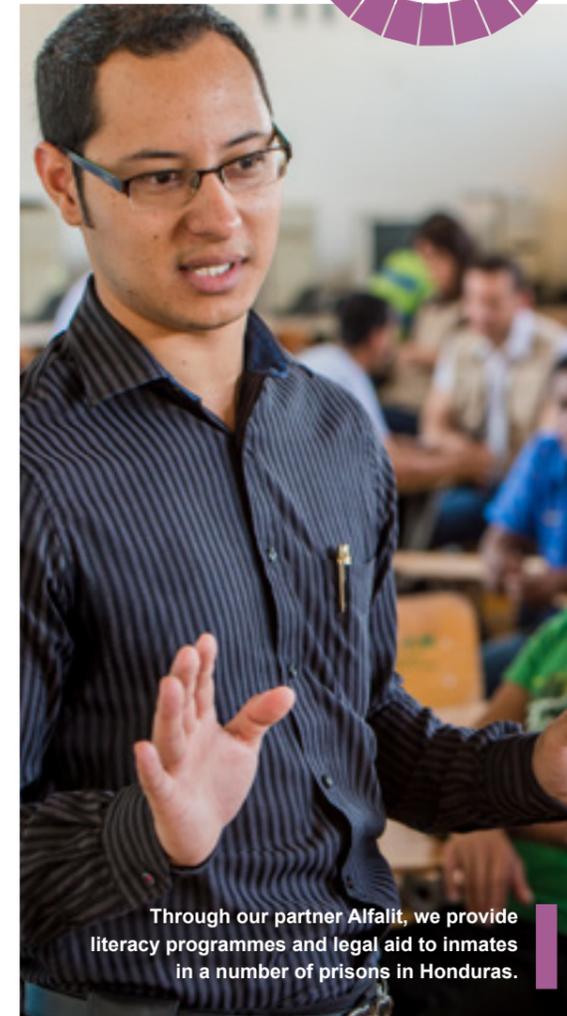


PHOTO: Torleif Svensson

Through our partner Alfalit, we provide literacy programmes and legal aid to inmates in a number of prisons in Honduras.

FEMALE SOCIAL ENTREPRENEURSHIP IN INDIA

Illiteracy is widespread among disadvantaged women in India, and many have very little opportunity to improve their lives. In order to change this situation, Läkarmissionen has been collaborating with the Hand in Hand organisation since 2008.

The target group in the current project is 20,000 women, who have been organised into self-help groups and provided with training and support that will hopefully enable them to start their own small businesses. The aim is to create 10,000 small firms, which in turn is expected to generate 20,000 new jobs. The project is being run in two states, Madhya Pradesh and Tamil Nadu.

By combining Hand in Hand's extensive experience of social entrepreneurship with our long track record of literacy programmes, the project will be better placed to succeed. In the districts where the project is ongoing, the illiteracy rate is as high as 40–50 percent, and for participants who cannot read, write and count, assimilating the content of the social entrepreneurship training is an impossible task. The literacy course is a crash course lasting 150 days that has been tailored to the social entrepreneurship training, because the women in the target group for reasons of age do not have access to education through the regular education system in India.

THE MODEL FOR SOCIAL ENTREPRENEURSHIP TRAINING HAS BEEN DEVELOPED BY HAND IN HAND AND COMPRISES FOUR ELEMENTS:

1. Social mobilisation
2. Business training
3. Access to credit
4. Linking entrepreneurship to markets

The goal is to create viable self-help groups and that form the basis of all project activities – which frequently remain viable after the project is completed.

The project also includes a loan fund from which the poorest participants (about 25–30 per cent of the target group) are

able to take out loans under very favourable conditions, provided that they meet certain conditions. For example, the women must show that they have been saving efficiently for three months and the loan must be put towards an income-generating activity.

Another important part of the project are the so-called hubs, central units that help previously established small business owners find a larger market, quality assure and standardise their products, and ensure their product deliveries. There are currently hubs for needlework, dairy production, handicrafts and embroidery.

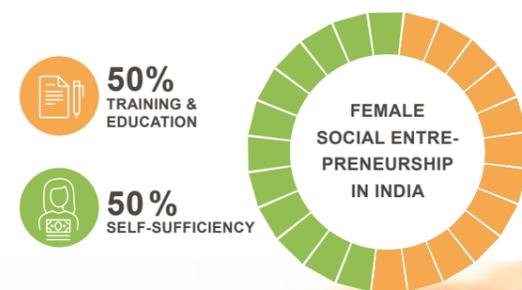
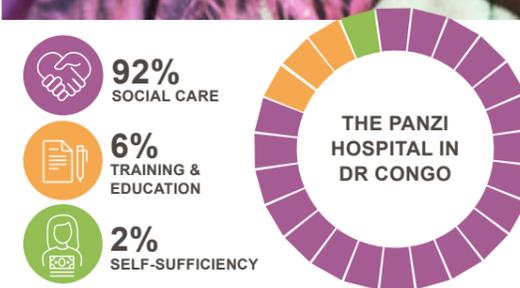


PHOTO: Hans-Jørgen Ramstedt

THE PANZI HOSPITAL IN DR CONGO



PHOTO: Hans-Jørgen Ramstedt



It has become popular in Sweden to honour our mothers on Mother's Day by paying for a childbirth at the Panzi Hospital in DR Congo.

Despite peace having been officially declared in the DR Congo in 2003, the country is still racked by internal conflict, with the population barely surviving in a permanent state of humanitarian disaster and great uncertainty. Internally displaced persons can be numbered in the millions and the number continues to rise, especially among the indigenous Mbuti population, who have been forced to leave their settlements in the rainforest due to the onslaught of various rebel groups.

The Panzi Hospital is located in the town of Bukavu in eastern DR Congo. It was built in 1998-1999 with support from Sida, Läkarmissionen and PMU, and Läkarmissionen is currently one of the hospital's main funders. More than 20,000 patients a year are treated at the Panzi Hospital, which has four main divisions: obstetrics and gynaecology, paediatrics, internal medicine and surgery. As so many of the patients live in extremely difficult conditions, only a small proportion of the hospital's operating costs are covered by patient fees, in other words external support is

crucial to ensuring that the hospital remains operational.

The Panzi Hospital is now world-famous for its work with the victims of brutal rapes or who are suffering from severe gynaecological issues. Every year more than 3,000 women and children, and since the early 2000s over 20,000 rape victims, have received treatment at Panzi. Chief physician Dr. Denis Mukwege advocates for the vulnerable women and children of DR Congo and has won numerous international awards for his work, including the Right Livelihood Award and the European Parliament's Sakharov Prize. In addition to the pioneering work of Dr. Mukwege, Läkarmissionen contributes to hospital operations and maintenance, nutrition of malnourished children, safe childbirth, family planning and small medical clinics in rural areas. We also support activities that help rape victims and their children create a future for themselves, for example through vocational training, psychological support and legal aid. You can read more about the situation in DR Congo in Dr. Neema's letter on pages 16–17.

HUMANITARIAN AID

THERE ARE MANY different types of disasters, some of which we humans have no control over, while others we have caused ourselves. Some are emergency situations, while others last for many years, long after the media has left. Läkarmissionen can help both in emergency situations and to alleviate prolonged suffering. The following examples illustrate how we operate.

In early October 2016, Hurricane Matthew blew in over Haiti. It was the second natural disaster in six years to devastate the impoverished island state, which still had not recovered from the earthquake of 2010. Over one thousand people were killed and many more lost everything that they owned.

In a disaster situation like this, every second is critical to the relief effort. Through our partner, Medair, Läkarmissionen was able to intervene with resources at a very early stage and begin distributing disaster relief materials such as tarpaulins, water purification tablets and household items right away. Shelter is obviously very important, but clean water and good hygiene are equally critical in preventing epidemics that may cause new disasters.

Parallel to the disaster relief, we began to assess the extent of the devastation and the needs of the victims so as to focus our efforts appropriately. As far as possible, we try to consider both the short-term and the long-term perspectives in order to maximise the effects of the aid. For example, we built real houses after the earthquake in 2010, instead of just putting up tents, and now we could see that these houses had withstood the hurricane and the torrential rain. Real houses instead of tents were also strongly requested by the Haitians themselves. Once the emergency has blown over and most of the victims have received aid for their basic needs, long-term reconstruction begins, which can take a long time after a severe disaster. In this phase we focus, as always, on empowering people to improve their own life situations. This was also the case after the great earthquake in Nepal, where our partners, Medair and Mission East, parallel to distributing emergency kits, also distributed tools to demolish uninhabitable houses and clear away rubble, and taught people how to use those tools.

Lebanon is suffering from a different type of disaster, an insidious humanitarian one. It is no less serious, but its causes are far more complex, and it has been going on for so long that interest from abroad has diminished, despite the millions of people that are suffering. Many Syrian refugees are now enduring their sixth year in makeshift camps that lack basic facilities, just as they do in Haiti. For example, many of them live in tents that become icy and damp in the winter. And the situation is continually deteriorating.

For several years, Läkarmissionen, in partnership with Medair and our local partner, has been supporting these vulnerable people with their basic material needs, for example winter-



PHOTO: © Medair / Lucy Bamforth



HUMANITARIAN
AID

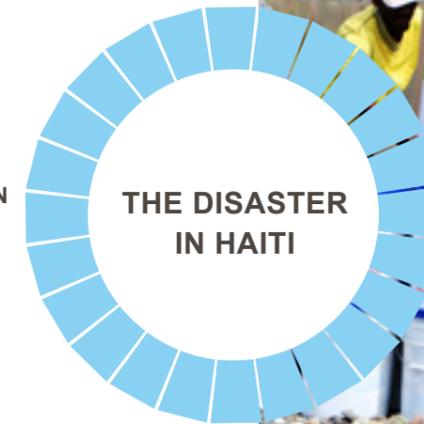


PHOTO: © Medair/Nah Fauveau

proofing their tents, draining melt water and building toilet facilities. We have also distributed blankets, water containers, stoves and firewood. So far our relief efforts are reminiscent of the ones that we provide during natural disasters. In contrast, during 2015–2016 we have also supported a project to provide children with somewhere to play and meet other children.

684 pupils, 79 percent of whom are Syrian refugees, attend the school that was selected for the project. There are nearly half a million Syrian refugee children and young people (3-18 years old) currently taking refuge in Lebanon, but only half of them attend school, and the interaction with local Lebanese children is not always smooth. Building a large playground (more than 1,300 square meters) will enable pupils to do fun activities together, and the surrounding community can also see that refugee children bring resources, which is positive because competition for the scarce resources available in Lebanon frequently creates tension otherwise.

An important cornerstone of our disaster relief work is assessing where our efforts will bring the most benefit. In some cases, we opt to intervene with emergency relief, while in others we focus on long-term reconstruction and help with everyday necessities if the severe conditions persist. Our exact approach is based on the needs of the victims themselves, as well as where our own expertise will come into its own. As always, our goal is to transform the future for vulnerable individuals.



PHOTO: Hans-Jørgen Ramstedt

HUMANITARIAN INTERVENTIONS DURING 2016

BRAZIL Dissemination of information and distribution of mosquito nets and insect repellents to prevent the spread of the zika virus amongst vulnerable groups in the favelas/slums of AguaZinha in Recife and Maré in Rio de Janeiro.

BURUNDI The unstable situation in Burundi combined with the persecution of dissidents has caused many people to flee their homes. This intervention focuses on child safety and trauma management by supporting parents and families in various ways, for example through parenting training, trauma management and nutrition, as well as methods in which parents can support their families. Food and other supplies have also been distributed.

DR CONGO Emergency relief, including food, hygiene articles and household items and, when necessary, temporary housing for displaced persons who have fled the lethal attacks on civilians by rebel groups in the Beni area in eastern DR Congo. Seeds for sowing and agricultural support for families so that they can secure their livelihoods.

ECUADOR Emergency relief in the area around Pedernales after the earthquake in April, with water and supplies for people who have lost their homes.

ETHIOPIA The Horn of Africa has been hit hard by drought and water shortages. The situation was especially acute in spring 2016, when our relief efforts included building reservoirs and providing affected households with donkeys to share the burden of transporting water for six hours from the nearest water source. The most vulnerable families also received support and training in how to grow vegetables.

HAITI On 4 October, 2016, Hurricane Matthew blew in over Haiti and large parts of the island were totally devastated. In addition to emergency relief of food, water, hygiene articles, household items and emergency shelter, the focus has been partly to help victims to rebuild their homes so that they can cope with the next natural disaster, and partly to ensure clean water and safe sanitation to prevent the outbreak of diseases.

UGANDA Distribution of food and seed for sowing in time for the next planting season to the most vulnerable households in the Karamoja region in north-eastern Uganda, an area hard hit by drought and food shortages.

After renewed fighting in South Sudan, we contributed to the expansion of, as well as training in, water and sanitation in the overcrowded refugee camps of northern Uganda.

Hello!

My name is Neema Rukunghu, and I'm one of the doctors that works at the Panzi Hospital in DR Congo. By sharing this story with you about my day-to-day life, I'm hoping to give you an insight into the situation in our country, which is often overlooked by the international media but which really needs help in so many ways. I'm also hoping that it will motivate you to act, because any support we can get is extremely important.

Almost 400 people work at the Panzi Hospital, and together we treat more than 20,000 patients a year. Many of them wouldn't be able to receive treatment at Panzi if it wasn't for the support of our external sponsors. Only 5 percent of DR Congo's almost 78 million inhabitants have any kind of health insurance at all, the others have to pay for their health care themselves, which very few can afford. Nor is our health care advanced enough, especially if you need specialist care. Despite the enormous need, Panzi is the only hospital for miles around, in other words we're incredibly important to a lot of vulnerable groups.

Treatment of malnourished children is one good example. More than half the children in our province lag behind normal growth curves because they get too little food, which is why there's a programme at Panzi for malnourished children of up to twelve years old, during which we feed them, and provide support and training for parents to ensure that the child's life is not put at risk again. This way we can help hundreds of children and families every year with a major and severe issue.

My own field is another example. As head of the SSV project (Survivors of Sexual Violence), I meet women and children every day who are in such a vulnerable situation that it's hard to put into words. Physically and mentally traumatised, rejected by their families and the village community, cut off from any support, they walk for days just to reach us. My colleagues and I mend their broken bodies, while others at Panzi provide psychological support, basic vocational training so that they can support themselves, and legal aid to try and bring the perpetrators justice. At the moment, perpetrators are more or less allowed to rape women with impunity, and this has got to stop. We're talking about thousands of women every year, and if it wasn't for the Panzi Hospital, these women would be completely left to their fate.

So why is the situation so bad? Well, because DR Congo is still racked by fighting between various armed groups. More than 70 percent of the population is poor, and internally displaced persons number in the millions. Only 45 percent of our children get all the vaccines that they need, and the average life expectancy for both men and women is just over 50 years old. On top of that, the health care system needs reforming and additional resources, but it never happens.

So please don't forget us. Tell your friends about us and about the situation in DR Congo. Make sure to choose electronic products without conflict minerals, which the armed groups in this country stop at nothing to get their hands on.

Best wishes,

Neema Rukunghu

Medical co-ordinator and head physician for the SSV project at Panzi Hospital, Bukavu, DR Congo.

Dr. Neema Rukunghu pays
Läkarmissionens head office in
Vällingby a visit in September 2016.



THE HEALTH SITUATION IN DR CONGO

Population: 77.8 million (2015).

Population growth: 3%.

Birth rate: 6 children per mother.

Mortality rate: 15.18 per 10,000 inhabitants.

Average life expectancy: Women 53, men 52.

Vaccination rate: 45% of children receive all the vaccines that they need, 6% receive none at all.

Insurance rate: 5% have some kind of health insurance.

The health care system is severely underfunded and in need of reform.

More than 70% of the population are poor.

There are 2.2 million internally displaced persons in the country.

FACTS ABOUT THE PANZI HOSPITAL

Founded: 1999 with support from Läkarmissionen, Sida and PMU.

Medical Director: Dr. Denis Mukwege.

Head of the SSV project: Dr. Neema Rukunghu.

Number of beds: 450.

Number of employees: 390, including 26 medical specialists.

Financing: Patient fees and support from external funding.

LÄKARMISSIONEN'S SUPPORT TO PANZI HELPS PAY FOR:

- The Medical Director Dr Mukwege's salary.
- Hospital operations.
- Nutrition of malnourished children.
- Safe childbirth.
- Family planning.
- Small medical clinics in rural areas.
- Activities to help rape victims and their children create a future, including vocational training, psychological support and legal aid.



PHOTO: Torleif Svensson



PHOTO: Hans-Jørgen Ramstedt

In addition to treating sexually abused women, Panzi's primary focus is on child care and maternity care. Läkarmissionen supports nutritional care for severely undernourished children and safe childbirth.

PHOTO: Håkan Flank

IN SHORT

vulnerable individuals, it is very important to us that our aid efforts are genuinely effective and relevant. We work continuously and in close partnership with our partners to develop, follow up and refine our methods as well as theirs, on the basis of the global Sustainable Development Goals and our own vision and values. The articles in this section provide an insight into some of the collaborations that we have been involved in during 2016.

COLLABORATION WITH INDUSTRY TO PROMOTE GLOBAL GOALS

If the Sustainable Development Goals are to be achieved by 2030, it will require collaboration between stakeholders from every sector of civil society, and the business community has an important role to play in this. Läkarmissionen can see great benefits in closer co-operation between the business community and aid organisations. By sharing knowledge and inspiration, we can help business leaders to increase their accountability from an economic, environmental and social perspective – which also improves the chances of achieving the Sustainable Development Goals.

During 2016, Läkarmissionen has therefore applied for and, against stiff competition, been awarded funds from Sida to disseminate knowledge about the Sustainable Development Goals to Swedish companies. The project was launched in partnership with the leadership website motivation.se, which has 60,000 visitors a month and 7,000 members who receive the weekly newsletter. The majority of members are managers in the private and public sectors, half of them in small organisations (of less than 50 employees). Small organisations are an important target group because they often lack the resources to drive sustainability issues compared to leaders in large enterprises.

The centrepiece of the project is a film that provides inspiration and practical tools to companies wishing to relate their business activities to the global Sustainable Development Goals. The film was premiered at this year's Swedish CEO of the Year gala, during which motivation.se highlighted role models with the aim of influencing business community leaders in a positive direction. After the gala, the film was also promoted through the various channels of motivation.se, at Läkarmissionen.se and through the social media channels.

RADIOHJÄLPEN

During 2016, Läkarmissionen applied for funds from Radiohjälpen for a number of projects, all of which were granted. In all we were awarded approximately SEK 2 million, which will be used during 2016 and 2017 for efforts in Brazil (to combat the Zika virus), Burundi (to provide psychosocial activities for internally displaced persons, children and families) and DR Congo (to reduce infant and maternal mortality and to aid internally displaced persons).



LÄKARMISSIONEN'S LARGEST and most important area of activity is our development aid, and because we are committed to transforming the future for

Conflict sensitivity

During 2016, Läkarmissionen has in partnership with SweFOR explored the issue of how to ensure that interventions with good intentions succeed across the board, in other words that both the vulnerable individuals who need help receive it and that the other local communities benefit from the aid that we provide. We would rather not overlook anything that makes a difficult situation more vulnerable. It is challenging to avoid mistakes, not least in countries with a climate of political instability or those that suffer recurring natural disasters.

In aid jargon, we call this "conflict sensitivity". In practical terms, it means that we study how a project is perceived in the context of its implementation, and if we think that there have been negative consequences, we work with these and point them in a positive direction instead. In order to achieve this, Läkarmissionen must first understand the big picture, not just the specific area in which we are working with. This will require continuous work with our partners around the world.

In August 2016, Läkarmissionen had planned to conduct a training programme in conflict sensitivity in Juba, South Sudan, in partnership with SweFOR. Its aim was to provide our partners that operate in conflict zones with tools that would enable them to analyse how their project was developing in a local context. Unfortunately, the training session could not take place as fighting broke out during the summer and it had to be relocated to Kampala, Uganda, where it was conducted in early 2017.



PHOTO: Hans-Jørgen Ramsbøck

"SUSTAINABLE INNOVATION FOR INTERNATIONAL CRISIS AND DISASTER RESPONSES"

During 2016, Läkarmissionen has been granted funds by the Swedish innovation agency VINNOVA to co-ordinate and participate in a major collaborative project concerning "Sustainable Innovation for International Crisis and Disaster Responses", which will begin in January 2017 and last for two years. The project will highlight Swedish sustainable solutions that protect and save lives during crisis and disaster responses. It will also contribute to ensuring that Swedish innovations are at the forefront of the world market, while helping to meet the global Sustainable Development Goals. More specifically, Sweden must have an efficient delivery model in order to develop sustainable products and services for WASH (Water, Sanitation and Hygiene), including concepts for test beds, frameworks for sustainability assessment and a collaboration platform that co-ordinates Swedish innovation initiatives for crisis and disaster responses. The work to develop the platform will be managed by Läkarmissionen and will include stakeholders from public authorities, the business world, aid organisations, universities and institutes, among others.

A pilot study will enable the delivery model and the innovations to be tested in practice, both in Sweden and abroad, to ensure that they are both practical and beneficial in the field. A business model for the platform's development going forward has been drafted. The intention is to continue with other themes, such as energy and waste, once the project is complete.

GLOBAL RESOURCE DISTRIBUTION THROUGH HUMAN BRIDGE

Through its close partnership with Human Bridge, Läkarmissionen supports shipments of humanitarian material aid to countries in Africa, Eastern Europe and the Middle East, where hospitals and organisations receive surplus and reconditioned medical equipment and materials from Sweden. In addition to the medical supplies, clothing, shoes and other necessities are shipped to people living in vulnerable situations. During 2016, the victims of the refugee crisis in Iraq, Syria and Greece were able to receive 16 full trailers of material aid to alleviate their desperate circumstances. Overburdened hospitals in these countries have also been able to receive material aid that ensures better conditions for safer health care.

In addition to the above recipients, material aid was delivered to another 19 countries, for example to second-hand projects in Latvia and to hospitals in Ethiopia. Altogether during 2016, Human Bridge was able to supply 2,228 tonnes of medical supplies, clothing, shoes and other necessities divided into 208 shipments to recipients all over the world, of which Africa received 14% of the total, the Balkans 9%, the Baltics 23%, the Middle East 4% and Eastern Europe 50%. Material aid makes a huge difference to vulnerable people and the environment.

During the year, Human Bridge was able to acquire the neighbouring property to the current main depot in Holsbybrunn. Planning is now underway for a relocation that will take place in late 2017/early 2018. The new premises accommodate 60% more space, but above all much better loading facilities.



PHOTO: Human Bridge

INFORMATION AND FUNDRAISING

THE CORE OF LÄKARMISSIONEN'S operation is our development aid projects all over the world, but because our work is dependent upon donations from private individuals in Sweden, we also need to develop fundraising and information on the domestic front. We do this by means of specific projects such as "Songs for Life" and "Action Christmas Present", as well as through fundraising campaigns and information to our donors in the monthly newsletter, our magazine Svenska Journalen and various other collaborations. The information in this section provides a quick overview of some of the fundraising activities that we have been involved in during 2016.

"FRIENDLY WEEK"

In 2016, Friendly Week celebrated its 70th anniversary, and this age was also chosen as this year's special theme (be friendly to a 70-something), not to mention the usual annual themes of friendliness at home, at work and in traffic. Friendly Week is celebrated in February every year, in the same week as Valentine's Day. In 2016, it lasted from 8th to 14th February. As usual it attracted a great deal of media attention on the radio, on TV and in newspapers around the country.

MOTHER'S DAY AND FATHER'S DAY

Prior to Mother's Day, Läkarmissionen ran a campaign to encourage donors to pay for a childbirth by text message. With the help of powerful films from the Nkinga Hospital in Tanzania and the Panzi Hospital in DRC, our aim was to appeal to parents and remind them of the birth of their own children. We mainly used Facebook to reach out to donors, and worked hard to encourage bloggers to write about the campaign. When donors texted our number, they received a return message straight away with a nice picture that they could send to their mothers on Mother's Day. The campaign was successful and sales increased by more than 100 percent compared to the previous year. Prior to Father's Day, we ran a small campaign on Facebook with the message that it is more important to be an attentive and engaged father figure than a biological father. The aim was to encourage people to support the child's right to a family through Give a Child a Family in South Africa.

ALMEDALEN WEEK

During Almedalen Week, Läkarmissionen held a seminar entitled "Poverty in a paper cup – do you donate or not? The consequences of your choice", in partnership with Erikshjälpen, Sveriges Stadsmissioner and We Effect on Sida's "Sweden in the World" stage. We also arranged a seminar in which we invited Save the Children and Plan International to talk on the topic "Can we save the world with likes? Social media – from engagement to conversion". In addition, Johan Lilja participated in a discussion arranged by Grant Thornton entitled "The future of non-profits – are you prepared?". All the seminars attracted large audiences.

SUMMER CAMPAIGN

We have continued our initiative to reach new target groups and increase our donor base through broad media campaigns. During the summer, we ran a TV campaign with a film from the Panzi Hospital, where severely malnourished children receive aid. The main aim of the film was to recruit new Guardian Angels (monthly donors focusing on children). The film was supplemented with a large mailing in August in which we appealed for one-off donations.

DISASTER APPEALS

During the year, we made three disaster appeal mailings to raise funds for emergency interventions. In February, we collected money for victims of the drought in East Africa, in March to combat the Zika virus, and in October we sent out a wider appeal to both new and existing donors to fund emergency disaster relief in Haiti.

THE CHILDREN OF THE WORLD-CAMPAIGN (VÄRLDENS BARN)

During 2016, Läkarmissionen participated in the Children of the World fundraising campaign, for example we collected money in our second-hand shops, our staff was out in the town with collection boxes, and artist Perla Bjurenstedt held concerts together with children's choirs. We also promoted Children of the World in Svenska Journalen magazine and via our digital channels.

FILM WEEK ABOUT DR. DENIS MUKWEGE

In October, Läkarmissionen held a film week in partnership with PMU and the Right Livelihood Award Foundation that featured a film about Dr. Denis Mukwege, "The Man Who Mends Women", which was screened in Sweden for the first time. The film was shown in Gothenburg, Stockholm and Umeå, as well as in the Riksdag (the Swedish Parliament), and several seminars and talks were organised in connection with the screenings. Dr. Mukwege and the film's Belgian director Thierry Michel participated throughout the week.

SWISH OR TREAT

Before this year's Halloween, we tried to encourage children and adults to be kinder by printing out fliers with the slogan "Swish or treat". Illustrator Louise Winblad designed a nice image that we spread through our digital channels. The campaign was featured in media channels such as the Christian daily Dagen and was well received.

"ACTION CHRISTMAS PRESENT"

Interest in Läkarmissionen's Action Christmas Present campaign remains high throughout Sweden. During the year, about 24,000 Christmas presents were distributed to underprivileged children in Eastern Europe (Moldova, Georgia, Ukraine and Romania). In all, about 250 schools, 10 companies and 540 private individuals took part in Action Christmas Present 2016. To facilitate for donors living a long way from a collection point, Action Christmas Present arranged a Norrland tour for the third year running, during which we collected Christmas presents for the campaign in different towns, while Perla Bjurenstedt visited schools and gave concerts to pupils in the evenings.

CHRISTMAS CAMPAIGN

The theme of this year's Christmas campaign aimed at both companies and private individuals was "A good Christmas lunch", which focused on our school lunch project in Bangladesh. The campaign consisted of mailings to new donors, radio commercials, advertising, supplements in Icakuriren magazine, e-mails and text messages,

recruiting on Facebook, and so on. We particularly highlighted the online gift shop, Swish and text messaging to facilitate donations.

BOOKS & DREAMS

The partnership with Books & Dreams magazine has continued and Läkarmissionen participated at author evenings in Stockholm and Gothenburg, where we recruited new Guardian Angels. Läkarmissionen also took part in Crimetime Gotland, a new crime fiction festival organised by Books & Dreams, where the focus was on the book about Dr. Denis Mukwege and showcasing his human rights work.

SVENSKA JOURNALEN

Läkarmissionen originated from the weekly magazine Svenska Journalen. The magazine is now an important channel that feeds back to the donors six times a year and describes what Läkarmissionen has accomplished in the field. Svenska Journalen aims to be an important magazine, but it also features a mix of lighter articles, recipes and crosswords. During 2016, a process was launched to renew the print version and supplement it with an online version to ensure that the interesting material in the magazine is accessible to more people. In the December issue of Svenska Journalen, a 2017 calendar was also included.

"SONGS FOR LIFE"

Songs for Life, Läkarmissionen's major choral event conducted by Mats Backlund, took place for the eighteenth year running. The popular artist Shirley Clamp spread the good feelings and recruited Guardian Angels in Dimbo, Malmö, Tranås, Gothenburg, Unnaryd, Lima and Karlskoga.

CONCERTS AND MEETINGS

During 2016, Läkarmissionen's travelling master of ceremonies Nisse Bergman left us after many years and even more concerts. He was replaced by Richard Niklasson, who is also one of the artists that brightens up our meetings around the country. In all, about 60 concerts and gatherings were held in various churches and communions throughout the year. In addition to the funds raised through collections, our meetings are a way to recruit new Guardian Angels.

BEQUESTS

Bequests and donations from wills account for a significant proportion of Läkarmissionen's total raised funds. During 2016, we have received approximately SEK 31.9 million in donations from wills. We would like to express our profound gratitude for the trust that private individuals show in the work of our organisation.

MANAGEMENT REPORT 2016

GENERAL INFORMATION

Organisation, purpose and goal

Läkarmissionen is a Swedish foundation with its headquarters in Vällingby, Stockholm, whose main purpose, according to its statutes, is to engage in international aid efforts. The foundation fulfils this mission in accordance with current, existing conditions. The focus of the foundation is on international projects within our established priority areas of social care, training and education, and self-sufficiency.

The goal of Läkarmissionen's development programmes is to create opportunities for vulnerable individuals to transform their own lives and benefit from a better future. The aid we provide aims to reinforce the inherent strength of individuals to escape their own poverty and achieve lasting change. Läkarmissionen believes that a combination of development components within social care, training and education, and self-sufficiency can accomplish the desired transformation, a kind of development chain from dependency to independence. In addition to our extensive development aid projects, Läkarmissionen's mission is to respond to various kinds of humanitarian challenge.

Promotion of goals

Goals are promoted by conducting international aid, disseminating information about international development challenges, and conducting advocacy.

International aid

During 2016, Läkarmissionen's development aid efforts have been conducted in approximately 40 countries in Africa, Asia, Latin America and Europe. An increasing number have been conducted in project form, although operational support still exists. As a rule, Läkarmissionen always collaborates with competent local partners in respective target countries to ensure close contacts with the target group and establish relations in the local community, which is a prerequisite for sustainable, effective development aid. Over the years, Läkarmissionen has developed a change theory that we call the Läkarmissionen development chain. Our aim is that our priority areas will be increasingly applied in combinations.

Social care

Social care aid is the project department's broadest priority area, whose task is to meet the needs of the weakest in society. The primary target group is women and children in various states of vulnerability. Läkarmissionen's commitment to combating poverty is strongly focused on the socially vulnerable and prioritises creating better conditions for vulnerable individuals to make use of their own abilities. A prerequisite for this is that they are healthy, exist in a secure environment and have access to food and clean water. Thus the purpose of Läkarmissionen's social care projects is to save lives, create safe home environments and ensure that vulnerable people are empowered to create better lives for themselves.

Social care efforts should preferably be designed for sustainability over time, which makes them ideally suited as the initial component in a commitment that subsequently

includes both training and education, and self-sufficiency.

Social care also includes Läkarmissionen's support for a wide range of health projects, as the concept of health is compatible with the Läkarmissionen brand. An approach that includes health perspectives in all future aid commitments was initiated during 2016. Health initiatives are increasingly linked to resilience, a protection for previously completed development aid efforts. A preventive health initiative is a kind of "medical mission" within every project. A few examples of preventive measures are Läkarmissionen's initiatives for preventive HIV information, vaccination programmes and information about hygiene and sanitation.

Training & Education

Läkarmissionen is strongly committed to training and education because knowledge is a prerequisite for enabling vulnerable individuals to participate actively in society as well as for creating work opportunities and better living conditions. Our commitment to training and education is an integrated element in a development chain whereby components such as literacy and vocational training are linked with microfinance and support for savings groups. Literacy as a fundamental component in personal development is an essential part of Läkarmissionen's commitment to training and education, and vocational training that supports poverty-alleviating self-sufficiency components is an integral part of a large number of programmes.

The largest expansion of Läkarmissionen's educational aid is currently taking place in Africa, but the commitment to training and education in Latin America remains substantial. Literacy is primarily taught using the Laubach "Each one, teach one" literacy method, which is based on interactive education in small groups led by tutors, usually volunteers. During 2016, unique new educational materials in French have been developed and Läkarmissionen has established self-sufficiency projects in several locations as a natural extension of literacy training. In addition, efforts have focused on adding new microfinance components that ensure good long-term opportunities for programme participants. The ability to read and write in one's national language is not an end in itself, but a prerequisite for personal development and a means of empowering individuals to enduring change.

Self-sufficiency

Self-sufficiency aid comprises the final component in the development chain that aims to empower individuals in their desire to develop practical means of livelihood without the need for long-term financial support. Self-sufficiency aid is to a large extent linked to training and education, primarily literacy and vocational training.

A significant proportion consists of various types of microcredit projects, for which Läkarmissionen applies established guidelines that define the types of microcredit that are prioritised. A fundamental requirement is that all microcredit projects include various forms of training and education. There is also a well-defined code that governs the relationship

with borrowers in microcredit projects as well as criteria for the role of implementing organisations and financial prerequisites to ensure that individual borrowers are correctly treated. This has led to an initiative whereby Läkarmissionen has advocated for women to be taught basic literacy skills and receive the tools to start their own small businesses.

In Läkarmissionen's view, training and education is a decisive factor in the creation of self-help groups. Group members begin with internal savings and loans to each other, before progressing to microcredit loans and greater accountability. Another important element is that entire families should be involved in order to strengthen the sustainability of programmes.

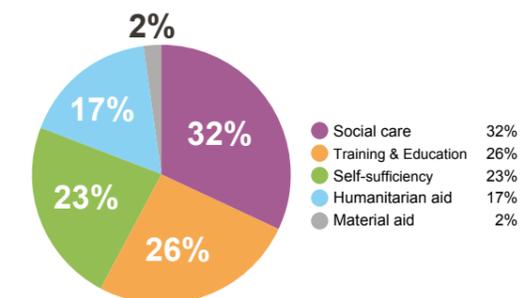
Humanitarian aid

Humanitarian aid efforts focus on saving lives in emergency situations. In the event of a major natural disaster, Läkarmissionen's donors expect to get involved and to make a difference. Läkarmissionen usually organises special fundraising campaigns for this type of humanitarian intervention. In the event of less severe disasters in regions where Läkarmissionen is participating in ongoing development programmes, we also have a duty to act. However, this type of disaster does not usually attract as much media attention in Sweden and funds are raised by means of a small donor appeal.

Läkarmissionen contributes with material aid through its partner organisation, the Human Bridge Foundation, for example hospital supplies have been shipped to several African countries such as Tanzania and DRC. During the year, a number of emergency aid shipments have also been dispatched to refugees fleeing the conflicts in northern Iraq.

Through the EU-CORD network, Läkarmissionen can access a large number of competent collaborative partners almost anywhere in the world, which contributes significantly to Läkarmissionen's capacity to respond rapidly in the event of humanitarian disasters. During 2016, we mainly collaborated with ZOA and Medair to provide aid in conjunction with the drought in East Africa (ZOA) and the powerful hurricane that devastated Haiti (Medair).

The distribution of aid during 2016 was as follows:



Information, communication and fundraising

Part of Läkarmissionen's role is to disseminate information and to conduct advocacy. The monthly MånadsBladet is together with Läkarmissionen's organisation and membership magazine Svenska Journalen, the most important media for providing donors with increased knowledge of Läkarmissionen's

ongoing commitments in the various project countries. Svenska Journalen aims to highlight and disseminate more in-depth information about Läkarmissionen's focus and operations. A project to digitise Svenska Journalen was initiated during the year.

During 2016, the information distributed to donors has once again reflected the broad range of activities in which Läkarmissionen participates. If Svenska Journalen and MånadsBladet are the most important information channels for regular donors then the website is the primary channel for both second-hand customers and the general public. During the year, the project to develop the new website has been completed. Along with social media, the website has become an increasingly significant force in mobilising public commitment to vulnerable individuals. Projects that donors are supporting and how these are transforming the lives of the participants are described in tangible terms. We are also seeing the increasing importance of social media, for example Facebook is still in a class of its own as an effective channel for the rapid dissemination of information about Läkarmissionen's field operations.

Through our numerous meetings and concert events, Läkarmissionen reconnects with a large number of existing donors, recruits new ones and raises funds for our organisation. Läkarmissionen also organises a well-established choral and concert concept known as "Songs for Life", which serves as an outstanding information channel for Läkarmissionen's various aid efforts. Meeting with donors through music and concerts is an important aspect of communicating information about our activities.

Significant partnerships

Swedish Mission Council (SMC)

Our partnerships in the SMC network are crucial to our aim of remaining a relevant quality partner for institutional donors. During the year, Läkarmissionen has organised its first SMC-funded project to support human rights for vulnerable women and children in Honduras. The SMC project will receive Sida-funded support between 2016 and 2018. In addition, a member of staff from Läkarmissionen was appointed to the SMC board and the collaboration with SMC has intensified.

Human Bridge

As one of the founders of Human Bridge, Läkarmissionen is involved in a comprehensive material aid programme that provides medical supplies to a number of countries, primarily in Africa. The programme promotes a combination of development and environmental activities. In order to raise funds for a large number of material aid shipments, over 7,000 tonnes of textiles were collected during 2016, which also contributes to better housekeeping and a reduced environmental impact in Sweden.

EU-CORD

During the year, Läkarmissionen has participated in the EU-CORD management committee and contributed to the continuous development and relevance of the network. Through the network, Läkarmissionen can access a large number of competent collaborative partners almost anywhere in the world, which contributes significantly to Läkarmissionen's capacity to respond rapidly in the event of humanitarian disasters. EU-CORD has also strengthened its expertise in advocacy issues and participated in numerous conferences to raise awareness amongst various stakeholders for an inclusive approach to human rights.

Medair

During autumn 2015, our relationship with a long-standing collaborative partner, Medair, has been strengthened. Medair possesses an advanced capacity for humanitarian disaster relief and is headquartered in Switzerland. Through a partnership agreement, Läkarmissonen is now able to participate in the initial emergency phase with its own staff, which creates increased relevance for Läkarmissonen in relation to both existing and new partners. The aim is to have a Läkarmissonen operational field correspondent participating in the Medair first team on site at a humanitarian disaster.

Second-hand shops

Läkarmissonen benefits from a close partnership with four second-hand shops that sell donated clothes, furniture, household items etc. to generate funds towards our aid efforts. The newly-established shop in Bro is now fully operational. In addition to the funds that they raise, the second-hand shops create opportunities for individuals to show their strong sense of personal commitment as volunteers. In terms of turnover, several of our second-hand shops have broken records during 2016, but their financial contribution to Läkarmissonen's development aid did not quite reach budget levels. The second-hand shops are located in Vällingby, Västerås, Bro and Södertälje.

Swedish Fundraising Control – 90 accounts

Development aid is largely financed by donations from private individuals in Sweden. The main fundraising channels for this are the Läkarmissonen 90 accounts (registered donor accounts), which ensure donor security as all revenues are verified by Swedish Fundraising Control (Svensk Insamlingskontroll). Campaigns and other fundraising activities are primarily aimed at private individuals, although some degree of support is donated by companies, foundations and associations.

Radiohjälpen and Världens Barn

During the year, a number of major donations, totalling approximately two million Swedish crowns, were received from Radiohjälpen (Radio Aid), partly in conjunction with Läkarmissonen's commitment to the Världens Barn campaign (Children of the World), but also linked to enhanced collaboration on humanitarian aid efforts. Läkarmissonen has appreciated its involvement in Världens Barn, and enjoys the idea of working generously with other aid organisations for a period each year. The partnership with Radiohjälpen, which is characterised by great openness and transparency, is very important to Läkarmissonen.

Swedish Fundraising Council (FRII)

Membership of the Swedish Fundraising Council trade organisation (FRII) is important for several reasons. The Code of Quality is instrumental in maintaining a high level of credibility for fundraising organisations as a whole, and FRII also enables Läkarmissonen to interact in a number of issues where a united voice carries infinitely more weight.

Fundraising channels

Fundraising is taking place through more and more channels, though donations in response to the distribution of the monthly newsletter MånadsBladet still account for a significant proportion of raised funds. Several campaigns have been conducted during the year, partly using traditional direct marketing but where we are seeing a growing number of donors responding with donations via the website. In May,

we conducted a major Mother's Day campaign, where various influencers contributed to a historically good result. The trend for donors to opt for regular donations by direct debit has also continued. This is still mostly in support of Läkarmissonen's Guardian Angel concept, but many donors are still happy to support Läkarmissonen's aid where it is most needed, which is evidence of the great confidence they have in our organisation. Bequests also represent an important revenue source, which in 2016 raised a total of SEK 31.9 million, or approximately 22 percent of our total revenue.

During the year, several fundraising campaigns related to humanitarian disasters have been conducted, during which some direct marketing was targeted at purchased addresses in order to recruit new donors. The impact of social media such as Facebook and Twitter as communication channels and in support of our various recruitment and fundraising efforts is becoming increasingly important.

Läkarmissonen's extensive meeting and concert event programme enables us to reconnect with many existing donors, while recruiting new ones and raising funds for the organisation. Another source of revenue is various types of corporate sponsorship. A good example of this has been the corporate partnership with Mäklarringen during 2016, and an increasing number of other companies have also made significant donations. A large sum is donated every year by Swedbank/Robur, and 2016 was no different, as their mutual fund shareholders contributed over TSEK 800 to Läkarmissonen's development programmes.

	2016	2015	2014	2013	2012
Fundraising 90-accounts	91,301	103,650	91,900	94,681	85,562*
Bequests	31,912	32,597	37,747	26,791	21,313
Website	3,398	4,715	3,097	3,619	3,071
Second-hand	1,539	1,568	2,113	2,282	1,351
Other	14,960	11,724	8,620	7,827	8,301
Total revenues	143,110	154,254	143,477	135,200	119,598

* including VAT repayments

Earmarked donations

That private individuals respond in the form of donations and bequests to Läkarmissonen is an indication of their confidence in our organisation and our own responsibility to them. Donors can opt to earmark their donations for specific projects or they can delegate this responsibility to Läkarmissonen and ensure that donations are used where they are most needed. During 2016, 70 percent of private donations and an overwhelming majority of bequests were non-earmarked. As Läkarmissonen increasingly seeks institutional support, the proportion of earmarked funds will increase accordingly.

External factors that have impacted our activities

A slowdown and a reduction in total donations suggests that the abolition of tax deductibility for charitable donations for 2016 of at least SEK 200 up to a total of SEK 6,000, which was a political decision, has impacted negatively on total donations. Both increased average donations and terminated regular donations by direct debit have been reported during the year.

SIGNIFICANT EVENTS DURING THE FINANCIAL YEAR

Significant operational changes

Vinnova

During 2016, Läkarmissonen has been granted funds by the Swedish innovation agency VINNOVA to co-ordinate and participate in a major collaborative project concerning "Sustainable Innovation for International Crisis and Disaster Responses", which will begin in January 2017 and last for two years. The project will highlight Swedish sustainable solutions that protect and save lives during crisis and disaster responses. It will also contribute to ensuring that Swedish innovations are at the forefront of the world market, while helping to meet the global Sustainable Development Goals. More specifically, Sweden must innovate an efficient delivery model in order to develop sustainable products and services for WASH (Water, Sanitation and Hygiene), including concepts for test beds, frameworks for sustainability assessment and a collaboration platform. The work to develop the platform will be managed by Läkarmissonen and will include stakeholders from public authorities, the business world, aid organisations, universities and institutes, among others. The purpose of the platform will be to co-ordinate Swedish innovation in crisis and disaster response issues.

New literacy material

In close partnership with local employees from Strömmestiftelsen, a team from Läkarmissonen's regional resource centres and French language experts have developed completely unique educational materials in French. The aim is to devise a concept in which water and sanitation, in combination with literacy, savings groups and entrepreneurship, create successful poverty alleviation for long-term sustainable change in West Africa. This is a concept that Läkarmissonen will continue to develop together with implementing partners throughout the French-speaking parts of West Africa.

Qualitative and quantitative targets

Financial targets

The organisation has exceeded its 2016 revenue target by approximately SEK 500,000. This was mostly due to the continued high bequest revenues that offset a relatively large drop in raised funds linked to fewer humanitarian disasters during 2016 compared with 2015.

Project targets

The project organisation is involved in a large number of projects in which the aim of the different project targets is to contribute to the long-term goals. The goals include strengthening operations and our partner organisations through method, programme and organisational development, as well as disseminating good practices and approaches amongst our partner organisations. Läkarmissonen's long-term strategic plans and annual business plans steer us to how we can improve our aid efforts more tangibly. The global Sustainable Development Goals are another benchmark for our efforts. Läkarmissonen's target for 2016 was to increase the number of vulnerable individuals that are offered the opportunity and the tools to transform their own lives. In this aim, our target is to involve 290,000 beneficiaries in our various aid programmes. In 2016, almost 300,000 people

participated in our aid programmes, which is equal to a target fulfilment rate of over 100%.

Systematic learning and continuous improvement

In order to ensure that systematic improvements are implemented, Läkarmissonen applies a quality system in which procedures related to operations, policy documents and role/work descriptions govern our organisation. When a deviation occurs, a non-conformance report is submitted to avoid repeating a similar mistake and to ensure that a better procedure is applied. Both the Board and the management group conduct evaluations of the organisation with the aim of ensuring that the organisation develops continuously and that lessons learned are communicated to the relevant parts of the organisation.

There is considerable development potential in bringing together lessons learned from the different projects in which Läkarmissonen has been involved. Good ideas and methods can be disseminated to our partners and different countries. Several educational seminars have been conducted in the field, during which some of our partner organisations had the opportunity to enrich each other with their experiences.

During 2016, Läkarmissonen conducted a practical training internship for three students in partnership with Social Workers Without Borders. The work of the students provided Läkarmissonen with new tools and skills as well as clear input and a strengthening of the implementing partners' ability to carry out analysis of their work.

One concept that Läkarmissonen is developing together with local partners is a rapid emergency response programme. The purpose is to develop the skills and capacity for early intervention in the event of a humanitarian situation, i.e. a local disaster. The primary task of every partner is to develop their core activities, but they also have a responsibility to act if a disaster occurs. In the work to strengthen the capacity of our partners in humanitarian situations, Läkarmissonen has organised a Do No Harm seminar together with other partners. Learning together with others and involving other strong collaborative partners in the training enhances the skills both of local partners and of Läkarmissonen.

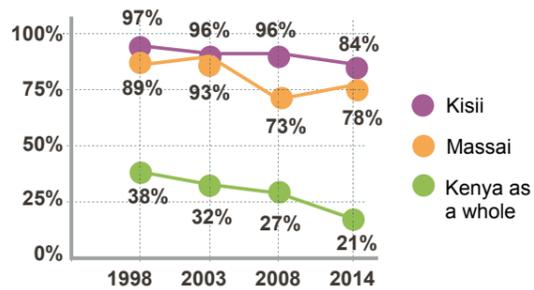
Läkarmissonen tries to learn lessons both from what has worked well and from what has been less successful. During any programme, some participants may drop out and not all of them pass the final exam. Former street children may have difficulty adjusting to school and permanent accommodation, and be attracted back to homelessness. Some microcredit group members may not be able to repay their loans and are obliged to drop out of the programme. Where things are not working well, we support our partners in finding solutions that will achieve the goals. Sometimes a solution can be simple, while in other cases we may eventually have to terminate the collaboration and can then try to support programme participants with a new partner organisation. It is a constant learning process.

Important milestones in achieving our long-term goals

In the strategy for the long-term eradication of genital mutilation in East Africa, Läkarmissonen has, through prolonged engagement and commitment, contributed to a decrease in the percentage of mutilated girls and women (see the below statistics from the Kenya Demographic and Health Survey).

Both nationally and among the Kisii people, who are one of the target groups that Läkarmissionen's efforts have been aimed at, the trend is heading in the right direction. From 2016, Läkarmissionen's literacy project for the Massai people will also work to combat genital mutilation, a significant initiative in a region where the downward trend has been broken.

Percentage of genetically mutilated women and girls (aged 15–19)

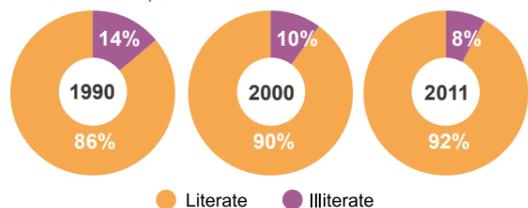


In 2001, the same year as Läkarmissionen began supporting the anti-FGM cause, FGM on girls under 18 years was also banned, and in 2011 it became completely illegal. Although legislation has led to relatively few court cases and in all probability to FGM becoming more surreptitious and with younger victims, it has most likely contributed to the reduction of genital mutilation in Kenya. Nevertheless, Läkarmissionen, ADRA Kenya, and all the other stakeholders that are committed to eradicating this appalling practice are still needed as most girls are still mutilated in some ethnic groups.

Another example of a longer-term impact is Läkarmissionen's programmes to improve literacy in Latin America, where we conduct the training courses via local partners. It is not unrealistic to claim that Läkarmissionen's role, with over two million people having participated in the programme since the 1990s, has had a strong impact on the positive trend in adult literacy in the region, see the 2013 UNESCO figures below. The forecast for 2015 of 93% means a further improvement. However, there are major variations within Latin America and within individual countries.

Läkarmissionen has identified the need for literacy aid in areas that are often inhabited by indigenous peoples or other vulnerable groups where illiteracy and poverty levels are high. In order to enable sustainable poverty alleviation, target groups need to be taught to read and write so that they can claim their rights and participate in civic information and knowledge. Hence literacy courses are an integral part of any development aid programme.

Percentage of literate adults in Latin America UNESCO 2013, UIS No. 26



FINANCIAL RESULTS AND POSITION

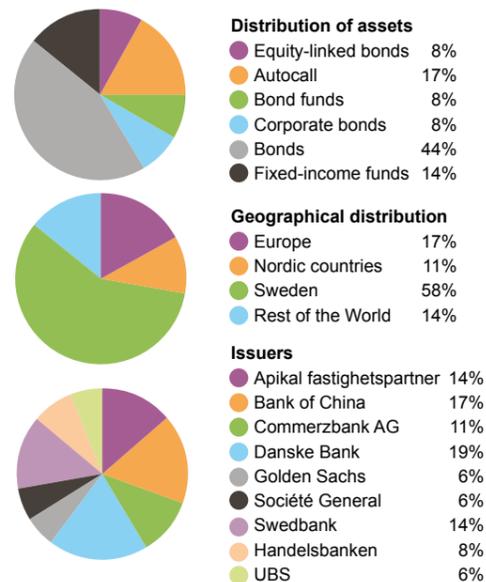
Clarification of financial development

Results for 2016 have finished below budget. Despite investments in staff as well as a new donor system and website, revenue growth has failed to materialise. This has primarily been to a reduction in regular monthly donations and the December campaign not meeting up to expectations. The positive news is that the proportion of institutional funds has increased, Läkarmissionen has continued to generate a high level of bequest revenue and the two major fundraisers linked to the humanitarian situation in East Africa, which suffered from a severe drought in the spring, and the devastating hurricane that hit Haiti in the autumn, received widespread attention in the media. For several years, the organisation has had a healthy revenue surplus that to some extent has been offset by higher project costs during 2015 and 2016. Läkarmissionen's financial support to aid partners in 2016 has been one of the highest since we were established in 1958. Revenues/costs are in line with the established budget and there are no significant deviations.

FINANCIAL INSTRUMENTS

Management of cash and cash equivalents is governed by an investment policy approved by the Board. The purpose of the investment policy is to achieve optimum returns within a framework of low and controlled risk. This must take place without said investments restricting the foundation's ability to make cash available at short notice. The investment policy is available in its entirety on Läkarmissionen's website.

Läkarmissionen takes no currency risk in connection with payments because all project decisions are made in SEK. Real estate and securities received as donations or bequests are disposed of as quickly as is appropriate in accordance with established policy. The investment policy sets out the objectives as stated below. The areas that are regulated are average levels of risk, the minimum rating for investments, safeguarding liquidity, and that we have a good issuer spread and meet yield targets. During 2016, we have achieved the targets that we set for our investments.



Annual comparison	2016	2015	2014	2013	2012
Total revenues (TSEK)	143,110	154,234	143,477	135,200	119,598
Raised funds (TSEK)	133,520	146,119	136,496	129,112	112,268
Profit/loss for the year (TSEK)	- 6,931	- 1,656	6,379	7,139	277
Direct project costs (%)	84%	83%	79%	77%	78%
Fundraising costs (%)	16%	14%	13%	15%	16%
Administrative costs (%)	6%	5%	5%	6%	7%
Equity (TSEK)	88,564	95,495	97,151	90,772	83,633

EMPLOYEES

With the aim of creating an agreeable workplace with a positive work environment, anonymous external surveys are regularly conducted to determine whether any corrective measures are necessary as regards occupational health and other issues related to employee health and well-being. For the past two years, we have conducted CPR training, fire safety training and special security training for staff travelling to challenging areas. A crisis management plan has been established as part of our commitment to increasing security and safety awareness within the organisation. In addition, Läkarmissionen conducts annual internal surveys to capture what employees consider important as regards everything from the workplace in general to their own professional development and job satisfaction. The collective survey results are presented at a joint meeting with all staff. It was particularly encouraging to see that for 2016 all employees working with development aid gave full marks to their collaboration with colleagues. During the year, the organisation has recruited a new meetings and events manager (after a retirement). The programme department has supplemented its organization with a new employee. Recruitment of an operational field correspondent is ongoing. A new head of the project department has been recruited to start in April 2017. Läkarmissionen employs 51 employees in all, 23 of whom work in the second-hand shops.

FUTURE DEVELOPMENT

Läkarmissionen has established a clear strategic plan that points the way forward. Special focus has been placed on creating stronger relationships with institutional donors as a complement to Läkarmissionen's strong fundraising capacity from private donors. The future direction of development programmes is to create the conditions for effective and sustainable poverty alleviation from a human rights perspective through an increased local presence. In our aim to strengthen the resilience of existing projects, health must be applied as an integral core value in every project. There should be a "Medical Mission" in all future project commitments. Investments in enhanced impact assessment and an increased capacity to demonstrate results-based project activities will be carried out continuously in the coming years. There is a good possibility of both increased project volumes and increased aid efforts in the future.

ENVIRONMENTAL POLICY

Our organisation is governed by established sustainability guidelines, which are available on the website. We are prudent as regards travel, purchases and consumption. In addition, Läkarmissionen regulates its field operations by means of a Code of Conduct that sets strict requirements for sustainability and environmental issues. Increasing requirements and documentation are demanded from our suppliers.

REGIONAL RESOURCE CENTRES

For many years, Läkarmissionen has operated an office in Miami that reports to Läkarmissionen's project department in Stockholm, and since summer 2014 we also operate an office in Kampala, Uganda. The aim is for the centres to act as a support system for local partners and facilitate a closer partnership that will enable the exchange of experiences and ensure that the effectiveness of projects improves in the long term. During the year, an additional staff member, with responsibility for project finance, was recruited to the centre in Kampala. In terms of strategic development, an increasing level of responsibility for implementation has been delegated to each resource centre.

MANAGEMENT

Members of the Board are appointed by the Advisory Board of Läkarmissionen at the Annual Meeting, normally for a period of three years.

The Board comprised the following members during 2016:

Bo Guldstrand, <i>President</i>	Staffan Hellgren
Kristin Elmquist (from April)	Erik Kennet Pålsson
Agneta Lillqvist Bennstam	Maria Wiss
Margareta Arvidsson	Sten-Gunnar Hedin
Ingemar Näslund (until April)	Nils Arne Kastberg
Christian Holmgren	Gunnar Swahn (from April)
Amanda Winberg	

The Board has convened five times during 2016. In addition, the Board and the Advisory Board gathered for a seminar in October 2016. Bo Guldstrand is the remunerated President. Staffan Hellgren is Vice-President. Johan Lilja is Läkarmissionen's serving CEO and manages day-to-day operations. The CEO and the Board of Directors operate in accordance with rules of procedure that clearly define the division of responsibilities and work. The Board has working committees with a clear mandate described in the rules of procedure that act as expert support to Läkarmissionen's operational management. Each working committee gathered for meetings four times during the year. The International Steering Committee comprises Anders Lillqvist Bennstam and Margareta Arvidsson as well as the President, the CEO and the Head of the Project Department. Maria Wiss, Christian Holmgren, the President, the CEO and the Heads of Finance and Marketing participate in the National Committee.

Läkarmissionen appoints an auditor on an annual basis. At the Annual Meeting on 25th April 2016, Pernilla Varverud, Authorised Public Accountant from Grant Thornton, was appointed. The foundation is registered at the County Administrative Board of Stockholm County with the foundation number 1000132.

OTHER INFORMATION

Läkarmissionen has several 90 accounts (registered donor accounts), which are as follows:
PG 90 00 21-7, PG 90 17 18-7 BG 900-0217, BG 901-7187 Swish 90 00 217

INCOME STATEMENT

Amounts in TSEK	Note	2016	2015
Operating revenue			
– Donations	3	129 271	142 256
– Grants	3	8 140	7 644
– Net turnover		978	1 293
– Other revenues		4 721	3 061
Total operating revenue		143 110	154 254
Operating costs	4, 5		
– Direct project costs	6	-119 727	-128 665
– Fundraising costs		-23 280	-20 946
– Administrative costs		-7 955	-7 557
Total operating costs		-150 962	-157 168
Operating profit/loss		-7 852	-2 914
Income from financial investments			
– Income from other securities and receivables held as fixed assets	7	819	972
– Other interest income and similar profit/loss items	8	102	286
Total profit/loss from financial investments		921	1 258
Profit/loss after financial items		-6 931	-1 656
Profit/loss for the year		-6 931	-1 656

BALANCE SHEET

Amounts in TSEK	Note	31.12.2016	31.12.2015
ASSETS			
Fixed assets			
Intangible assets			
Capitalised expenditure for software	9	3 936	4 374
		3 936	4 374
Tangible assets			
Expenditure on leased property	10	2 606	3 041
Equipment	11	1 726	2 003
		4 332	5 044
Financial fixed assets			
Long-term investments held as fixed assets	12	36 242	40 458
Other long-term receivables	13	11 500	10 000
		47 742	50 458
Total fixed assets		56 010	59 876
Current assets			
Current receivables			
Other receivables		7 027	6 659
Prepaid expenses and accrued income	14	2 289	2 420
		9 316	9 079
Current investments	15	472	308
Cash and bank		29 666	33 513
Total current assets		39 454	42 900
Total assets		95 464	102 776
EQUITY AND LIABILITIES			
Equity			
Earmarked project funds		69 996	77 168
Profit/loss brought forward		25 499	19 983
Profit/loss for the year		-6 931	-1 656
		88 564	95 495
Current liabilities			
Accounts payable		2 154	2 804
Other liabilities		638	497
Accrued expenses and deferred income	14	4 108	3 980
		6 900	7 281
Total equity and liabilities		95 464	102 776

CHANGES IN EQUITY

Amounts in TSEK	Earmarked project funds	Profit/loss brought forward	Total equity
Opening balance	77 168	18 327	95 495
Earmarked by the Board	69 996	-69 996	-
Utilisation	-77 168	77 168	-
Profit/loss for the year	-	-6 931	-6 931
Closing balance	69 996	18 568	88 564

CASH FLOW STATEMENT

OPERATING ACTIVITIES

	Note	2016	2015
Operating profit/loss		-7 852	-2 914
Adjustment for non-cash flow items			
– Amortisation and impairment		1 150	731
– Profit/loss from disposal of financial fixed assets		-273	202
Interest received		1 192	1 031
Dividends received		-	26

Cash flow from operating activities before changes in working capital

		-5 783	-924
--	--	---------------	-------------

Changes in working capital:

Change in inventories		-	11
Change in current receivables		-235	-2 134
Change in current investments		-164	-223
Change in current liabilities		-381	-7 246

Cash flow from operating activities

		-6 563	-10 516
--	--	---------------	----------------

INVESTING ACTIVITIES

Acquisition of tangible and intangible fixed assets		-	-4 578
Net change in financial fixed assets		2 716	-14 298

Cash flow from investing activities

		2 716	-18 876
--	--	--------------	----------------

Cash flow for the year

		-3 847	-29 392
--	--	---------------	----------------

Cash and cash equivalents at beginning of year

		33 513	62 905
--	--	---------------	---------------

Cash and cash equivalents at end of year

16		29 666	33 513
----	--	---------------	---------------

NOTES

Note 1 Accounting and valuation principles

The accounting and valuation principles applied in these financial statements are compliant with the Swedish Annual Accounts Act and the governing guidelines of the Swedish Fundraising Council for annual reports. The principles are unchanged compared with previous fiscal years.

Operating revenue

Revenue has been recognised at fair value of the consideration received. As a main rule, revenue in the form of donations or grants is recognised when the related transaction has been legally executed.

The term "donation" refers primarily to funds raised from private individuals and companies. The term "grant" refers primarily to funds raised from external donors after application. Conditional donations are considered to be grants.

Grants received from Världens barn/Radiohjälpen have been disbursed to recipients abroad. Other revenues consist of ticket sales and choir fees as well as invoiced costs related to the second-hand shops.

Direct project costs

Direct project costs are defined as costs that are directly incurred while fulfilling the organisation's purpose and/or its statutes. Direct project costs consist of funds from the public that have been allocated to projects.

They include costs for Svenska Journalen, information and advocacy in accordance with the purpose, for example all costs for staff, travel, auditing, etc. that are directly related to the purpose. Joint costs allocated as direct project costs are also recognised as direct project costs.

Fundraising costs

Fundraising costs are defined as the necessary costs incurred while generating external revenue. They include all costs incurred during fundraising activities with the general public, companies and organisations, as well as campaigns, printed materials, postage, salaries, social security contributions, etc. Joint costs allocated as fundraising costs are also recognised as fundraising costs.

Administrative costs

Administrative costs are defined as costs incurred while administering the organisation. They include costs for the Board, salaries and social security contributions for the administrative staff, as well as joint costs allocated as administrative costs.

Tangible and intangible fixed assets

Tangible and intangible fixed assets have been valued at acquisition cost less depreciation/amortisation according to plan.

Depreciation takes place linearly across the asset's estimated useful life. The following depreciation periods apply:

Capitalised expenditure for software	10 years
Expenditure on leased property	10 years
Equipment	5–10 years

Financial fixed assets

At acquisition date, financial fixed assets have been valued at acquisition cost plus direct transaction expenses. Long-term investments have been recognised at acquisition value or fair value (market value), whichever is lower. If the value of the investment depreciates, a test is conducted on the value depreciation if this is considered permanent. If fair value has decreased, a value adjustment is made.

Other assets

Receivables have been recognised, after individual assessment, at the estimated amount that will be received. Receivables in foreign currencies have been reported at closing day rate. Other assets have been reported at acquisition value unless otherwise stated below.

Provisions and liabilities

Unless otherwise stated below, liabilities have been recognised at acquisition value with customary provisions for accrued expenses.

Equity

Earmarked project funds refer to project funds that have been adopted by the Board and that will be disbursed within one year.

Note 2 Accounting judgements and estimates

Donated assets

Donated assets, above all real estate, shares and other securities, donated to the fundraising organisation have been reported in Other Raised Funds in conjunction with asset disposal, and all unlisted securities and real estate for which the sale price can be accurately estimated have been reported in the financial statements.

Amounts in TSEK	2016	2015
Note 3 Operating revenue		
Donations that are reported in the balance sheet		
<i>Raised funds</i>		
General public	95 820	108 090
Bequests	31 912	32 597
Donations from second-hand shops	1 539	1 569
Total (a)	129 271	142 256
Grants that are reported as revenue		
<i>Raised funds</i>		
Radiohjälpen	2 029	3 864
Other grants	2 220	-
Total raised funds (b)	4 249	3 864
<i>Public grants</i>		
Wage subsidies	3 891	3 780
Total public grants	3 891	3 780
Total (c)	8 140	7 644
Total raised funds comprise the following:		
Donations that are reported in the balance sheet (a)	129 271	142 256
Grants that are reported as revenue (b)	4 249	3 864
Total raised funds	133 520	146 120

Note 4 Average number of employees, personnel costs and remuneration to the Board

	2016		2015	
	Total employees	Number of men	Total employees	Number of men
Average number of employees				
Sweden	49	25	45	21
Rest of the world	2	2	2	2
Total	51	27	47	23

Gender distribution in the Board and executive management

	2016	2015
Percentage of women, Board of Directors	42 %	36 %
Percentage of women, Other senior executives	38 %	38 %

Salaries, other remuneration and social security contributions

	2016	2015
Board and CEO	647	622
Other employees	17 951	16 310
Total salaries and remuneration	18 598	16 932

	2016	2015
Social security contributions	7 521	6 727
(of which pension costs)	(1 580)	(1 385)

Salaries and other remuneration distributed by country

	2016	2015
Sweden	17 630	16 011
Rest of the world	968	921
Total salaries and remuneration	18 598	16 932

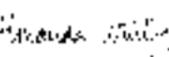
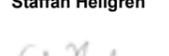
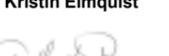
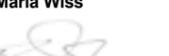
No commission-based remuneration has been issued. TSEK 163 (TSEK 124) of pensions costs regard the CEO. The notice period on the part of Läkarmissionen as well as the CEO is six months. Agreed remuneration regarding salary and pension is payable during the notice period.

Amounts in TSEK	2016	2015
Note 5 Leasing		
Leasing primarily regards office space and office equipment.		
Leasing fees carried as expenses amount to 952 (963).		
Future leasing fees in TSEK are due as follows:		
Within 1 year	966	970
1-5 years	3 570	2 750
Later than 5 years	-	550
The lease for rented premises extends to 2022.		
Note 6 Direct project costs		
Development projects	92 563	98 835
Material aid	1 464	2 000
Information and advocacy in Sweden	7 338	9 703
Meeting/social activities	3 393	4 229
Svenska Journalen	5 755	5 485
Social care in Sweden	8 454	7 835
Miscellaneous	760	578
Total	119 727	128 665
Note 7 Income from securities and receivables held as fixed assets		
Dividends	-	26
Interest	1 092	744
Profit/loss from disposal of shares	-273	202
Total	819	972
Note 8 Other interest income and similar profit/loss items		
Interest	102	286
Total	102	286
Note 9 Capitalised expenditure for software		
Opening acquisition value	4 374	-
Purchases	-	4 374
Closing accumulated acquisition value	4 374	4 374
Closing residual value according to plan	4 374	4 374
Amortisation/Depreciation for the year	-438	-
Closing accumulated amortisation/depreciation	-438	-
Closing residual value according to plan	3 936	-
Note 10 Expenditure on leased property		
Opening acquisition value	4 344	4 344
Closing accumulated acquisition value	4 344	4 344
Opening amortisation/depreciation	-1 303	-869
Amortisation/Depreciation for the year	-435	-434
Closing accumulated amortisation/depreciation	-1 738	-1 303
Closing residual value according to plan	2 606	3 041

Amounts in TSEK	2016	2015
Note 11 Equipment		
Opening acquisition value	2 992	2 788
Purchases	-	204
Closing accumulated acquisition value	2 992	2 992
Opening amortisation/depreciation	-989	-692
Amortisation/Depreciation for the year	-277	-297
Closing accumulated amortisation/depreciation	-1 266	-989
Closing residual value according to plan	1 726	2 003
Note 12 Long-term investments held as fixed assets		
Opening acquisition value	40 458	26 160
To be added	10 853	21 996
Outgoing	-15 069	-7 698
Closing accumulated acquisition value	36 242	40 458
Book value	36 242	40 458
Market value	34 538	38 440
Specification of long-term investments		
Mutual funds	207	205
Fixed income funds	4 991	7 003
Structured products	31 044	33 250
Total	36 242	40 458
Investments have been placed in accordance with the distribution and risk profile specified in the Foundation's investment policy and designated with a 3.1 (2.6) rating on a 7-point scale, in which 1 is the lowest risk level and 7 the highest. Valuation has been based on acquisition value. Securities that mature within one year have been individually assessed and, wherever necessary, their value has been written down. As of 31-12-2016 the book value of the holding has been less than its market value. No value adjustment has been recognised as the decline in value is not considered permanent.		
Note 13 Other long-term receivables		
Opening acquisition value	10 000	10 000
To be added	1 500	-
Closing accumulated acquisition value	11 500	10 000
Book value	11 500	10 000
The entire receivable of TSEK 10,000 is due in 2022.		
Note 14 Accruals		
Prepaid expenses and accrued income		
Prepaid expenses	863	819
Accrued income	1 426	1 601
Total	2 289	2 420
Accrued expenses and deferred income		
Holiday provision	3 172	3 020
Accrued social security contributions	484	464
Other items	452	496
Total	4 108	3 980

Amounts in TSEK	2016	2015
Note 15 Current investments		
Opening acquisition value	308	85
To be added	472	308
Outgoing	-308	-85
Closing accumulated acquisition value	472	308
Book value	472	308
Market value	472	343
Note 16 Liquid assets		
The following components are included in cash and cash equivalents:		
Bank deposits	29 666	33 513
Total	29 666	33 513
Note 17 Pledged assets and contingent liabilities		
The Foundation has no pledged assets. In the opinion of the Board, the Foundation has no contingent liabilities.		
Note 18 Significant events after year-end		
On 31st March 2017, the current Project Director Ove Gustafsson will be leaving his position at Läkarmissionen. During the spring, recruitment of a new Project Director has been completed. The new head of the programme department will be Helena Höij, who will take up the position on 18th April 2017.		

Stockholm 20th March 2017.

 Bo Guldstrand, Ordförande	 Sten-Gunnar Hedin	 Nils Arne Kastberg	 Amanda Winberg
 Margareta Arvidsson	 Staffan Hellgren	 Kristin Elmquist	 Maria Wiss
 Agneta Lillqvist Bennstam	 Christian Holmgren	 Erik Kennet Pålsson	 Gunnar Swahn
 Johan Lilja, Direktor			

My audit report was submitted on 20th March 2017.


Pernilla Varverud
Authorised Public Accountant
Grant Thornton Sweden AB

REPORT ON THE ANNUAL ACCOUNTS

To the Board of Directors of Läkarmissionen stiftelse för filantropisk verksamhet
Org. Reg. No. 802005-9989

Opinion

I have conducted an audit of the Annual Accounts of Läkarmissionen stiftelse för filantropisk verksamhet for 2016. The Annual Accounts of the foundation are included in the printed version of this document on pages 22–36. In my opinion, these Annual Accounts have been prepared in compliance with the Annual Accounts Act and provide, in all material respects, a true and fair view of the Foundation's financial position as of 31 December 2016, and of the Foundation's financial performance and cash flow for the year, in compliance with the Annual Accounts Act.

Basis for opinion

I have conducted my audit in accordance with International Standards on Auditing and generally accepted auditing standards in Sweden. My responsibility under these standards is described in the section entitled "Auditor's responsibility". I am independent of the foundation, in compliance with generally accepted auditing standards in Sweden, and have otherwise fulfilled my ethical responsibilities according to these requirements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Information other than Annual Accounts

The Board of Directors is responsible for information other than the Annual Accounts. Other information comprises the Annual Report (but does not include the Annual Accounts and my auditor's report regarding these). My opinion regarding the Annual Accounts does not include this information and I have not made a statement of assurance regarding this other information.

In conjunction with my audit of the Annual Accounts, it is my responsibility to read the information identified above and consider whether it is incompatible with the Annual Accounts to a significant degree. During this review, I also take into account the knowledge that I have otherwise obtained during the audit and assess whether the information in general appears to contain material misstatements. If I, based on the work carried out in regard to this information, conclude that the other information contains material misstatement, it is my duty to report this. I have nothing to report in this regard.

Responsibility of the Board

It is the responsibility of the Board of Directors to prepare the Annual Accounts and ensure that provide a true and fair view, in compliance with the Annual Accounts Act. The Board is also responsible for such internal control as it deems necessary to prepare Annual Accounts that are free of material misstatement, whether due to fraud or error.

When preparing these Annual Accounts, the Board of Directors is responsible for assessing the Foundation's capacity to continue as a going concern. It provides information, where

appropriate, regarding such circumstances that may affect the Foundation's capacity to continue as a going concern and applies the going concern basis of accounting. However, the going concern basis of accounting does not apply if the Board intends to liquidate the Foundation, cease as a going concern, nor has a realistic alternative to either of these.

Auditor's responsibility

My goal to obtain reasonable assurance that these Annual Accounts as a whole are free of material misstatement, whether due to fraud or error, and to submit an auditor's report that includes my opinions. Reasonable assurance is a high level of assurance, but it is no guarantee that an audit conducted in accordance with ISA and generally accepted auditing standards in Sweden will always detect a material misstatement where such a material misstatement exists. Misstatements can arise from fraud or error and are considered material if, individually or collectively, they can reasonably be expected to influence the financial decisions that users may make based on these Annual Accounts.

As part of any audit conducted in accordance with ISA, I exercise professional judgment and maintain a sceptical attitude throughout the audit. I also:

- identify and assess the risks of material misstatement in these Annual Accounts, whether due to fraud or error, design and perform audit procedures that take these risks into account, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinions. The risk of not detecting a material misstatement due to fraud is higher than it is for a material misstatement due to error, as fraud can involve collusion, forgery, intentional omission, misinformation or a failure of internal control.
- develop an understanding of the part of the Foundation's internal control that is relevant to my audit in order to design audit procedures that are appropriate to the circumstances, but not for the purpose of expressing an opinion on the efficiency of the Foundation's internal control.
- evaluate the appropriateness of the accounting policies used and the reasonableness of accounting estimates and related disclosures.

– draw a conclusion on the appropriateness of the Board of Directors' application of the going concern basis of accounting in preparing these Annual Accounts. I also draw a conclusion, based on the audit evidence obtained, as to whether any material uncertainty exists concerning events or conditions that might cast significant doubt on the Foundation's ability to continue as a going concern. If I conclude that material uncertainty exists, it is my duty to draw attention in my auditor's report to the related disclosures in these Annual Accounts that indicate such material uncertainty. Or, if such

disclosures are inadequate, it is my duty to modify my opinion on these Annual Accounts. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause a foundation to become unviable as a going concern.

– evaluate the overall presentation, organisation and content of these Annual Accounts, including the disclosures, and whether they represent the underlying transactions and events in such a way that provides a true and fair view.

It is my duty to inform the Board of Directors of, inter alia, the planned scope and direction of the audit, as well as its timing. It is also my responsibility to inform the Board of Directors of significant findings during the audit, including any significant deficiencies in internal control that I have identified.

Report on other legal and regulatory requirements

Opinion

In addition to my audit of these Annual Accounts, I have also conducted an audit of the Board of Directors' management of Läkarmissionen stiftelse för filantropisk verksamhet for 2016. In my opinion, no members of the Board of Directors have acted in contravention of the Swedish Foundations Act, the Regulations on Foundations, or the Annual Accounts Act.

Basis for opinion

I have conducted this audit in accordance with generally accepted auditing standards in Sweden. My responsibility under these standards is described in the section entitled "Auditor's responsibility". I am independent of the Foundation in compliance with generally accepted auditing standards in Sweden and have otherwise fulfilled my ethical responsibilities under these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Responsibility of the Board

The Board of Directors is responsible for administration, in accordance with the Swedish Foundation Act and the Regulation for Foundations.

Auditor's responsibility

My goal concerning the audit of the Foundation administration and thereby my opinion on discharge from liability is to obtain audit evidence that allows me with reasonable assurance to determine whether any members of the Board have in any material respect:

– undertaken any action or been guilty of any omission that can give rise to liability to the Foundation, or if there are grounds for dismissal, or

– have in any other way acted in contravention of the Swedish Foundations Act, the Regulations on Foundations, or the Annual Accounts Act.

Reasonable assurance is a high level of assurance, but it is no guarantee that an audit conducted in accordance with generally accepted auditing standards in Sweden will always detect actions or omissions that can give rise to liability to the Foundation. As part of any audit conducted in accordance with generally accepted auditing standards in Sweden, I exercise professional judgment and maintain a sceptical attitude throughout the audit. The audit of the Foundation's administration has primarily been based on the audit of the Annual Accounts. Any additional audit procedures that I have performed have been based on my professional judgment in regard to risk and materiality. This means that I have focused my audit on such actions, areas and relationships that are material for the Foundation and where deviations and transgressions would be particularly significant for the Foundation's situation. I have reviewed and tested decisions made, support for those decisions, actions taken and other circumstances that are relevant to my opinion on discharge from liability.

Stockholm 20th March 2017



Pernilla Varverud
Authorised Public Accountant



PHOTO: Håkan Flank

MEMBERS OF THE LÄKARMISSIONEN BOARD, FROM LEFT TO RIGHT:

Gunnar Swahn

Appointed to the Board in 2016. Long-time member of Läkarmissionen's Advisory Board. Has extensive experience in social aid work with PMU and the Filadelfia Church in Stockholm. Member of the International Steering Group and international working groups of the Pentecostal Alliance of Independent Churches.

Staffan Hellgren

Vice-President. Member of the Board since 2009. Vicar/Area Dean, Church of Sweden, Danderyd. Special interest in microcredits as a development tool. Previous assignments/appointments: Director of Ersta Diakoni, Director of Stockholms Stadsmission, Port Chaplain in Egypt.

Margareta Arvidsson

Member of the Board since 2008. Teacher, Vrigstad. Committed to social aid, literacy, training & education and leadership issues. Previous assignments/appointments: 36 years as a missionary and 23 years as Swedish Vice Consul in Bolivia.

Bo Guldstrand

President. Member of the Board since 1995. Entrepreneur, Stockholm. Engaged in Läkarmissionen's literacy programmes and projects in Eastern Europe. President of Human Bridge. Previous assignments/appointments: corporate executive, various directorships.

Erik Kennet Pålsson

Member of the Board since 2014. Deacon in the Catholic Church, Tyresö. Prioritises programmes in literacy aid. Church planter and deacon engaged in the Catholic Diocese of Stockholm and ecumenism. Author. Member of the Board of the Swedish Soldiers Homes Association.

Nils Arne Kastberg

Member of the Board since 2007. Consultant in humanitarian aid, Örebro and Miami. Committed to children and children's rights. Previous assignments/appointments: Over 40 years of management experience at the UN, for example as Head of UNICEF in Sudan.

Amanda Winberg

Member of the Board since 2015. Lawyer, Bromma. Committed to training & education and microcredits as aid vehicles. Works with commercial law at a law firm, previously as a commercial lawyer and a law clerk. Experience of project work in Uganda and China, and studied the developing countries.

Christian Holmgren

Member of the Board since 2014. Engineer, Stockholm. Special interest in Southeast Asia, education and support for children and children with special needs. Consultant in corporate and project management. Previous assignments/appointments: Humanitarian and missionary work in Bangladesh, Head of Administration at PMU, Pentecostal Director, Vice-President of Dagengruppen.

Agneta Lillqvist Bennstam

Member of the Board since 2005. Doctor, Ludvika. Mainly interested in healthcare and development issues in Africa. Works in insurance medicine. Member of the Uniting Church in Sweden's reference group for health and medical care. 17 years of experience as a missionary in DR Congo and as a company doctor.

Sten-Gunnar Hedin

Member of the Board since 2014. Pastor, Solna. Highly committed to social justice. Previous assignments/appointments: Pentecostal Director, President of RPG.

Maria Wiss

Member of the Board since 2014. Deacon in the Church of Sweden, Jönköping. Passionate about training & education and self-sufficiency issues. 25 years as a CEO and corporate executive in the hotel and restaurant industry. Experience of and commitment to development aid in India.

Kristin Elmquist (not in photo)

Appointed to the Board in 2016. Upper secondary school teacher in social studies. Especially committed to educational issues, as well as poverty alleviation and development in sub-Saharan Africa. Active at S:t Clara Church, Swedish Evangelical Mission, Stockholm. Master of Political Science with a focus on development issues. Experience in aid projects.

MANY THANKS TO OUR AID PARTNERS FOR A FRUITFUL COLLABORATION AND AN ENRICHING PARTNERSHIP DURING 2016!

AFGHANISTAN

International Assistance Mission (IAM)
Operation Mercy

ARGENTINA

Fundación Nueva Esperanza

BANGLADESH

Adventist Development and Relief Agency (ADRA)
Koinonia

BRAZIL

Agência Social de Talentos (AST)
Instituto Brasileiro de Educação e Meio Ambiente (IBRAEMA)

BURKINA FASO

Assemblée de Dieu
Centre d'Accueil et de rééducation de Salbisgo

BURUNDI

Mothers' Union

CHAD

International Aid Services Chad (IAS)

DEMOCRATIC REPUBLIC OF THE CONGO

Communauté des Eglises de Pentecôte en Afrique Centrale (CEPAC)
Hôpital de Panzi
Organisation pour le Développement Durable de Mai-Ndombe (ODDM)

ECUADOR

Alfalit Ecuatoriano

EL SALVADOR

Alfalisal

ETHIOPIA

Bright Star Relief and Development Association (BSRDA)
Yehiwot Berhan Church of Ethiopia
Development Organisation (YBCEDO)

GUATEMALA

Alfaguat

HAITI

Medair

HONDURAS

Alfasic
Asociación para una Sociedad más Justa (ASJ)

INDIA

Calcutta Emmanuel School
Evangelical Fellowship of India Commission on Relief (EFICOR)
Hand in Hand India

KENYA

Adventist Development and Relief Agency (ADRA)
Hand in Hand Eastern Africa

LEBANON

Medair

LIBERIA

Orphans Concern

MAURETANIA

Association Nature, Développement et Lutte contre la Pauvreté (ANDLP)

MEXICO

Contrato Social para la Educación y la Transformación A.C (CoSoET)

MOLDOVA

International Organisation for Migration (IOM)
Life&Light Foundation
Salvation Army

MOZAMBIQUE

Alfalit
Associação Comunitária Matsatse
Church Mission Action (CMA)

NEPAL

International Nepal Fellowship (INF)
Lalitpur Nursing Campus (LNC)
Medair
Mission East

NICARAGUA

Alfanic

NIGER

International Aid Services Niger (IAS)
Stromme Foundation West Africa

PAKISTAN

Salamat-e-Hazara / TEAM Pakistan

PALESTINE/ISRAEL

Swedish International Relief Association (SIRA)

PANAMA

Asociación PanAlfalit

PARAGUAY

Alfalit del Paraguay

ROMANIA

Life & Light Foundation

RUSSIA

Priut Masha

RWANDA

L'Association Garuka

SENEGAL

Case des Jeunes Femmes

SOUTH AFRICA

Give a Child a Family (GCF)
Siyavuna Abalimi Development Centre (SDC)

SOUTH SUDAN

International Aid Services South Sudan (IAS)
Stromme Foundation East Africa
Sudan Development and Relief Organisation

SUDAN

International Aid Services Sudan (IAS)

SWEDEN

Human Bridge

SYRIA

Medair

TANZANIA

Free Pentecostal Churches of Tanzania (FPCT)
Nkinga Hospital
Muhange Children's Home

UGANDA

International Aid Services Uganda (IAS)
Stromme Foundation East Africa
RETRAK

UKRAINE

Blahodat Grace
Lviv Children Care Center



PHOTO: Hans-Jørgen Ramstedt