

2020

ANNUAL REPORT



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Läkarmissionen is an aid organisation that works to eradicate poverty through projects in water and sanitation, training and education, and health, and we believe that every individual is entitled to a dignified life in a sustainable world. Läkarmissionen was founded in 1958 and is headquartered in Stockholm, Sweden. Over the years, we have grown into a global organisation with 270 employees. We operate our own offices in different countries but also collaborate with local partners. Our operations are largely financed by funds raised from the public in Sweden and by institutional grants.

COVER: WELL DRILLING IN NIGER
 PHOTO: TORLEIF SVENSSON



2020

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The countries named on the map indicate where
Läkarmissionen was active during 2020.



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Sorrow and joy, misery and happiness

Closing the books for 2020 comes with mixed feelings, after a year when the entire world was stricken by a pandemic. It is a tragedy that so many have succumbed to the virus, but it is also chilling to think that just as many could well have died as a result of the restrictions introduced to combat it. The ravages of the disease itself have mainly affected people in the richer part of the world, whereas the impacts of the limitations and restrictions have hit the population in poorer countries hard.

Thus it has become even more crucial that we sustain our aid efforts for the vulnerable, and it is with some satisfaction that we can report that Läkarmissionen has succeeded in implementing planned initiatives, though both adjustments and re-planning were required on several levels. Locally established projects at own country offices with national staff or with domestic partners have proven a sustainable model. There have been moments of delight in many villages when we drilled a new well and water could be pumped out. Clean water makes life much safer and also ensures better health. In our educational projects, in Latin America for example, 25 000 people have learned to read and write, thereby gaining new opportunities for a better future and a stronger role in society.

Our loyal monthly donors are an important and reliable cornerstone of Läkarmissionen. Their backing gives us the courage to enter development projects and humanitarian interventions. When we can pay our own part in institutionally funded projects, the work can be escalated and achieves greater scope and

significance. The stable support of our donors instils us with deep gratitude and pride.

The restrictions and recommendations that were introduced to limit the spread of infection have inevitably impacted our operations. Activities that are normally included in Läkarmissionen's information and fundraising operation could not be carried out. At head office in Stockholm, the majority of the staff has been working from home. It was also particularly complicated in this situation to appoint a new leader of the executive management. With the help of external management support and an extraordinary effort from the staff, we succeeded, and we are delighted to announce that our new Secretary General Josephine Sundqvist has now taken the reins.

Thoughts about how 2021 will turn out also lead to mixed feelings. We are hoping that the vaccines will protect us from the virus and that we will be able to return to a normal life. But will the world be willing to include its poorer regions? What will the aftermath be like in countries that have become even weaker economically? Can sufficient resources be mobilised so that existing food shortages in some parts of the world can be remedied and do not develop into famine? Meeting these challenges will require an enormous global effort.

Läkarmissionen's aid efforts on behalf of the vulnerable are now even more important. We wish to express our deep gratitude to our donors for their support and trust as we continue our commitment to reducing misery and creating happiness and faith in the future.



Bo Guldstrand,
Chairman



PHOTO: ANNA LEDIN WIREN

Our mission

IN HUMANITARIAN CRISIS AND DISASTER SITUATIONS, our immediate focus is on saving lives. In the long term, we support initiatives aimed at empowering the ability of individuals to improve their own lives.

OUR VISION

Dignified life – sustainable world

- By dignified life, we mean that all human beings are unique and of equal value, and that every human being is entitled to live an empowered life and influence key decisions in their own life.
- By sustainable world, we mean a world that is socially, economically and environmentally sustainable, i.e. that development meets current needs without compromising living conditions for future generations. Priority must be given to the basic needs of affected people around the world.

PRIORITISED GEOGRAPHICAL REGIONS

We are committed to working with underprivileged populations in the areas that other international aid has difficulty reaching. Our prioritised geographical regions are:

- Africa
- Latin America
- Countries in Eastern Europe

OUR MISSION

To save lives and empower people

We apply a holistic approach in which we not only save lives but also enable individuals to achieve their full potential. We endeavour to strengthen the resilience of people and societies during crisis and disaster situations.

RIGHTS-HOLDERS

- Women and children are often included in the most vulnerable groups in many of the contexts in which Läkarmissionen operates. For this reason, they are prioritised in our development work.
- In humanitarian interventions the most vulnerable individuals are our priority rights-holders.



PHOTO: TORLEIF SVENSSON

Malnourished children are given a new chance at a clinic in South Sudan.

Fundamental principles for development work

RIGHTS-BASED APPROACH

Läkarmissionen endeavours to apply a human-rights perspective in all its work. This involves ensuring that rights-holders are empowered to identify the underlying causes of each aid effort and to participate in the design and planning of projects as well as their implementation and follow-up. Aid should be linked to human rights as these are laid down in applicable laws, treaties, etc. Furthermore, every aid effort must contribute to increasing the collaboration between duty-bearers and rights-holders in order to clarify and strengthen their respective rights and duties, and create transparency. All forms of discrimination must be counteracted.

CHILDREN'S AND WOMEN'S RIGHTS

The Convention on the Rights of the Child is important both to Läkarmissionen's development aid and to our humanitarian aid. Children are individuals, worthy of the same respect and attention as adults, and their rights must always be respected. The child-rights perspective and the principle

of the best interests of the child are integral to all our aid efforts. Children have the right to be seen as well as the right to be heard and listened to. Importance must be attached to the opinions of children relative to their age and maturity. Our aid efforts must always endeavour to enable the participation of children in the decisions that affect them.

Women and girls comprise half the world's population and they are entitled to the same human rights as men. As declared by the United Nations nearly 70 years ago, these rights include the right to live free from violence, slavery, and discrimination; to be educated; to own property; to vote; and to earn a fair and equal wage. Gender equality and the empowerment of women and girls are central to the 2030 Agenda for Sustainable Development and all 17 of the Sustainable Development Goals (SDGs). In addition to being a fundamental human right, it is essential in achieving peaceful societies, with full human potential and sustainable development. Moreover, it has been shown that empowering women stimulates productivity and economic growth.



PHOTO: PAUL HANSEN

Empowering girls is an important element in the development of societies.



The goal is a dignified life in a sustainable world. There are different ways to achieve this.

Läkarmissionen's Theory of Change

Läkarmissionen aims to offer the right support so that rights-holders can have their rights fulfilled. A sustainable world can only be achieved if a community has opportunities to influence its duty-bearers. Läkarmissionen values each individual life and is committed to saving lives whenever and wherever possible during emergency and crisis situations by addressing immediate needs.

This is how change is achieved – through determined individuals and collective actions within Läkarmissionen's different thematic areas.

- By endeavouring to gain access to and mitigate the impacts of social structures and systems that negatively impact the resilience and livelihoods of the inhabitants of a society.
- By improving access to sustainable healthcare services.

- By providing rights-holders with qualitative and fair education.
- By improving local access to clean water, hygiene and sanitation through close local commitment and collaboration.

These dimensions are analysed in each specific context to ensure an enduring impact in the community. For this reason, the exact causal links that trigger change and enduring impact can be very different for individual interventions. In some contexts, the humanitarian intervention is prioritised, in others the development work. The above-mentioned dimensions guide Läkarmissionen in designing human-rights-based programmes in which innovative methods and health care are included as important key elements.

Läkarmissionen's organisation

LÄKARMISSIONEN HAS A STRONG ORGANISATION due to its local presence with its own offices and due to broad collaboration with partners in the field as well as with international and national networks.

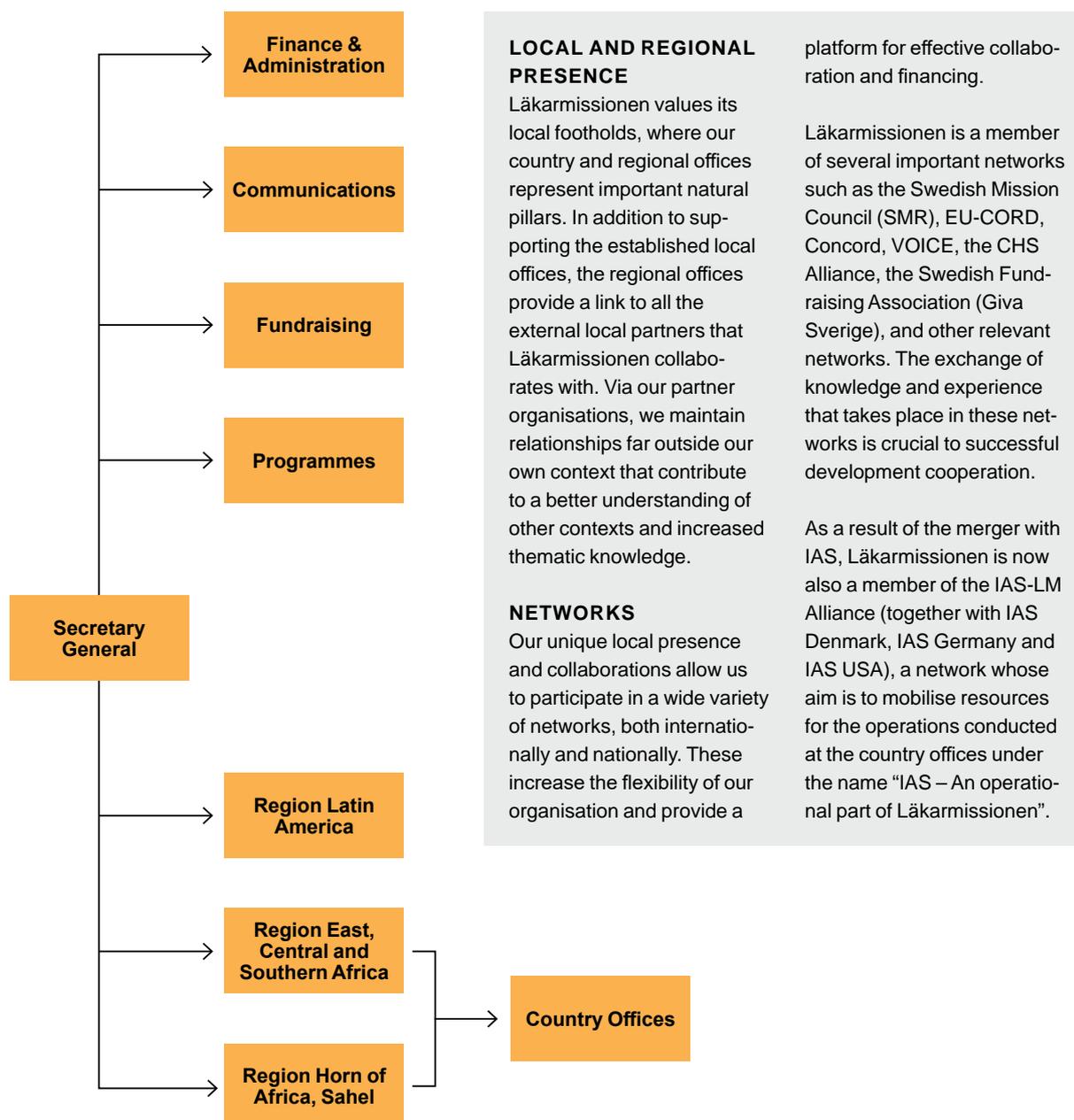




PHOTO: TORLEIF SVENSSON

Läkarmissionen provides water and latrines to refugee camps in several African countries.

Humanitarian – Development Nexus

Both the number and extent of global crises and disasters are increasing, which means that it is becoming increasingly important to work preventively and identify the causes of poverty and vulnerability while conducting emergency responses. Läkarmissionen conducts both emergency relief and development aid. As a result of our presence during crisis and disaster situations, we have the experience and knowledge to conduct development aid that also strengthens local resilience to possible future crises and disasters. We can also respond rapidly in the event of a crisis or disaster through our own local presence and our close, long-term collaborations with local partner organisations. Hence our already strong foothold in the local community is another source of strength. Trust and credibility in local contexts are invaluable components of success.

FUNDAMENTAL PRINCIPLES OF HUMANITARIAN AID

All our humanitarian aid is legally grounded in International Humanitarian Law (IHL), which includes both aid to, and protection of, the civilian population. IHL aims to save lives,

alleviate suffering, and promote human dignity. In defining our humanitarian responses, we endeavour to be sufficiently broad to allow preparedness to be included in the planning, which in turn enables disaster risk reduction (DRR) and resilience programming to be integrated into the aid. Our humanitarian actions are guided by fundamental principles such as impartiality, neutrality, and independence, which, inter alia, are defined in the ICRC's Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief. Läkarmissionen is a signatory to the ICRC Code of Conduct.

OPERATIONAL STANDARDS

IAS was one of the founding members of the Core Humanitarian Standard (CHS) Alliance, and Läkarmissionen's adherence to the CHS Commitments is essential in upholding the necessary operational standards. Both CHS and the other regulatory frameworks that we adhere to such as the Humanitarian Charter and the Sphere Project's Minimum Standards in Disaster Response dictate the basic quality and minimum standards for humanitarian aid.

Thematic areas

LÄKARMISSIONEN ENDEAVOURS TO contribute directly or indirectly to several of the global goals for sustainable development, primarily to SDGs 1, 3, 4 and 6.

SOCIAL AND ECONOMIC INTEGRATION FOR THE MOST VULNERABLE

Poverty prevents development at all levels and must therefore be combated in order to provide opportunities for the most disadvantaged. The concept of poverty encompasses several dimensions, for example a scarcity of resources, a lack of rights and opportunities to make one's own choices, an absence of influence, power and opportunities to make one's voice heard, inadequate health and education, and a lack of human safety and security. Läkarmissionen will combat poverty by strengthening sustainable social and economic networks. The two key aspects of poverty prevention on which Läkarmissionen will focus are livelihood creation and resilience.

In order to create the prerequisites for livelihood creation, Läkarmissionen is engaged in training vulnerable people in entrepreneurship.

Resilience is defined as the ability of humans, organisations or societies to cope with change, recover, and move on from different types of social crisis that could cause



increased poverty. Disaster risk management will be applied in projects in order to provide sustainable resources.

SUSTAINABLE HEALTH

Läkarmissionen supports preventive health care, for example child and maternal health care. We have also prolonged our commitment to women that have been subjected to gender-based violence. We do this via a range of preventive measures as well as with social care and support for the vulnerable. In particularly vulnerable areas, we can also provide support in the operation of care facilities.



EMPOWERING RIGHTS THROUGH EDUCATION AND LITERACY

Illiteracy is a major barrier that prevents individuals from achieving their potential and demanding accountability from duty-bearers. For this reason, Läkarmissionen offers literacy training that empowers individuals to exercise their rights and make their voices heard. One successful model is



Läkarmissionen prioritises the work with SDGs 1, 3, 4 and 6.

intensive courses, known as speed schools, for young people and adults who have never had the opportunity to attend school. This allows them to compensate for their lost schooling quickly. Läkarmissionen is also committed to inclusive education for children and young people with functional impairments.

WATER AND SANITATION

Läkarmissionen applies the integrated water resources management (IWRM) model, which involves considering everyone's right and the right of marginalised and impoverished groups in particular to an adequate amount of water of sufficient quality. Existing resources are secured in order to provide optimum benefit to as many people as possible and to prioritise ecological sustainability and ecosystem protection. The work includes well drilling, renovation of existing boreholes, and pump installation and repair. Additional important components are the management of sanitation issues, and training local residents in basic health and hygiene as well as the maintenance and repair of pumps and other installations.



SUSTAINABILITY

In all our operations, we actively endeavour to work in harmony with the environment and surroundings so as to avoid negative impacts on the living conditions of current and future generations. All projects should contribute to environmentally sustainable development and support the sustainable use of ecosystems. This especially applies to WASH projects, which is why the training components within WASH always include issues related to the climate and environment. Before a project can begin, an environmental impact assessment is carried out to determine the likelihood of any negative environmental impacts.

Productive, ecological and environmentally friendly agriculture is of the utmost importance. Initiatives that focus on food production and agriculture or small-scale entrepreneurship should be included in all support efforts.

Disaster risk reduction (DRR) is applied in the projects to provide sustainable resources.



PHOTO: TORLEIF SVENSSON

A drilled well transforms the lives of people who previously had to walk for several hours a day to the nearest water source, where the water is often not even healthy enough to drink.

Läkarmissionen in figures

DURING 2020, THE COVID-19 PANDEMIC afflicted the world with disease and death, and shut down societies and borders. Yet some of our operations continued as normal. Children were born, wells were drilled and people learned to read and write on Läkarmissionen’s literacy courses. Here is a brief selection from the past year.



HEALTH 3,349 women

received maternal health care at Nkinga Hospital in Tanzania, about half of whom also gave birth to their children at the hospital. But the knowledge about maternal health care reaches many more than the 3,349 expectant mothers. It is disseminated at home in the villages and more people benefit.



SAITUN ROGOTA, PROGRAMME MANAGER IN SOUTH SUDAN, HAS NOTICED THE CONSEQUENCES OF A LOCKED-DOWN SOCIETY ALMOST AS MUCH AS THE VIRUS ITSELF:

I see hungry families that are only able to eat once a day. When borders and communities shut down, people can’t support themselves and die of starvation in their homes.”

(SPRING 2020)

183,237

The number of people that have gained access to clean water via new or restored boreholes and wells.

WATER



Country	Number of people who received clean water
Chad	15 500
Ethiopia	8 628
Niger	38 002
Somaliland	4 000
Sudan	69 294
South Sudan	47 813
Total	183 237

PHOTO: HANS-JÖRGEN RAMSTEDT



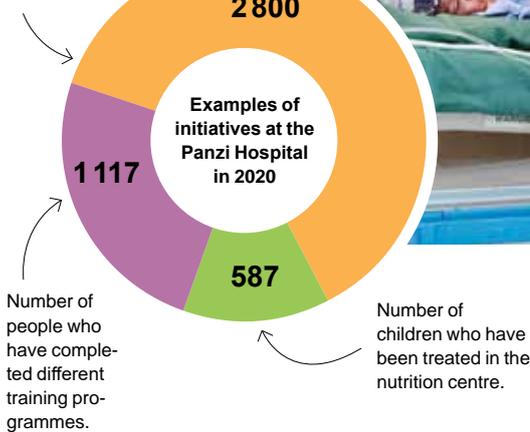
PHOTO: HÅKAN FLANK

A newborn baby receives care at the Panzi Hospital.

“There are no guarantees in life. I’m used to living close to death. But now the situation’s becoming critical and of course I’m worried for myself. I have three children who need me. But I chose to become a doctor for a reason and can’t just run away when danger calls. There’s nobody else here who can do what I do and I’m not leaving the hospital while they need my help.”

JEAN PAUL BUHENDWA, THE ONLY INTENSIVE CARE DOCTOR AT THE PANZI HOSPITAL IN CONGO (MARCH 2020)

This many safe deliveries have been performed.



Number of people who have completed different training programmes.

Number of children who have been treated in the nutrition centre.

NO POVERTY

“The children here are fine but all the staff are exhausted, both physically and emotionally. Some of them haven’t been able to bury their loved ones. Those of us who work in the villages aren’t allowed to meet the children at the centre, which has been the case since March. It works, but it’s sad not to have any contact with the children.”

MONICA WOODHOUSE, GIVE A CHILD A FAMILY, SOUTH AFRICA (JANUARI 2021)

30,052

Number of people reached by food deliveries *

*Give a Child a Family in South Africa distributed food vouchers to 7,513 people who then shared them with their family members. This figure is based on the fact that each voucher was enough for three more people.

TRAINING & EDUCATION

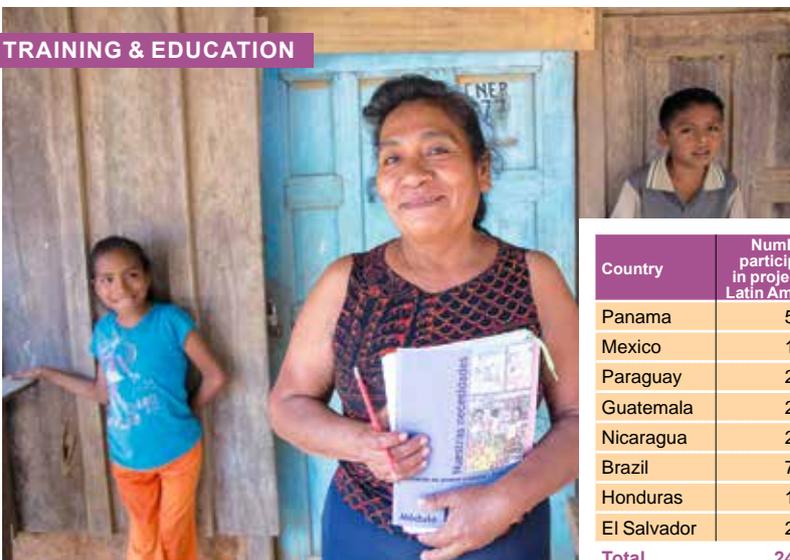


PHOTO: HANS-JÖRGEN RAMSTEDT

Country	Number of participants in projects in Latin America
Panama	5 300
Mexico	1 043
Paraguay	2 248
Guatemala	2 183
Nicaragua	2 665
Brazil	7 883
Honduras	1 225
El Salvador	2 005
Total	24 552

“It all got very complicated when COVID-19 hit and the curves increased quickly in Yemen. Conspiracy theories were widespread and it was difficult to get help and information out to private people. On the other hand, we were able to send PPE to the hospitals, which was much appreciated. In one hospital they didn’t even have any soap.”

JONAS BJÖRNLER, MEDIA MANAGER, DUBAI OFFICE (MARCH 2021)

COVID-19 results during 2020 for many partners in the field:

The restrictions – bigger threat than the pandemic

THE IMPACTS OF THE COVID-19 PANDEMIC have varied greatly during 2020, depending on location. The lack of vaccines for common childhood diseases combined with food shortages have caused greater problems than COVID-19 infections in most of the countries in which Läkarmissionen operates. After several years of declining poverty in the world, the number of people living in extreme poverty increased by 120 million during 2020.

During 2020, the impacts of the COVID-19 pandemic in the countries and regions in which Läkarmissionen is active have varied greatly, both in terms of how our partners in the field have had to deal with the virus itself and the economic consequences for society.

Above all, it is in Africa that the worsening poverty is proving a much greater challenge than the widespread infection and the many deaths.



Dr. Denis Mukwege receives COVID-19 test equipment shipped from Sweden to the Panzi Hospital in DR Congo.

With the exception of South Africa, which has suffered many infections and deaths, the serious concerns expressed during the first months of the pandemic, bearing in mind the inadequate healthcare infrastructure in most of these countries, have not been substantiated.

The most common explanation for the fact that so relatively few have fallen ill and died is the continent's demographics. About sixty percent of the sub-Saharan population are under 25 years of age! In contrast, almost ninety percent of COVID victims globally during 2020 have been over 60 years old.

Nevertheless, it was still hugely satisfying when we – with the help of the Karolinska Institute (KI) and several other organisations – succeeded in supplying DR Congo with 15,000 COVID test kits in July 2020. The Panzi Hospital then became the only hospital within a radius of 1,000 km in the country that had the capacity to test suspected cases of COVID-19!

For our partner in South Africa, Give a Child a Family (GCF), COVID-19 was a dramatic challenge on several levels. The organisation is headquartered in the town of Margate, about 15 miles south of Durban, on the country's east coast. The administrative management of the various operations is based at the centre, as well as a number of social workers that regularly visit different

“During 2020, the number of people suffering extreme poverty has increased by 120 million.”



PHOTO: CAROLINE WESSLÉN

The need for direct humanitarian aid is estimated to have increased by forty percent during 2020.



PHOTO: NOAH AGEMO

Prior to Christmas, we distributed food to the poorest families, whose children are students at the Hope for Children school in the Entoto slum in Addis Ababa.

parts of the region to hold courses and conduct follow-up home visits. In addition, there is a large reception centre for orphaned and abandoned children, and the staff that take care of these children in various ways, round the clock.

The first step that the GCF management took was to cancel all gatherings that involved the whole staff. All staff members with purely administrative duties that could be performed on a computer or phone were required to work from home. In addition, nobody other than the people working in close contact with the children was allowed in that part of the centre. Several of GCF's caregivers even chose to sleep at the centre to reduce the risk of transmission.

The GCF social workers were soon able to establish that the strict official restrictions, whose aim was to reduce commu-

nity spread, were having severe financial consequences. Appeals for food aid and other basic necessities started coming in from an increasing number of families. In addition, some of GCF's most loyal local supporters were forced to inform GCF that they were no longer able to contribute financially as their own businesses had been severely affected by the official lockdown measures.

The educational activities of Hope for Children, our Ethiopian partner in the Entoto slum, were impacted when the authorities decided to close all the schools. Only towards the end of the year were the schools allowed to reopen, much to the relief of the students and their families. When classes resumed, they were made more COVID safe. The size of the classes was reduced, with half the children attending school on one day and the other half on the following day. Several

of Hope for Children’s other educational projects, aimed at former street children and prostitutes, among others, were forced to close for a while but were able to resume in the autumn.

During the year, the economic consequences of the COVID restrictions became increasingly apparent in Ethiopia as well. To alleviate this, Hope for Children organised a major food distribution prior to Christmas to especially hard-hit families.

In Latin America, several countries have been hit very hard by the pandemic. In Mexico as many as 300,000 people may have died of COVID-19 during 2020 alone, when excess mortality for the year is included in the figures. Our partner CoSoET, which mainly conducts literacy projects among the Zapotec people in the state of Oaxaca, decided at an early stage to begin distributing facemasks and hand sanitizer to the participants and teachers on their courses.

“Nine out of ten COVID victims lived in rich or middle-income countries.”

The areas in which CoSoET operates are very isolated. The population is poor and lacks opportunities to obtain these protective articles themselves. In addition, there is a deep-rooted distrust of authority, which resulted in a number of conspiracy theories, for example that the purpose of the hand sanitizer that was being distributed was to poison the Zapotecs.

To allay the fears of the population, Abel Martinez, CoSoET’s long-time Director General, and his staff organised special information meetings in the villages during which the people were shown how to use the hand sanitizer and facemasks. Because CoSoET has been operating in the area for so many years, they are well known and have established great trust.

The literacy courses were then adapted to a more individual type of home tuition in order to reduce the risk of infection. Although this was more time-consuming for the teachers, the quality of the teaching results improved as the courses became much more personal.

Despite all these insights and actions, Abel Martinez paid a terribly high personal price for his tremendous commitment. During the autumn, he himself became infected with COVID-19 and subsequently passed away. It was a bitter blow for CoSoET, which under his leadership had become one of the Läkarmissionen’s most successful partners in terms of literacy training.



PHOTO: DAVID FORSBERG

Abel Martinez paid a terribly high personal price for his tremendous commitment. During the autumn, he himself succumbed to COVID-19.

Although the COVID pandemic will continue to claim victims and impact everyday life in many of the countries in which Läkarmissionen operates, it is apparent that poverty reduction will be our greatest challenge in the coming years. The successes that our partners in the field have achieved in enabling women in particular to provide for their children and families by means of small-scale production and/or the sale of different products have been very negatively affected by pandemic restrictions and the general economic downturn.

For many of the young people that have received aid via different vocational training courses and internships that have given them employment and income, job opportunities have become much scarcer as companies downsize their staff and public purchasing power declines rapidly.

The need for direct humanitarian aid is estimated to have increased by forty percent during 2020, and after several years of declining poverty in the world, the number of people suffering extreme poverty increased by 120 million.

Ninety percent of the more than two million people across the world who have succumbed to COVID-19 during 2020 lived in rich or middle-income countries, while ninety percent of the more than two million who died of causes that national healthcare systems would normally have been able to cope with lived in poor countries.

New Secretary General for Läkarmissionen

On 1 May 2021, Josephine Sundqvist took up her duties as Läkarmissionen's new Secretary General. Josephine is well known in the world of aid and has devoted her entire professional career to international aid and development work.

"I've always worked globally and East Africa is my second home. This is where I and my own children grew up."

According to Josephine, her upbringing has definitely contributed to her strong and deep understanding that the paths we choose in life are important and can play a crucial role for other people. Her parents worked for Läkarmissionen in DR Congo during the 80s. Already at a young age, Josephine developed a direct awareness of how difficult life is for people in the world's most vulnerable areas and at the same time of the power that exists in committed people who are passionate about social change.

"This is the reason that I was attracted to the role of leading Läkarmissionen in Sweden and globally, because it's a courageous organisation that operates in by far the most difficult conflicts and countries, in the most inaccessible places and amongst the most vulnerable. This is where Swedish development aid is needed."

During her professional career, Josephine has followed the work and development at Läkarmissionen closely, and now she will lead the work of Läkarmissionen during arguably the most challenging time that the world has ever experienced.

"Now that we're in the midst of a global pandemic, it's more important than ever to work for the right to good health in the most difficult environments. This is exactly the right time for me to work more dynamically and to lead an organisation that genuinely operates in the field and with people in their local communities, in the difficult environments. And the biggest challenge we have at the moment is the lack of social welfare systems, above all in terms of health, which has become especially evident during the pandemic. We are actually in the midst of two global crises, the environmental and climate crisis and now the pandemic. This is why I see Läkarmissionen as an important stakeholder that can make a difference by driving innovative change based on local communities."

What commitments are important to you and what are you aiming to bring to Läkarmissionen?

"What have always been most important to me in civil society are values, relationships and trust. These are the foundations of the societies that we build together. It's through the human encounters that we create enduring social change. I want to develop our organisational culture into a strong common, global culture in which values, both religious and cultural, have a place. I want to bridge geographical distances between our different countries and regional offices by exploiting the opportunities of digitalisation. I want us to promote a creative culture of innovation. Above all, I want to highlight and aim for what is most essential to human well-being, namely the right to holistic health. This is something that has been one of Läkarmissionen's most important issues since its conception. If we are to achieve the goals of Agenda 2030, good health is key."

BACKGROUND:

Josephine most recently held a position at Sida as a senior strategic advisor, where she was involved in developing environmental, health, digital transformation and innovation aid. Prior to that, she worked as an advisory consultant and representative for well-known stakeholders

such as Act Church of Sweden and the Swedish Mission Council (SMR). Josephine holds a PhD from Uppsala University and has also conducted global research projects on social norms and values within the framework of health systems in developing countries. After several years of operational work in East Africa, Josephine has experienced

the difficult challenges facing Swedish development aid at first hand, above all with regard to the climate crisis and the ongoing global health crisis. In the midst of these crises, she has seen how Swedish development aid makes a genuine difference and that now is the right time to take action and invest even more in our common global development.



PHOTO: ANNA LEDIN WIRÉN

“When you experience women losing their lives during childbirth or children carrying weapons during border checks, it makes you realise that you have a life and an opportunity to make a difference in the world. The direction you choose in life and your life choices are absolutely crucial.”

Management Report 2020

The Board of Läkarmissionen – philanthropic foundation 802005-9989 hereby submits its report for the period 01-01-2020 to 31-12-2020.

GENERAL INFORMATION

Organisation

Läkarmissionen is a politically and religiously independent foundation headquartered in Stockholm. Our operational focus is on implementing development aid in 30 countries in Africa, Latin America, Asia and Eastern Europe via local partners or through our own country offices in Africa.

Our vision: Dignified life – sustainable world. By dignified life, we mean that all human beings are unique and of equal value, and that every human being is entitled to live an empowered life and influence key decisions in their own life. By sustainable world, we mean a world that is socially, economically, and environmentally sustainable, i.e. that development meets current needs without compromising living conditions for future generations. Priority must be given to the basic needs of affected people around the world.

Our mission: Save lives and empower people. We apply a holistic approach in which we not only save lives but also enable individuals to achieve their full potential. We endeavour to strengthen the resilience of people and societies during crisis and disaster situations.

Management of the foundation is the responsibility of a board of directors. The Board, the auditors and the Nomination Committee are appointed by an Advisory Board, which since the Annual Meeting in 2020 has consisted of 40 members. Members of both the Board of Directors and the Advisory Board are usually appointed for a period of three years.

An agreement to merge with International Aid Services (IAS) was reached in 2018, and IAS operations were formally merged into Läkarmissionen in 2019. As a result of the merger, Läkarmissionen acquired country offices as branches in a number of African countries. The work to co-ordinate the two previously separate organisations has continued during 2020.

Purpose and goal

Läkarmissionen's main purpose according to its statutes is to

engage in international aid, which it achieves via international development projects. Our development aid efforts contribute to fulfilling the Global Goals No Poverty (SDG 1), Good Health and Well-being (SDG 3), Quality Education (SDG 4) and Clean Water and Sanitation (SDG 6). Läkarmissionen also conducts emergency humanitarian interventions and supports material aid projects.

Our close contacts with the target groups and our well-established footholds in local communities ensure optimum conditions for effective, resilient development aid. This being so, the right premises have existed for maintaining operations and implementing aid efforts despite the restrictions that the pandemic has entailed.

By combating poverty and creating sustainable conditions, vulnerable individuals can be empowered to build a better future for themselves. Hence our purpose and goal is to strengthen the ability of individuals to transform their own life circumstances in an enduring way. With better health, clean water, training and education, and self-sufficiency, the situation of individuals, families and communities can become more secure.

No Poverty (SDG 1)

Läkarmissionen combats poverty by strengthening sustainable social and economic networks. The two key aspects of poverty prevention are livelihood creation and resilience.



Good Health and Well-being (SDG 3)

Läkarmissionen supports preventive care, for example child and maternal health care. We also provide support to female victims of gender-related violence.



Quality Education (SDG 4)

Läkarmissionen provides training in literacy skills with the aim of empowering individuals to exercise their rights and make their voices heard.



The work also includes special inclusive education for children and young people with functional impairments.

Clean Water and Sanitation – WASH (SDG 6)

Läkarmissionen applies the integrated water resources management model (IWRM). The work includes well drilling and renovation of existing boreholes, sanitation solutions, and rudimentary health and hygiene training.



Humanitarian aid

Humanitarian aid focuses on saving lives in emergency situations. In the event of major natural disasters, there is frequently an expectation among Läkarmissionen’s donors to become involved, in which case special fundraising appeals are conducted. In cases where minor disasters occur in regions where Läkarmissionen is already engaged in ongoing development aid, it is our responsibility to act. Minor disasters are unlikely to attract much media attention in Sweden and aid operations are conducted without a special donor appeal. Through its network, Läkarmissionen can access a large number of competent aid partners in many parts of the world. Läkarmissionen’s offices and staff in vulnerable areas also enable rapid responses in the event of humanitarian disasters. Läkarmissionen has provided funds for existing projects to assist with the acute problems that the pandemic and the associated restrictions have caused.

Material aid

Läkarmissionen provides material aid through its partner organisation, the Human Bridge Foundation, which, for example, ships hospital supplies to several African countries such as Ethiopia, Tanzania and DR Congo. Human Bridge collects and reconditions hospital supplies, and also collects textiles. The purpose of collecting the textiles is to enable the provision of clothing in different humanitarian situations and to sell them to finance aid shipments of material and equipment to hospitals and care facilities. Unfortunately, it has not been possible to deliver any aid shipments for much of the year due to the pandemic.

Communication, advocacy and fundraising

During 2020, twelve issues of the Läkarmissionen’s monthly newsletters containing information about projects and aid efforts, and highlighting current needs, were distributed to active donors. In addition, five issues of Svenska Journalen magazine were published with the aim of describing and disseminating in-depth information about Läkarmissionen’s focus and operations.

The website and social media are also important channels, both in terms of information and fundraising. Through our collaborations with influencers, Läkarmissionen reaches

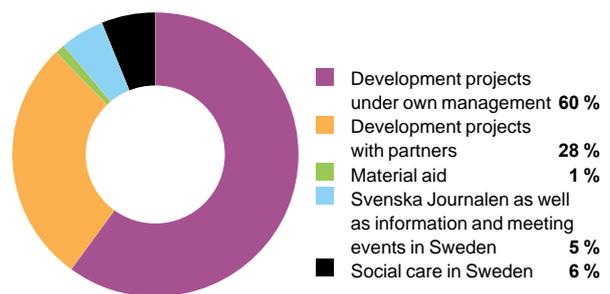
new target groups and receives solid support both in disseminating information about our organisation and for fundraising.

One recurring annual activity during February is Vänliga Veckan (Friendly Week). During 2020, the theme was “Be Kind to Mother Earth”, which highlighted sustainability issues. As in previous years, Friendly Week achieved a broad media impact.

In large parts of the world, girls and women have a lower status than boys and men. At the same time, Läkarmissionen has seen how mothers play a key role when it comes to sustainable change. When mothers receive training and education, the chance to become self-sufficient, and information about their rights, they invest in their children and thereby the future. Läkarmissionen also focuses on mothers when we publish our annual “Mum Report” prior to Mother’s Day, which includes a survey of the thoughts and feelings of Swedish mothers regarding motherhood. During International Women’s Day, Läkarmissionen highlights the issue of female genital mutilation in our annual #varjeflicka (Every Girl) campaign, which concerns every girl’s right to her body and to refuse FGM.

Normally, Läkarmissionen conducts an extensive programme of meeting and concert activities, during which donors connect and funds are raised for the organisation. Unfortunately, this type of donor care and new donor recruitment could not take place as planned during 2020 due to the pandemic.

DISTRIBUTION OF DIRECT PROJECT COSTS



Significant partnerships

Significant partners are the 30 different organisations that conduct projects and aid efforts where all or part of the operation has received grants from Läkarmissionen for several years. In addition, we participate in several important collaborations with different organisations that strengthen Läkarmissionen both as a humanitarian aid provider and as a fundraising organisation.



PHOTO: PAUL HANSEN

By means of airlifts, doctors from the Panzi Hospital can now also save patients in the most inaccessible areas.

Swedish Mission Council

The Swedish Mission Council is an ecumenical umbrella organisation for missionary and development aid organisations that, through an agreement with Sida, can grant funds for international aid. Läkarmissionen's collaboration with SMC is an important component in funding our projects.

ZOA/DFID

In collaboration with the international aid organisation ZOA, Läkarmissionen receives financial support from DFID, the UK government department responsible for administering overseas aid. Projects have primarily been conducted in Sudan.

UNICEF/UNDP/UNHCR

At several of our country offices, Läkarmissionen conducts different projects funded by local and regional UN offices, many of which focus on women and children.

Sida and UNOPS

At the request of Sida, Läkarmissionen is managing a project to develop cross-sectoral collaboration between development aid organisations, the business community, academia/research and public authorities in order to create the prerequisites for sustainable innovations and solutions during aid efforts. The aim is to better enable the fulfilment of existing needs in vulnerable locations in the event of an

international crisis or disaster and during development aid. Collaboration with UNOPS is also an important component of the project.

ECHO

Läkarmissionen receives support from the EU department ECHO for projects related to humanitarian disasters in the countries in which we operate. During 2020, ECHO conducted an audit of Läkarmissionen's operations, after which a new seven-year partnership agreement was signed between ECHO and Läkarmissionen.

IAS Alliance

In Denmark, Germany and the USA, there are three independent IAS organisations that collaborate during the implementation of projects at the country offices. Aid is funded through contacts and grants from institutional donors in the respective countries.

Human Bridge

Läkarmissionen is one of the founders of Human Bridge, whose operations are a combination of aid, environmental promotion and social initiatives, and representatives from Läkarmissionen sit on its Board of Directors. Unfortunately, Human Bridge's operations were severely impacted by the pandemic and only a few aid shipments could be sent in the beginning of 2020.

EU-Cord

Through the EU-Cord network, Läkarmissionen can access aid partners in order to respond rapidly to humanitarian disasters around the world. EU-Cord also works with advocacy issues and participates extensively in various networks and conferences to promote inclusive human rights work.

MAF

The partnership between Läkarmissionen and Mission Aviation Fellowship Sweden enables the efficient provision of medical care and medicine by airlift. This mainly relates to aid to locations in DR Congo that are difficult to access due to the security situation and destruction of infrastructure.

Second-hand shops

Läkarmissionen has a close partnership with four second-hand shops located in Vällingby, Västerås, Bro and Södertälje that sell donated clothes, furniture, household items etc. to generate funds for our aid efforts. In addition to the financial revenue, the shops are also an opportunity for individuals to demonstrate their strong personal commitment as volunteers.

Swedish Fundraising Control – 90 accounts

Development aid is largely funded by donations from private individuals in Sweden. The most important channel for this is Läkarmissionen's 90 accounts (registered donor accounts), which ensure donor security. A 90 account requires that organisations are followed up and guarantees the safe management of raised funds.

Radiohjälpen – Världens Barn and Musikhjälpen

The partnership with Radiohjälpen (Radio Aid) is very important to Läkarmissionen. During the year, several major donations have been received from Radiohjälpen, partly in conjunction with Läkarmissionen's involvement in the Världens Barn campaign (Children of the World), and partly due to a deeper collaboration related to humanitarian aid.

GIVA Sweden (the Swedish Fundraising Association)

Membership of GIVA is important from several perspectives. The GIVA quality code is a tool that ensures a high level of credibility for the industry as a whole. GIVA Sweden also enables Läkarmissionen to collaborate on and advocate for different issues. A common voice is essential to achieving greater impact.

CONCORD

CONCORD Sweden and CONCORD Europe work with policy and advocacy issues with the aim of holding the EU and its member states accountable for fulfilling their pledges regarding the quantity and quality of EU aid.

Fundraising from the public

An important source of revenue for Läkarmissionen is donations from the public, primarily through monthly donations

by direct debit or with the payment slips in our monthly mail-outs. The loyalty shown by our registered donors during the pandemic has been heartening, and it has ensured that monthly donations have remained at a stable level. In fact, total donations increased to MSEK 59 in 2020 from MSEK 56 last year. As in previous years, Läkarmissionen also received a large number of bequests. Revenue from bequests amounted to MSEK 23 (MSEK 29 in 2019). Due to the pandemic restrictions, it has not been possible to carry out some of our normal fundraising and donor recruitment activities, which has resulted in a decline in total annual revenue from the public to MSEK 109 (from MSEK 125 in 2019).

Earmarked donations

According to Läkarmissionen's statutes, raised funds accrued by the foundation that have not been earmarked for special purposes must be used for international aid. If funds are earmarked for other possible purposes as permitted by the statutes, the intended recipient of the earmarked funds must be indicated clearly by the fundraiser or donor. The majority of the funds received can be used where they are most needed as no special purpose has been specified. Bequests are rarely earmarked for special purposes. During 2020, only 10 percent of total donations were earmarked for specific projects or aid efforts (16% in 2019).

Institutional grants for targeted aid

As a rule, institutional grants are always earmarked for specific purposes and these amounted to MSEK 98 during 2020 (MSEK 104 in 2019). Grant applications are submitted both centrally from the head office in Sweden and from the respective country offices.

During 2020, MSEK 60 (MSEK 62 in 2019) of institutional funding was disbursed to projects via the head office in Sweden and MSEK 38 (MSEK 42) directly to the regional and country offices. Grants for development projects normally have a disbursement period of several years. For humanitarian aid, they often apply for one year at a time. The vast majority of institutional grants relate to development projects with a disbursement period of three years.

DISTRIBUTION OF DONATIONS AND REVENUES

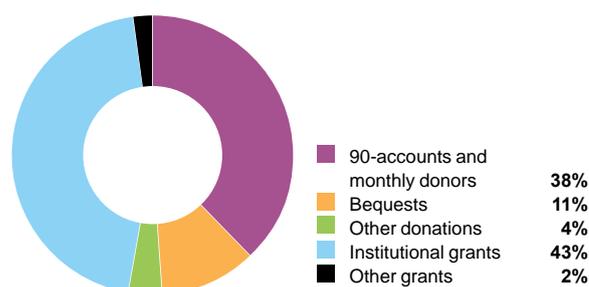




PHOTO: LÄKARMISSIONEN

In the Brazilian Amazon, we distributed “COVID kits” to the most vulnerable, containing facemasks, hand sanitizer, soap and information on how to protect yourself against the virus.

SIGNIFICANT EVENTS DURING THE FINANCIAL YEAR

Impact of the pandemic on operations

Some negative impacts of the pandemic on revenue raised from the public have been evident, especially as regards revenue from outreach activities for fundraising. The decision-making process during grant applications from institutional development aid funders has been perceived as being slightly slower and more cautious, which may be one reason for the reduction in institutional grants during 2020. Implementation of aid efforts and development projects has been achieved but required various forms of adjustment. Additional funding or reallocation of funds has been granted to prevent the spread of infection or to mitigate other effects of the restrictions and precautions introduced in an attempt to control the pandemic.

A large proportion of the staff has been working from home, which has affected change implementation efforts as well as other processes and caused them to become more complicated and time-consuming. Recruitment and on-boarding of new work colleagues has also been hampered to some extent.

Many of Läkarmissionen's recipient countries have been hit very hard by the restrictions. Reports are indicating that as many people died in 2020 as a result of the restrictions in these countries as died of COVID-19 in more affluent parts of the world. The decline and reduction of economic strength in already poor countries has become noticeable in many places. Exact long-term impacts are difficult to predict. Reports of food shortages with a risk of starvation have increased. It is likely that existing vulnerable groups in societies will be hit hardest. Consequently, Läkarmissionen's continued support and efforts to help these vulnerable people will be even more crucial.

Significant operational changes

Through a so-called transfer of assets, the operations of aid organisation IAS were merged with those of Läkarmissionen in 2019. In conjunction with the merger, work was initiated to integrate operations by creating a common strategic plan and adapting the new organisation to it. The new 2020 strategic plan will last for four years. The new organisational plan is decentralised and some duties have been transferred to regional offices, closer to projects and aid efforts, which enables more support to be provided both to our own country offices and to our aid partners. However, implementation of the new organisational structure has been delayed due to the restrictions caused by the pandemic.

In August, Secretary General Lars Arrhenius announced that he would be leaving Läkarmissionen later in the year to take up the position of Equality Ombudsman. In order to

strengthen the management of the organisation and bridge the gap during the recruitment process, Läkarmissionen hired two consultants, Katinka Lindholm and Christer Åkesson, both of whom had experience from similar assignments. The Board decided that the hired consultants would be appointed as general secretaries, each with responsibility for their own part of the organisation, and that work would be co-ordinated via the Chairman.

Learning and continuous improvement

Läkarmissionen's quality system of governing documents, procedures, policies and job descriptions is continuously updated. During 2020, a major review and co-ordination of the documentation was initiated. There are systems for non-conformance reporting and reporting cases of suspected irregularities.

The training seminars that are normally conducted in the field could not take place as planned due to the limitations caused by the pandemic. There is considerable development potential in disseminating good ideas and methods amongst our aid partners and country offices. Preparations have begun to enable this through video meetings.

Goal fulfilment

Since its inception in 1958, Läkarmissionen has contributed to a better life for millions of vulnerable individuals. Läkarmissionen's programmes are largely aimed at women because participation and gender equality are important ingredients in developing local communities towards increased democracy.

Since the 1990s, 3 million people in Latin America have participated in our educational programmes, the majority of whom have been women. As there are major variations within individual countries, Läkarmissionen identifies vulnerable areas and directs its educational aid to where it is most needed.

During 2020, 24,552 people participated in educational initiatives in Latin America, distributed over eight different countries. The literacy courses not only change individual lives, they also have other effects. The social auditing model in Guatemala, during which participants learn how to claim their rights from the authorities, is an example of citizen influence.

WASH, water and sanitation, which has enabled 180,000 people to gain access to clean water in 2020, is one of Läkarmissionen's largest aid efforts. Almost 720,000 people were educated in hygiene and hand washing. 17,000 households received latrines during 2020. The construction of 4,000 accessible latrines for the functionally impaired is particularly satisfying, and they make a tremendous difference to the individuals who have access to them.

REVENUES, ANNUAL COMPARISON	2020	2019	2018	2017	2016
<i>Amounts in TSEK</i>					
FUNDRAISING 90-ACCOUNTS	79 523	74 895	75 411	86 987	91 301
BEQUESTS	22 562	29 203	23 455	21 634	31 327
WEBSITE	4 752	5 244	4 960	4 032	3 398
SECOND-HAND	874	3 285	2 564	2 558	1 539
INSTITUTIONAL GRANTS	92 987	99 291	19 637	6 136	4 249
OTHER	8 754	21 481	7 880	9 278	10 711
TOTAL REVENUES	209 452	233 399	133 907	130 625	142 525

ANNUAL COMPARISON	2020	2019	2018	2017	2016
TOTAL REVENUES (TSEK)	209 452	233 399	133 907	130 625	142 525
RAISED FUNDS (TSEK)	184 083	187 619	108 600	122 553	132 935
OPERATING PROFIT/LOSS (TSEK)	963	1 652	-12 738	-10 363	-8 437
RESULT FROM FINANCIAL INVESTMENTS	-629	418	2 427	1 668	921
DIRECT PROJECT COSTS (%)	86%	86%	89%	85%	84%
FUNDRAISING COSTS (%)	9%	9%	15%	16%	16%
ADMINISTRATIVE COSTS (%)	5%	4%	6%	7%	6%
EQUITY	72 361	73 979	71 945	82 257	88 564

3,349 women received maternal health care at Nkinga Hospital in Tanzania, about half of whom also gave birth to their children at the hospital. But the knowledge of maternal health care reaches many more than those 3,349 expectant mothers. It is disseminated at home in the villages and even more people benefit. In addition, 4,760 women received maternal health care at the Panzi Hospital in Congo, of which 2,800 gave birth at the hospital.

FINANCIAL RESULTS AND POSITION

Revenue

Total operating revenue during 2020 has amounted to MSEK 209 (MSEK 233 in 2019). Donations from the public in the form of raised funds and bequests have amounted to MSEK 109 (MSEK 125 in 2019) and account for 52 percent of total operating revenue.

Profit/loss

Läkarmissionen has reported a surplus of MSEK 1 after depreciation for 2020, which is MSEK 0.7 less than last year.

Direct project costs during 2020 accounted for 86 percent of the operating revenue (86 percent in 2019) and amounted to MSEK 180 (MSEK 200 in 2019). Fundraising and administrative costs during 2020 amounted to MSEK 29 (MSEK 32 in 2019) and accounted for 14 percent of operating revenue (14 percent in 2019).

Financial position

Equity amounted to MSEK 74 at the start of the year and finished at MSEK 72 at year-end. Cash and cash equivalents amounted to MSEK 31 at year-end (MSEK 31 in 2019).

USE OF FINANCIAL INSTRUMENTS

Management of Läkarmissionen's financial investments is governed by an investment policy that includes guiding principles for financial risk as well as rules for ethical placement. The purpose of the investment policy is to optimise returns within a framework of low and controlled risk based on the established rules. The investment policy is available in its entirety on Läkarmissionen's website. At year-end, investments in securities and special loans amounted to MSEK 20.

SUSTAINABILITY INFORMATION

The sustainability aspect must be included in all of Läkarmissionen's work as well as in our governing documents. Läkarmissionen exercises prudence in regard to travel, purchasing and consumption. Interventions in the field are regulated by means of a code of conduct that also defines sustainability and environmental requirements. Läkarmissionen contributes to sustainability through reuse and recycling via its involvement in the second-hand operation and Human Bridge.

Läkarmissionen operates in countries where corruption and financial fraud are a recurring problem. A determined and principled approach is required both to detect and to prevent these issues. Läkarmissionen is proactive in combating corruption and financial fraud at all levels. To enable this, there is an effective whistleblower policy as well as procedures for actions and documentation in cases of suspected corruption.

Occupational health and safety

Mergers often cause stress in the work environment, which is why great emphasis has been placed on developing and establishing a new comprehensive multi-year strategy for joint operations. In addition, a new organisational plan has been linked to this. Implementation has been somewhat delayed by the pandemic and the need to work remotely, but the new strategy has gradually been established. Well-defined areas of responsibility and individual job descriptions create good structure and clarity. An active contact operation combined with active follow-up has ensured that a good working environment has been achieved despite the need to work from home and the lack of opportunities to meet.

Läkarmissionen applies a collective agreement that is regulated between the Unionen trade union and Fremia, the Co-operative Employers' Association. In the annual performance reviews, skills development is one of the most important issues. At the head office in Sweden, full-time employment is considered the norm and part-time employment as an opportunity. Conditions of employment in the field operations mainly comply with local regulations. Preparedness has been increased in order to offset the increased risks and needs of our own staff in risk areas.

Employees in other countries

Läkarmissionen employs about 271 people in 10 countries, 54 of which work in Sweden, with around 30 working at the head office in Vällingby. Most of the staff in other countries are local employees on corresponding project or fixed-term employment and contracts with the country offices. A few employees that serve abroad are employed by Läkarmissionen in Sweden.

Duties within the organisation

During 2019, Läkarmissionen has introduced a new organisational plan and a new operational strategy for the organisation whereby operations will be decentralised through the establishment of three regional offices that can more easily monitor and support projects and field operations in recipient countries. The international programme department is responsible for quality assurance, programme and method development, skills enhancement, and establishing policy. The responsibility of the fundraising department is to involve and raise money from private individuals and to establish partnerships with companies. The new organisation is building its own communications department. In addition,

Läkarmissionen has departments for finance and administration with IT, human resources, accounting and bookkeeping. The work is directed by the Secretary General, who coordinates operations via the management team of regional and departmental heads.

Gender equality and diversity issues

When aid efforts are planned, an equality analysis is conducted in order to clarify the division of work, roles, responsibilities, access to and supervision of resources and positions in society. It is especially important that aid efforts take into account the situation for both women and men and that it is targeted at both groups. Increase male participation in and responsibility for family and society is particularly important. A conscious commitment to diversity within the organisation enhances the organisation's credibility in the eyes of donors as well as the target groups that our aid efforts are targeted at.

Employing people with diverse experiences and backgrounds ensures broader perspectives and knowledge, which enables us to understand different needs and situations. In addition to the Secretary General, the management team comprises four women and three men, and the Board of Directors four women and seven men.

FUTURE DEVELOPMENT

The orientation of the new strategy is to phase out the bulk of our commitment in Asia in the long term. The new organisational plan includes three regional offices with decentralised operational responsibility for development projects and different aid efforts. The responsibilities of the regional offices include both projects with partners and our own aid efforts via the country offices.

The work to co-ordinate and create uniform policies, procedures, instructions and rules for the new joint organisation following the incorporation of IAS operations is still ongoing. Implementation has been more protracted than planned due to the pandemic. For this reason, the review will continue and is scheduled for completion in 2021. As a result of the decentralisation of duties to regional offices, the staff in the international programme department at head office has been reduced. The work to both increase and disseminate expertise and quality at the regional offices remains ongoing.

Läkarmissionen is keen to maintain the current distribution between donations from the public and institutional grants. Many institutional donors expect applicant organisations to finance part of the project themselves, usually around 10 per cent of the project budget. Stable internal fundraising allows funds to be used for independent aid projects and enables the scope and impact of projects to be expanded through the addition of institutional funding.

OVERSEAS BRANCHES/REGIONAL OFFICES

As a result of the merger with IAS, registered branches were added in Sudan, South Sudan, Niger, Chad, Uganda, Ethiopia, Somaliland, Djibouti and Dubai. In order to co-ordinate operations, a regional office with responsibility for the work at country offices and with project partners in the Horn of Africa and in the Sahel region was established in Addis Ababa, Ethiopia during the year. In Kampala, Uganda there is a regional office with similar operational responsibilities for the countries in the eastern, central and southern parts of Africa. To lead the work in Latin America, there is a regional office in Miami, USA. Operations in Eastern Europe and Asia are managed from the head office in Stockholm.

MANAGEMENT

The Board of Directors is normally a foundation's highest level. According to Läkarmissionen's statutes, certain tasks and decisions are delegated to an Advisory Board with the aim of enhancing transparency. The main task of the Advisory Board is to elect the Board of Directors, the auditor, the Nomination Committee and the members of the Advisory Board at Läkarmissionen's annual meeting.

The Advisory Board give Läkarmissionen a broad connection and a solid foundation around Sweden and act as ambassadors in their networks. Since the Annual Meeting in 2020, the Advisory Board has comprised 40 members, who are appointed for three years at a time, with the option of re-election. The Nomination Committee consists of Hans Hallström, Stefan Kinert, Helen Lind Jaktlund and Urban Dahlström.

Members of the Läkarmissionen Board are normally appointed for a period of three years. Bo Guldstrand is the remunerated Chairman. Staffan Hellgren is Vice Chairman. At the 2020 Annual Meeting, Hanna Möllås and Christine Rydberg announced that they were not available for re-election. Maria Wiss also wished to leave the board prematurely. In accordance with the Nomination Committee's proposal, Anna Ljung and Madeleine Sundell were elected as new members of the Board. The other Board members are Margareta Arvidsson, Christian Holmgren, Nils Arne Kastberg, Agneta Lillqvist Bennstam, Erik Kennet Pålsson, Johan Sigge och Gunnar Swahn.

During 2020, the Board members met on ten occasions for Board meetings. The Board has two working committees that act as expert support for Läkarmissionen's operational management as well as preparing and following up Board decisions. Each working committee includes the Secretary General together with executives in the organisation, the Chairman and two Board members. During 2020, the In-

ternational Working Committee comprised Agneta Lillqvist Bennstam and Margareta Arvidsson until October, after which Margareta was succeeded by Gunnar Swahn. The National Working Committee included Christian Holmgren and Maria Wiss until October, after which Maria was succeeded by Johan Sigge.

The Secretary General, Chairman and Board of Directors apply rules of procedure that clearly define the division of responsibilities and work. Rules of procedure with clear mandates are also available for the two working committees. The role of principals and the Nomination Committee is also described in special rules of procedure. At the Annual Meeting 2020, Pernilla Zetterström Varverud from Grant Thornton was appointed as auditor for a further year, with Susanna Johansson as deputy auditor.

Due to COVID-19 restrictions, the Board was not able to convene an Annual Meeting within the time prescribed by the foundation's statutes, which stipulate that the Annual Meeting must be held no later than 30 June every year. Instead, the Annual Meeting was held on 8 October 2020.

The foundation is registered at the Stockholm County Administrative Board under foundation number 1000132.

SIGNIFICANT EVENTS AFTER THE END OF THE FINANCIAL YEAR

In January, the process to recruit a new Secretary General was completed when the Board of Läkarmissionen decided to appoint Josephine Sundqvist to lead operations. Her most recent role has been that of Senior Strategic Advisor at Sida, and she has extensive previous experience from various roles in development aid, primarily in Africa. Josephine Sundqvist took up her position as Secretary General of Läkarmissionen in May.

Website: Läkarmissionen.se
Online shop: lakarmissionen.se/gavoshop
Swish: 90 00 217
90 accounts: PG 90 00 21-7, PG 90 17 18-7,
 BG: 900-0217, BG: 901-7187
Twitter: twitter.com/lakarmissionen
Facebook: facebook.com/lakarmissionen
Instagram: instagram.com/lakarmissionen/
LinkedIn: linkedin.com/company/lakarmissionen



PHOTO: CAROLINE WESSLÉN

When disaster strikes, people may need food assistance, and new seed for sowing.

INCOME STATEMENT

Amounts in TSEK

	Note	2020	2019
Operating revenue			
Donations	3	108 980	124 660
Grants	3	98 032	103 798
Net turnover		423	1 514
Other revenues		2 017	3 427
Total operating revenue	4	209 452	233 399
Operating costs			
	5,6		
Direct project costs	7	-179 595	-200 138
Fundraising costs		-18 177	-21 841
Administrative costs		-10 717	-9 768
Total operating costs		-208 489	-231 747
Operating profit/loss		963	1 652
Profit/loss from financial investments			
Profit/loss from other securities and receivables held as fixed assets	8	-183	1 060
Interest payable and similar profit/loss items		-446	-642
Total profit/loss from financial investments		-629	418
Profit/loss after financial items		334	2 070
Profit/loss for the year		334	2 070

BALANCE SHEET

Amounts in TSEK

ASSETS	Note	31.12.2020	31.12.2019
Fixed assets			
Intangible assets			
Capitalised expenditure for software	9	2 187	2 624
Goodwill	10	2 270	4 539
		4 457	7 163
Tangible assets			
Expenditure on leased property	11	869	1 303
Equipment	12	8 473	11 827
		9 342	13 130
Financial fixed assets			
Long-term investments held as fixed assets	13	15 437	18 931
Long-term receivables	14	5 000	5 000
		20 437	23 931
Total fixed assets		34 236	44 224
Current assets			
Current receivables			
Other receivables	15	39 823	27 207
Prepaid expenses and accrued income	16	4 266	6 752
		44 089	33 959
Current investments	17	139	751
Cash and bank		30 515	30 737
Total current assets		74 743	65 447
Total assets		108 979	109 671

EQUITY AND LIABILITIES

Amounts in TSEK

Equity	Note	31.12.2020	31.12.2019
Donation capital		3 076	3 047
Earmarked project funds		28 892	43 424
Profit/loss brought forward		40 059	25 438
Profit/loss for the year		334	2 070
		72 361	73 979
Long-term liabilities			
Liabilities to credit institutions		2 765	5 123
Current liabilities			
Liabilities to credit institutions		2 261	3 067
Accounts payable		2 848	4 938
Liabilities for received, unutilised grants	18	10 835	9 560
Other liabilities		4 235	2 643
Accrued expenses and deferred income	16	13 674	10 361
		33 853	30 569
Total equity and liabilities		108 979	109 671

CHANGES IN EQUITY

Amounts in TSEK

	Donation capital	Earmarked project funds	Profit/loss brought forward	Total equity
Opening balance	3 047	43 424	27 508	73 979
Received donation capital	29		-29	
Earmarked by the Board		27 770	-27 770	
Utilisation of earmarked funds		-39 318	39 318	
Reversal of unused funds		-2 990	2 990	
Provision fund for equipment		6		6
Profit/loss brought forward from local offices			-1 958	-1 958
Profit/loss for the year			334	334
Closing balance	3 076	28 892	40 393	72 361

CASH FLOW STATEMENT

Amounts in TSEK

	Note	2020	2019
OPERATING ACTIVITIES			
Operating profit/loss		963	1 652
Adjustment for non-cash flow items			
Amortisation and impairment		6 566	6 314
Other items	19	-1 952	-7 482
Interest received		850	1 119
Interest paid		-446	-642
Cash flow from operating activities before changes in working capital		5 981	961
Changes in working capital:			
Change in current receivables		-10 130	-19 147
Change in current investments		612	-1
Change in current liabilities		4 089	11 264
Cash flow from operating activities		552	-6 923
INVESTING ACTIVITIES			
Acquisition of tangible fixed assets		-71	-
Net change in financial fixed assets		2 461	12 890
Cash flow from investing activities		2 390	12 890
FINANCING ACTIVITIES			
Amortisation of debt		-3 164	-3 538
Cash flow from financing activities		-3 164	-3 538
Cash flow for the year		-222	2 429
Cash and cash equivalents at start of year		30 737	28 308
Cash and cash equivalents at end of year	20	30 515	30 737

Note 1 Accounting and valuation principles

The accounting and valuation principles are compliant with the Annual Accounts Act, BFNAR 2012:1 (K3), and the governing guidelines for annual reports of the Swedish Fundraising Council according to K3.

The income statements and balance sheets of overseas branches have been translated according to the current exchange rate method, i.e. the income statement at the average exchange rate for the period and the balance sheet at the exchange rate on the balance sheet date.

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 has been 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 upon application.

Conditional donations are considered to be grants.

Grants received from Världens barn/Radiohjälpen have been disbursed to recipients abroad.

Net turnover consists primarily of ticket sales and choir fees from Läkarmissionen concerts.

Other revenues consist of 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 comprise funds from the public that have been allocated to projects.

They include costs for Svenska Journalen, information and advocacy in accordance with the purpose such as 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, such 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 the cost of the Board, costs for 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
Goodwill	3 years
Investment in leased property	10 years
Equipment	5-10 years

Financial fixed assets

Financial fixed assets have been valued at acquisition cost plus direct transaction expenses at acquisition date. 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 to 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**

Assets, primarily real estate, shares and other securities, donated to the fundraising organisation have been reported in Raised Funds from the General Public 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

Note 3 Raised funds

Donations reported in the balance sheet

	2020	2019
<i>Raised funds</i>		
General Public monthly donors	58 730	56 428
General Public other	23 953	32 574
Companies	2 861	3 170
Bequests	22 562	29 203
Donations from second-hand shops	874	3 285
Total (a)	108 980	124 660

Grants reported as revenue

Raised funds

Radiohjälpen	2 498	3 472
ZOA/DFID	23 005	15 120
Other organisations	49 600	44 367
Total raised funds (b)	75 103	62 959

Public grants

Government	5 045	4 507
SIDA/Swedish Mission Council	17 884	36 332
Total public grants	22 929	40 839
Total (c)	98 032	103 798

Total raised funds comprise the following:

Donations reported in the balance sheet (a)	108 980	124 660
Grants reported as revenue (b)	75 103	62 959
Total raised funds	184 083	187 619

Note 4 Operating revenue received from each country

Country

Sweden	120 411	140 148
Ethiopia	4 900	10 377
Niger	7 794	15 475
Somaliland	3 196	2 711
Sudan	50 992	27 618
South Sudan	11 991	17 207
Chad	6 131	9 489
Uganda	4 037	10 375
Total project countries	209 452	233 399

Note 5 Average number of employees, personnel costs and remuneration to the Board

Average number of employees

	2020		2019	
	Total employees	Number of men	Total employees	Number of men
Sweden	54	32	56	34
Rest of the world	217	168	292	213
Total	271	200	348	247

Gender distribution in the Board and executive management

Percentage of women

Board of Directors	36%	42%
Other senior executives	57%	54%

Amounts in TSEK

Salaries, other remuneration and social security contributions	2020	2019
Board and Secretary General	908	874
Other employees	46 745	50 776
Total salaries and remuneration	47 653	51 650
Social security contributions in Sweden	8 100	9 567
(of which pension costs)	(1 599)	(2 035)
Salaries and other remuneration by country		
Sweden	22 263	22 537
Rest of the world	25 390	29 113
Total salaries and remuneration	47 653	51 650

No commission-based remuneration has occurred.

TSEK 244 (TSEK 267) of pensions costs regard the Secretary General.

The notice period on the part of Läkarmissionen as well as the Secretary General is six months.

Agreed remuneration regarding salary and pension is payable during the notice period.

Note 6 Leasing

Leasing primarily regards office space and office equipment. Leasing fees carried as expenses amount to 1 584 (1 534).

Future leasing fees in TSEK are due as follows:

Within 1 year	1 540	1 496
1-5 years	3 591	3 673

The lease for rented premises extends to 2026.

Note 7 Direct project costs

Development projects	157 690	172 398
Material aid	1 000	1 500
Information and advocacy in Sweden	5 578	9 385
Meetings	1 685	3 452
Svenska Journalen	2 524	2 763
Social care in Sweden	10 352	9 710
Miscellaneous	766	930
Total	179 595	200 138

Note 8 Profit/loss from securities and receivables held as fixed assets

Interest	850	1 119
Profit/loss from disposal of shares	-1 033	-59
Total	-183	1 060

Note 9 Capitalised expenditure for software

Opening acquisition value	4 374	4 374
Closing accumulated acquisition value	4 374	4 374
Opening amortisation/depreciation	-1 750	-1 313
Amortisation/Depreciation for the year	-437	-437
Closing accumulated amortisation/depreciation	-2 187	-1 750
Closing residual value according to plan	2 187	2 624

Amounts in TSEK

	2020	2019
Not 10 Goodwill		
Opening acquisition value	6 809	-
Acquisitions for the year	-	6 809
Closing accumulated acquisition value	6 809	6 809
Opening amortisation/depreciation	-2 270	-
Amortisation/Depreciation for the year	-2 269	-2 270
Closing accumulated amortisation/depreciation	-4 539	-2 270
Closing residual value according to plan	2 270	4 539
<i>In conjunction with the merger with IAS Sweden, a goodwill item occurred, which will be amortised over three years.</i>		
Note 11 Expenditure on leased property		
Opening acquisition value	4 344	4 344
Closing accumulated acquisition value	4 344	4 344
Opening amortisation/depreciation	-3 041	-2 606
Amortisation/Depreciation for the year	-434	-435
Closing accumulated amortisation/depreciation	-3 475	-3 041
Closing residual value according to plan	869	1 303
Note 12 Equipment		
Opening acquisition value	17 504	12 836
Purchases	71	4 668
Disposals	-452	-
Closing accumulated acquisition value	17 123	17 504
Opening amortisation/depreciation	-5 677	-2 505
Disposals	122	-
Amortisation/Depreciation for the year	-3 095	-3 172
Closing accumulated amortisation/depreciation	-8 650	-5 677
Closing residual value according to plan	8 473	11 827
Note 13 Long-term investments held as fixed assets		
Opening acquisition value	18 931	30 001
To be added	1	2
Outgoing	-3 495	-11 072
Closing accumulated acquisition value	15 437	18 931
Book value	15 437	18 931
Market value	14 665	17 790
Specification of long-term investments		
Mutual funds	213	212
Structured products	15 224	18 719
Total	15 437	18 931

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 (3.3) 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, where necessary, their value has been written down. As of 31-12-2020 the market value of the holding has been less than its book value. No value adjustment has been recognised as the decline in value is not considered permanent.

Amounts in TSEK

Note 14 Long-term receivables	2020	2019
Opening acquisition value	5 000	6 820
Outgoing	-	-1 820
Closing accumulated acquisition value	5 000	5 000
Book value	5 000	5 000
<i>TSEK 5,000 is due in full in 2022.</i>		
Note 15 Other receivables		
Other receivables		
Taxes	203	124
Project grants receivable	27 549	15 933
Other current receivables	12 071	11 150
Total	39 823	27 207
Note 16 Accruals		
Prepaid expenses and accrued income		
Prepaid expenses	1 263	2 719
Accrued income	3 003	4 033
Total	4 266	6 752
Accrued expenses and deferred income		
Holiday provision	4 292	3 974
Accrued social security contributions	566	622
Deferred income	7 710	3 411
Other items	1 106	2 354
Total	13 674	10 361
Note 17 Current investments		
Opening acquisition value	751	750
To be added	69	751
Outgoing	-681	-750
Closing accumulated acquisition value	139	751
Book value	139	751
Market value	188	1 296
Note 18 Liabilities for received, unutilised grants		
The item includes liabilities relating to public grants of TSEK 1,706.		
Note 19 Other information for the cash flow statement. Adjustments for items not included in the cash flow.		
Non-cash flow affecting items from the overseas branches have been reported under Other items.		
Non-cash flow affecting items from the transfer of assets and liabilities in 2019 were reported under Other items in the comparison year.		
Note 20 Liquid assets		
The following subcomponents are included in liquid assets:		
Bank deposits	30 515	30 737
Total	30 515	30 737

Note 21 Pledged assets and contingent liabilities

The Foundation has no pledged assets. In the opinion of the Board, the Foundation has no contingent liabilities.

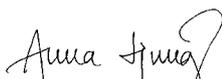
Note 22 Significant events after year-end

In January 2021, the process to recruit a new Secretary General was completed when the Board of Directors agreed to appoint Josephine Sundqvist to lead the organisation. Her most recent role was that of senior strategic advisor at Sida and she has extensive previous experience from numerous roles in development aid, primarily in Africa. Josephine Sundqvist will take up the position of Secretary General at Läkarmissionen in May.

Stockholm, in April 2021



Bo Guldstrand, Chairman



Anna Ljung



Nils Arne Kastberg



Johan Sigge



Margareta Arvidsson



Staffan Hellgren



Madeleine Syndell



Agneta Lilqvist Bennstam



Christian Holmgren



Erik Kennet Pålsson



Gunnar Swahn

My Auditor's Report was submitted in May 2021



Pernilla Zetterström Varverud
 Authorised Public Accountant
 Grant Thornton Sweden AB

Auditor's Report 2020

To the Board of Directors of Läkarmissionen – philanthropic foundation
Org. Reg. No. 802005-9989

REPORT ON THE ANNUAL ACCOUNTS

Opinion

I have conducted an audit of the Annual Accounts of Läkarmissionen – philanthropic foundation for 2020. 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 2020, and of the Foundation's financial performance and cash flow for the year, in compliance with the Annual Accounts Act. The Management Report is consistent with the other parts of the Annual Report.

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

This document also contains information other than the Annual Accounts that is presented on pages 2-19. It is the Board of Directors that is responsible for information other than the Annual Accounts.

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 it. 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 they 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 goals are 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 circum-

- stances, 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 – philanthropic foundation for 2020. 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

It is the Board of Directors that is responsible for administration, in compliance with the Swedish Foundation Act and the Regulation for Foundations.

Auditor's responsibility

My goal in regard to 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 may 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.

Remark

The foundation's statutes stipulate that the Annual Meeting must be held no later than 30 June. As stated in the management report, the foundation's Annual Meeting could not be held within the time prescribed by the statutes due to COVID-19 restrictions. This has not caused any harm to the foundation.

Stockholm, in May 2021



Pernilla Zetterström Varverud
Authorized Public Accountant

MEMBERS OF THE LÄKARMISSIONEN BOARD 2020:

Margareta Arvidsson, Vrigstad.

Worked as a teacher and engaged in various board assignments. Served as a missionary in Bolivia for 36 years, including teaching and leadership development, and as the Swedish Vice Consul. Board Member since 2008.



Anna Ljung, Visby.

B.Th. and human rights graduate. Parish and hospital pastor in the Uniting Church in Sweden. Broad international experience, i.a. in the World Council of Churches. Part of the Swedish Mission Council and Christian Council of Sweden's working group on mission theology. Board member since 2020.



Bo Guldstrand, Danderyd.

Board Chairman since 2015. Former company manager now with his own consulting firm. Board assignments include chairmanship of Human Bridge. Board member since 1995.



Erik Kennet Pålsson, Tyresö.

Served as a deacon and church planter in Stockholm's Catholic diocese. Author committed to ecumenical issues and the work of Caritas. Board member since 2014.



Staffan Hellgren, Åkersberga.

Vice Chairman. Vicar in the Church of Sweden, Österåker. Previously served as Director of Ersta Diakoni and Stockholm Stadsmission, and Port Chaplain in Egypt. Board member since 2009.



Johan Sigge, Lindesberg.

Business developer at Kommuninvest with many years of experience in the financial sector and runs his own farm. Member of the council for Länsförsäkringsar Bergslagen. Former Chairman of IAS, appointed to the Board of Läkarmissionen in 2019.



Christian Holmgren, Stockholm.

Engineer, entrepreneur and consultant in business and project management. Has been active in aid and missionary work in Bangladesh, as administrative head of PMU, Director of the Swedish Pentecostal Alliance (PAIC) and Vice-President of Dagensgruppen. Board member since 2014.



Madeleine Sundell, Stockholm.

Human rights lawyer. Has worked at the UN ILO headquarters in Geneva, and in the field in southern Africa with a focus on i.a. HIV/AIDS, child labour and rights issues. Has had several board assignments, e.g. Vice Chairman of Ecpat. Board member since 2020.



Nils Arne Kastberg, Hållnäs.

Consultant and lecturer in humanitarian aid, international relations and human rights with 40 years of experience at the UN, including Head of Unicef in Sudan and Regional Head for Latin America. Board Member of Special Olympics. Board Member since 2007.



Gunnar Swahn, Sundbyberg.

Lengthy involvement in church and humanitarian work, including PMU Interlife and the Filadelfia Church in Stockholm. Member of the international steering group at the PAIC. Board member since 2016.



Agneta Lillqvist Bennstam, Ludvika.

Licensed M.D. Member of the Uniting Church's reference group for Africa, health care and medicine. Served as a company doctor, and as a missionary and doctor in DR Congo for 17 years. Board member since 2005.



The Board has two working committees that deal with a number of international and national issues. In addition to the Chairman, the International Steering Committee (IA) comprises Gunnar Swahn and Agneta Lillqvist Bennstam, and the National Committee (NA) comprises Christian Holmgren and Johan Sigge.

**MANY THANKS TO OUR AID PARTNERS FOR A FRUITFUL COLLABORATION
AND AN ENRICHING PARTNERSHIP DURING 2020!**

AFGHANISTAN

International Assistance Mission
Operation Mercy

ARGENTINA

Fundacion Nueva Esperanza

BANGLADESH

ADRA Bangladesh
Koinonia

BRAZIL

Agência Social de Talentos (AST)
Ibraema

BURKINA FASO

Assemblées de Dieu

BURUNDI

Mothers' Union

DR CONGO

CEPAC
Hôpital Panzi
Hope in Action DRC

EL SALVADOR

Alfalisal

ETHIOPIA

Bright Star
EHBC Development Organization

GUATEMALA

Alfagat

HONDURAS

Alfasic

INDIA

Calcutta Emmanuel School

EFICOR

Hand in Hand

KENYA

ADRA Kenya
Hand in Hand
IAS Kenya

MEXICO

CoSoET

MOZAMBIQUE

Alfalit Mozambique
Associação Comunitária Matsatse

NEPAL

International Nepal Fellowship
Mission East, Denmark

NICARAGUA

Alfanic

PANAMA

Pan Alfalit

PARAGUAY

Alfalit del Paraguay

ROMANIA

Life & Light Foundation

SOUTH AFRICA

Place of Restoration Trust

SWEDEN

Human Bridge

TANZANIA

FPCT Nkinga Hospital

THAILAND

Urban Light

UGANDA

Retrak
Stromme Foundation East Africa

UKRAINE

Blagodat Grace
Children Care Center Lviv



PHOTO: HAKAN FLANK



Läkarmissionen 

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