

Information from DAHW *German Leprosy and TB Relief Association*

Annual Report 2011

 **DAHW**
Deutsche Lepra- und
Tuberkulosehilfe e.V.



Our achievements!



www.dahw.de



Photo: Enric Boixadó

In the region of Arssi people live scattered in small villages. Local health assistants are the first contact; mobile supply is the essential connection between them and the patients.

Cover photo: Laughing children from Arssi/Ethiopia

Ethiopia is one of the poorest countries in the world. The region of Arssi, south of the capital Addis Abeba, is the poorest area where the number of people with tuberculosis is higher than anywhere else in the country.

DAHW has brought hope into this region and trained 2000 health assistants who are specialized in identifying tuberculosis. Now children can laugh carefree again as they will not lose their parents and even they themselves do not have to suf-

fer. Worldwide more than 600,000 children under the age of 14 are taken ill with tuberculosis yearly. Almost 10 million became orphans because of this deadly disease.

DAHW will not run out of work when it comes to tasks in Arssi, especially not in these poor regions as tuberculosis is a disease of poverty.

For more details about tuberculosis and the fight of DAHW against the disease go to page 12.

Imprint

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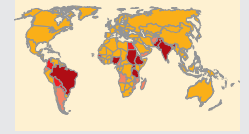


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The human being at the centre of attention

For 55 years the DAHW has been committed to helping those who are suffering from diseases that mainly affect the poor. At the very beginning the focus was exclusively on leprosy as more than 2 million people were suffering from the disease and its consequences then. When tuberculosis began to affect more and more people we had to expand our focus. So now we are also dealing with “neglected” diseases such as Buruli ulcer. The work for those people with disabilities caused by the disease has always been the main emphasis of our efforts. Therefore, we explicitly included it in our 2010 published ideal.

At the very beginning of 2011 a future and strategy conference laid down the groundwork for future efforts of DAHW. The board, further honorary members of the association, representatives of several project countries, the CEO and numerous full-time employees contributed their experiences.

DAHW has strengthened its continuous efforts in the fight against leprosy. Although the World Health Organization (WHO) has put leprosy into the category of “neglected tropical diseases”, the problem has not been solved yet. Still more than 200,000 people are diagnosed with leprosy every year. We, the DAHW, cannot leave these people alone. With our specialized knowledge, accumulated over 55 years, as well as our practical experience, we can give them decisive help.

From the beginning leprosy work was work for people with disabilities as this disease can cause deformities necessitating amputations and the resulting problems. Since its establishment DAHW has also been looking after those who have long been cured from leprosy, but who are suffering



Photo: Jochen Hübekemeyer

Honorary office at the Würzburger Kinderfest (Children’s party): Marlies Weitze, Gudrun Freifrau von Wiedersperg, Dr. Claudia Hofmann (from top left).

from after-effects and permanent consequences.

For DAHW “community based rehabilitation” is important; this means rehabilitation in a familiar environment based on the premise that no human being should be disadvantaged just because of their disability. Together we have to fight against discriminatory behaviour which occurs constantly, for instance, during searches for employment.

The basic concepts of the future and strategy conference were a constant topic in our three Board meetings during the reporting year of 2011. The focus of DAHW’s Board was laid on providing necessary general conditions so that the Chief Executive Officer and the full-time employees can implement them.

On behalf of the Board I would like to thank all of the organization members and volunteers for supporting the realization of these general conditions. My thanks also go to full-time employees in all of our project countries as well as in Germany. Only if all parties work together, can the DAHW fulfil its future tasks that are at the centre of attention of that in need.

Not least I would like to express our gratitude to all donors. By making donations you express your extended trust in DAHW and ensure in this way our work.

Gudrun Freifrau von Wiedersperg
Honorary President



Health for the poorest of the poor

DAHW supported altogether 243 projects in 26 countries with 12,513.405,65 Euro in 2011. These are the basic figures recorded at the end of the year. Furthermore, there are many additional aspects that are important for the sustainable success of DAHW in its member countries.

The changes made through a new strategic planning in the previous year were a constant part of DAHW's work in Germany in 2011. The general conditions confirmed by the honorary board in close co-operation with the full-time employees domestically and abroad, personnel structure in

the Würzburg headquarters and in project countries as well as the trend in donations and their future maintenance were the three most important aspects.

The DAHW's ideal created in the previous year says: "In our vision there is a world where no human being has to suffer from leprosy, tuberculosis and other diseases of poverty and their consequences such as disabilities and exclusion." In the 2011 reporting year we worked enthusiastically to put our vision into practice and to focus our plans on future challenges.

Khalid Jan, employee of DAHW's partner MALC, co-ordinates measures for the reconstruction in the Swat River Valley.



Photo: DAHW

New structures for sustainable work

The first consequence for us: of the existing five departments at the DAHW in Germany only four remained. The two independent departments Press and Public Relations and Fundraising became the Public Relations & Fundraising Department. Numerous interfaces in work with donors, the honorary office, press or education can now be done in a more effective way.

These leaner structures enable fast decision-making as well as a faster process when it comes to new measures yet to be developed.

The development of individual donations in the past years showed this was necessary. Declining numbers of single donors could only be compensated by increasing the average amount of each donation. In the 2011 reporting year DAHW received, for the first time for many years, more donations and subsidies than expected. This surplus went into reserve funds and will secure the work of DAHW in the coming year. In previous years the reserve funds had to balance the financial need for projects repeatedly as revenues were too weak. More details and exact figures can be found in the report of the treasurer. .

Program and project work

There is still a strong need of support for people who are affected by leprosy, tuberculosis or Buruli ulcer.

In Ethiopia, Yemen, Senegal, Northern and Southern Sudan, Tanzania, Togo, Uganda, Niger, Pakistan and Sierra Leone the respective governments are not in position to fund special leprosy or tuberculosis programmes on their own. On the one hand



Photo: Jochen Hövekenmeier

Marked by tuberculosis: Patient in the hospital of Lakka, close to Freetown, Sierra Leone.

they just do not have the means, on the other hand other diseases tend to attract the attention of the national ministries of health more because they are easier to treat, international sponsors are more interested in them or simply because they are less stigmatizing.

DAHW begins with its work by providing personnel and logistical support. That is why the respective national ministries of health still have the incentive to carry out leprosy and tuberculosis programmes. The majority of support in these countries continues to go directly to hospitals and health stations in poor areas so that patients receive medical help. By supporting countries like Brazil, India or Columbia also staff can be health assistants or even doctors after they have received training and further education in the respective healthcare systems that are enabled by DAHW.

Even though these countries are doing better from an economic viewpoint, there is a lack of understanding from politicians and decision makers in the ministries when it comes to large-scale leprosy work.

Furthermore the poorest of the poor are still neglected in these countries, especially when they get a disease like leprosy.

In Egypt, Afghanistan, Cameroon, Madagascar, Guinea-Bissau and Mozambique DAHW has a longstanding co-operation agreement with reliable local project partners. Their attention is on aid projects such as hospitals, treatment and training centres where patients receive direct support and staff can be trained.

In 119 projects DAHW was able to look after nearly 40,000 people who had been taken acutely ill with leprosy. In addition, 74,000 former patients in 40 projects who suffer from the consequences of leprosy such as physical disabilities, received support from DAHW. There are another 55,000 former leprosy patients receiving treatment in DAHW projects to avoid further personal injuries and mutilations. DAHW was able to help more than 94,000 people with income generating measures, training and further education or other social support.

In 90 aid projects the focus of work is on tuberculosis. Altogether 417,000 patients

got access to diagnosis and therapy through this support. 80 children that had Buruli ulcer, the terrible disease also known as “the Sister of Leprosy”, could be helped in two projects in Togo. Besides the DAHW is responsible for area-wide control of this disease and plays an active role when it comes to developing and exploring new methods for diagnosing and treating this rare illness.

DAHW joined together with another 42 organizations in the initiative “NGO Ideas” to monitor impact. Altogether 13 members from Germany and 30 from countries of the south work out suitable instruments for an effective project work and examine their effects. This is done together with the respective population as it is an important precondition for finding out if it has had positive effects for the people. In a working session in India all partners determined a broad series of points which are important for effective impact monitoring. The evaluation of the “NGO Ideas” project will take place during the course of 2012.

The setting up of a control programme for leprosy in Liberia was started in 2011 by

Report of the Chief Executive Officer

DAHW. The present national leprosy programme existed, up to that stage, only on paper and could not show any significant expertise, a result of decades of lasting civil war in this West African country. As a consequence the rate of new cases and disabilities caused by leprosy increased steadily. Since the end of 2011 Dr. Pieter de Koning, an experienced expert for leprosy, has been on the spot. During the year 2012 he will train staff members first and extend medical supply, especially in the northern regions.

Aid and reconstruction

During the devastating flood in Pakistan in August 2010 more than two million families lost their homes, many their whole lives and limbs. For more than 50 years DAHW and its partner organizations like “Marie Adelaide Leprosy Centre” (MALC), which is under the management of Mrs. Dr. Ruth Pfau and “Aid for Leprosy Patients” (ALP), led by Mrs. Dr. Chris Schmotzer, have been playing an active role in Pakistan. That is the reason why they could react quickly and provide aid rapidly after the floods. The last emergency measures were finalized in 2010. The reconstruction is expected to last at least three years.



Photo: DAHW

“Zero hour”: Many houses in Pakistan have been completely destroyed and have to be rebuilt.

With the support of DAHW, MALC and ALO were able to provide direct help for many families. In the 2011 reporting year the construction of 554 houses was completed and a further 115 are under construction. 335 families received seed and fertilizers, 80 goats, cows and other income-

generating activities. An underground water tank was built and 65 wells, equipped with hand pumps, were installed. DAHW spent 1,304.581 million euro on reconstruction in Pakistan, in 2011 alone.

At the same time reconstruction in Columbia, barely noticed by the public eye, was a topic. The devastating flood in 2010 was the worst in the country’s history. Many former leprosy patients were not in a condition to be able to reconstruct their destroyed houses and cow barns on their own. Mostly it affected those who were living with disabilities caused by the disease. In 2010 DAHW supported 61 of them with 45,000 euro, who are now able to take care of themselves again.

Sponsored run: Students from Waldbüttelbrunn collect donations for DAHW.



Public relation work and fundraising

The number of donors decreased slightly in 2011. Nevertheless, 53,331 people entrusted their money to DAHW to help people suffering from leprosy, tuberculosis or other stigmatizing illnesses or consequences.

One reason for the decrease, besides demographic aspects, is the fact that diseas-

es of poverty appear unimaginably far away to many people. In Germany, less than 5,000 people get leprosy every year. They are reasonably well cared for by a well-functioning health system. Yearly, there are only few cases of leprosy in Germany, which mainly affect people who infected themselves during a longer stay in a country with a high rate of leprosy. The likelihood of being confronted with leprosy in Germany is extremely low.

So, one important task is to raise awareness of German people when it comes to the need related to those diseases. To fulfil this mandate DAHW and other organizations set up the "Stop TB Forum". It is to draw the attention to the sorrow of people suffering from tuberculosis and to remember the 1.5 million people that die of TB every year.

Co-ordination through the International Federation of Anti-Leprosy Association (ILEP) plays an important role in leprosy work. DAHW is a founding member and to date the only German Relief Association within the ILEP.

Without the numerous faithful honorary groups that support the leprosy work of DAHW with activities in the public eye as well as donation-generating activities every year, DAHW would not be able to do its work within Germany. We would like to express our gratitude to you.

DAHW's representative Dr. Yvonne Harding (second from the right) and her team are being welcomed by the social minister of Sierra Leone (left).



Photo: Jochen Hövekenmeier



Photo: Jochen Hövekenmeier

DAHW's Chief Executive Officer Burkard Kömm and Vice-President Franz Barthel on "Menschen", TV show with host Maria Saemann, on local television channel TV Touring.

Development-related educational work of DAHW is another important aspect to present to the public presentation. The co-operation with textbook publishers and teachers in the production of additional teaching aids about DAHW's work helps provide contents for lessons. Students and committed teachers collected small and large amounts of money for charitable purposes through various activities.

2012: Plans and risks

DAHW cautiously planned, as usual, the budget for the current year of 2012. With the full amount of 10,077.230 euro from

our own sources, we intend to support 215 projects in 23 countries. The main reason for this cautious step was the development of income in the past years. In 2012, we again expect a balanced budget.

One main reason is the decreasing willingness of the younger German generation when it comes to understanding the individual responsibility for global issues, and collecting money to do justice to them. Declining knowledge of diseases like leprosy and tuberculosis results in the public not being aware that people are suffering from these diseases and have needs. Hence, it becomes more difficult to find possible German donors.

Political instability in most of the project countries in which DAHW works is a considerable risk. In addition the work in countries like Nigeria, Afghanistan, Brazil or Pakistan is often disrupted by criminal or terrorist activities.

It will be possible to see development in the situation of Liberia, where the setting up of a new leprosy control project started at the end of 2011, in the near future. Soon, we will also know which tasks will be expected of us in the country that did not receive any support many years after the civil war. In any case, DAHW is willing to face those tasks again in the future.

Burkard Kömm
Chief Executive Officer

About DAHW – The year at a glance

January 2011

At the home game of the Troisdorfer Ice Hockey players in the Icedome at Lake Rotter; the team is playing for leprosy patients. This is the third time that they have collected money for the work of DAHW. “On the German ice hockey scene, we are only a small amateur club, but what we are doing here is a great thing”, says President Jörg Schenkelberg with pride. Almost 500 fans from Troisdorf and Neuwied collect around 400 euro for the project “Lepra on Ice”.



Khalid Jan, member of DAHW partner MALC, accepts a donation from the Ice Hockey Club Troisdorf Dynamite.

February 2011

Between 22 and 26 February, DAHW presents its educational project on the didacta (trade fair for the European education sector) in Stuttgart. Beside a visit at the popular Café Santé, visitors get to know the teaching materials.



Get the world moving while winning something – Great!

March 2011

Education is a key theme for DAHW. Visits of representatives in schools are always very special as they tell exciting stories from the project countries.



The partnership with Johann-Schöner Gymnasium in Karlstadt is stable.



Even here the DAHW pen is popular!



With his lecture Manfred Göbel brings the topic Brazil right into class.



The terrible civil war in Sierra Leone ended nine years ago. Until now, people are suffering under the consequences. That is why the rate of disabilities caused by leprosy through the war, increased significantly.



The leprosy village of Mballing, Senegal, celebrates the World Leprosy Day with a large party.



Nepal on World Tuberculosis Day: In the small country in the Himalayas many people get tuberculosis. The hospital supported by DAHW is full of patients.

April 2011

John Kurian, representative for India, visits together with Michael Röhm, DAHW employee in the department Honorary Office, various groups in Germany that support, some for decades, projects on the Indian subcontinent. He reports on the work of DAHW in India in a topical and authentic way and is delighted by volunteers' hospitality and efforts.



John Kurian together with members of Waldram e.V., an association that supports the work of DAHW since 40 years.



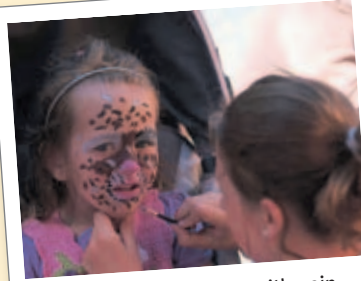
Miss Busch, employee of the group in Eislingen is handing over a donation to Michael Röhm.



In the Ethiopian province of Arssi there are now 2,000 health assistants, all trained by the DAHW, fighting against tuberculosis.

May 2011

A highlight as every year: DAHW's Children's Festival in the centre of Würzburg.



Little children having fun with painting: Which animal face do I have?



Future supporters start early!



Voucher for a children's barbecue. DAHW president Gudrun von Wiedersperg is happy for the winners.



Dr. Jörg Nitschke, expert in Buruli ulcer, with a child in Togo. Mainly children get Buruli Ulcer.

June 2011

The sponsored run of the Waldbüttelbrunn high school brings in a donation of 5,000 euro for DAHW partner school in Bisidimo, Ethiopia.



Children running for DAHW.



Barely any energy at all, but the goal can be reached nevertheless.



News from Pakistan: Almost one year after the floods many houses have already been re-built. The one shown here in the Swat Valley will soon be finished.



A family from Sindh, which lost their livestock in the floods, got two goats to secure their livelihood.

The DAHW-Calendar of 2011

July 2011

Great joy in Tharamangalan, located in southern India: After one year of construction the new Ecomwel building can now be inaugurated. Through the financial support of BMZ (Federal Ministry of Economic Co-operation and Development) and DAHW donations, disabled children found a new home.



Petals are distributed as reward for successful work.



Children are happy with their new home.



Besides classes and a livable everyday life, children receive specific physiotherapy.

August 2011

African Soul of the finest quality. DAHW supports the performance of Staff Benda Bilili, a Congolese Band, on the Hafensommer in Würzburg. Here some pictures of a powerful concert.



Handmade music: All instruments were made by the musicians themselves, even the drums.



Bisidimo does not only have a hospital established by the DAHW, but also workshops to take care of patients long-term, here is the shoe factory.



DAHW employees Beate Gemballa and Patrick Miesen visit projects in Tanzania to report in Germany later on.

September 2011

“Recht auf Gesundheit!” (Right to health) is the motto of World Children Day on the BUGA in Koblenz. DAHW is also there.



All ages participate in enjoyable games. DAHW employee Renate Reichelt is helping them.



Mysterious boxes: Just grab one!



On 9 September Dr. Ruth Pfau celebrates her 82 Birthday. Journalist Stefan Kloss visited her and made a movie about the still active “Mother of Leprosy Patients”. For more information see page 27.

October 2011

Mrs. Ruth Pfau pays a short visit to her hometown Leipzig. The medical and social vocational school is named after her now. “Der Engel von Karachi” (Angel of Karachi) gives a lecture for 200 students in a traditional Pakistan robe.



Ruth Pfau is standing in front of “her” school in Leipzig.



Dr. Ruth Pfau is moved but enjoys the hustle and bustle.



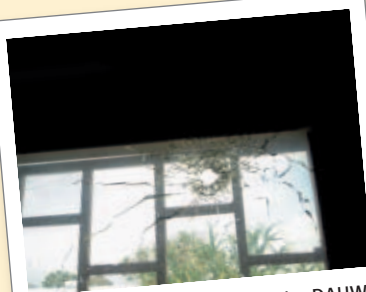
The German journalist Heiner Frost visits the hospital in Tutticorin, southern India. He is impressed by the social work of DAHW. Candle production can be seen here. With the sale of these products the patients are able to care for themselves.

November 2011

„Entwicklungsland Bayern – Globalisierung zukunftsfähig gestalten” (Developing state of Bavaria – Planning future globalisation), is the theme in the local bank Sparkasse Mainfranken in Würzburg. Individual stands in the exhibition of DAHW and Weltladen Würzburg show how easy it is to improve the world one step at a time.



The CEOs of DAHW, Sparkasse Mainfranken and the Initiative Eine Welt (from the left) welcome their guests.



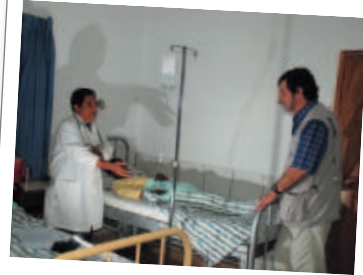
The Arab spring in autumn: the DAHW office in Yemen had to be closed and is partly destroyed. Fortunately neither patients nor employees were harmed.



In Columbia DAHW is working with its leprosy patients to prevent disabilities. Here, just like in many other countries, DAHW is fighting against the stigmatization of leprosy and advocating for the inclusion of all people with disability.

December 2011

Professor August Stich, DAHW Board member, visits the dermatological hospital in Monteagudo and the hospital in Jorochito during his journey in Bolivia. Both institutions have a longstanding connection with the DAHW. The local employees show him the current situation of leprosy control and the health work of DAHW in this South American Country.



Professor Stich accompanies Dr. Baptista around the hospital of Monteagudo.



Rafel Menieta Flores, also known as the “leprosy patients’ reliable friend” together with “his” patients.



Dr. Apocada examines a patient at the roadside.

Tuberculosis

Madan, a Sherpa from Nepal:

“It seemed as if the air was becoming thinner and thinner”

The hospital in Nepalgunj admits more than 1,000 tuberculosis patients to hospital every year. There is barely any place.



Photo: Rolf Bauerdick



Madan (right) together with other TB patients in the hospital's garden in Nepalgunj.

You could rely on Madan, always. He was known as reliable in bearing burdens, tough and persistent. The organizers of expeditions signed him on, a Sherpa, to carry the heavy equipment of mountain climbers and trekking tourists. He hoisted tents, supplies and oxygen cylinders up to the base camp on the over 8,000-metre high mountains, to Annapurna and to Mount Everest. Until he himself could hardly breathe.

“The loads became heavier. It seemed as if the air was becoming thinner and thinner.” The 35 year old Nepalese tried to suppress his cough, fought against the slow loss of weight, power and life-energy. “But I had to earn money for my wife, the little daughter and our newly born son.”

Madan lost his job. A doctor from the Nepalese Highlands said that his physical degeneration was attributable to typhoid fever. That was a false diagnosis. Madan took the wrong medicine. When the hospital in Nepalgunj finally recognized his pulmonary tuberculosis, he was near to death. Madan suspects that he became infected during one of the expeditions. “No wonder, if all day long labourers sit in stuffy tents on limited space for weeks”, says Hikmat Khadka.

Surviving under extreme circumstances

Khadka is director of the Reference Centre for tuberculosis in Nepalgunj, which

has been supported by DAHW German Leprosy and Tuberculosis Relief Association since 1973. The hot and dusty city is located in the Nepalese lowlands, on the border with India. Most of the patients come from the mountain areas where poverty is an ideal as well as fatal breeding ground for tuberculosis. “The fields are barren and the people have one-sided meals that are also deficient in vitamins”, explains Hikmat Khadka.

“Additionally, there is extreme coldness, lack of hygiene, choking smoke from hearth fires and the ignorance of people who never learned how to write or read.”

The hard way to recovery

Last year 32,000 patients went to the hospital in Nepalgunj. 14,000 sputum specimens were examined and more than 1,000 patients were even given in-patient treatment. In many cases tuberculosis is resistant to the commonly used antibiotics. Those people affected have to face a lavishly, very costly and 20-month lasting therapy.

Women, like very thin Alma or anaemic and emaciated Mina, who is in an advanced stage of pregnancy with her third child, while her husband, a labourer, earns money in India.

Mina requires intensive care so as not to endanger her and her third child's

life. That is why DAHW is supporting the hospital especially when it comes to personnel costs. Without nurses in Nepalgunj, patients like Alma and Mina were not even able to put medicine into their mouth.

The high mortality rate of people suffering from tuberculosis in Nepal has a particular reason: “In remote regions where people have to live on the edge of the subsistence level, regular intake of medication is not guaranteed”, says hospital director Hikmat Khadka. But that is the only way to recovery. If they don't take the medication regularly, dangerous resistances can arise. Therefore DAHW in Nepal supports the so called DOTS-System (“Directly Observed Treatment”).

The DOTS-System relies on a medical consultation with patients and strict control of intake of the life-saving medication. But then, Madan would have to walk four hours every day across the mountains to reach the next health post to receive his medication.

For a healthy person even they route would be exhausting, but for Madan's lung it would be a torture with which he cannot cope. That is why Madan stays in Nepalgunj for treatment. He has not seen his family for six months. But he knows what the painful separation is worth. “When I return, I will be in good health.”

Tuberculosis

Worldwide epidemic statistics

In 2010, 8.8 million people got tuberculosis (TB), about 1.45 million died of it. At first glance this may seem like a significant decline compared to the previous year, in which 9.4 million people got TB and about 1.7 million died from it.

However, this “decline” is due to a new method of calculation: The World Health Organization (WHO) has to estimate the total number, as many patients are not recorded by national control programmes.

The number of officially registered TB patients even increased: In 2010, 6.2 million new infections were registered worldwide, almost 400,000 (6.5%) more than in the year before. The estimated unreported number had been decreased considerably by WHO due to new feedback from countries concerned, so that

the estimated total number of new cases declined by 6.4%.

82% (7.2 million) of all patients live in the 22 “focus countries” these are countries with a significantly high rate of tuberculosis figures that make altogether 63% of the world’s population. In the most affected countries alone like Bangladesh, China, India, Indonesia, Pakistan and South Africa, there are already 5 million patients (56%).

Together with Ethiopia, Brazil, India, Nigeria, Pakistan, Tanzania and Uganda, DAHW German Leprosy and Tuberculosis Relief Association is represented in seven “focus countries” through aid projects.

All figures mentioned refer to WHO report for 2010 regarding tuberculosis. More recent data is not yet available.

What you should know about tuberculosis

Tuberculosis has no limits and exists in every country of the world. Every year about 9 million people get tuberculosis, 1.4 million die of it. In 2010, 4,330 people got TB in Germany, 136 died from it.

Up until now the disease has a huge and terrific impact on the affected person’s life. Usually, tuberculosis is highly treatable and through correct therapy, curable disease.

Without treatment about 50% of patients die, about 25% become chronically ill or contagious and 25% are cured of tuberculosis. Treatment with antibiotics usually last 6 months and normally starts with the in-take of four different types of medication that have to be taken in pill form.

The entire treatment for a patient costs about 50 euro as the medication is mostly provided free of charge by the national tuberculosis programmes. However, patients and their families often reach the point of financial collapse, as they themselves have to pay e.g. for transportation to the health centre, possible additional medication or X-Ray photographs.

A huge problem during treatment is that patients already feel healthy within only a few weeks of having started taking medication and therefore refuse to take the pills any longer.

An important aspect in patient care is therefore constant support and clarification for patients and their family members, so that resistance will not develop because of ceasing medication.

Illustration of large variations in figures from India, China and Nigeria

	2009	2010	Differenz	%
Registered new cases (India)	1,352,000	1,522,000	+ 170,000	+ 12.6
Estimated new cases (India)	2,000,000	2,300,000	+ 300,000	+ 15.0
Died from TB (India)	280,000	320,000	+ 40,000	+ 14.3
Registered new cases (China)	965,000	923,000	- 42,000	- 4.4
Estimated new cases (China)	1,300,000	1,000,000	- 300,000	- 23.1
Died from TB (China)	150,000	54,000	- 96,000	- 64.0
Registered new cases (Nigeria)	88,000	90,000	+ 2,000	+ 2.3
Estimated new cases (Nigeria)	460,000	210,000	- 250,000	- 54.3
Died from TB (Nigeria)	110,000	33,000	- 77,000	- 70.0



Photo: Rolf Bauerdick

Resistant tuberculosis: MDR and XDR

For approximately 15 years, the number of MDR tuberculosis cases (Multi-Drug-Resistant Tuberculosis), in which the disease cannot be treated with normal medication, increases inexorably. Faulty treatment and care, collapsing health systems and lack of new medication have led to this situation. Worldwide, it is estimated that 500,000 people are suffering from this type of tuberculosis; less than 10% of them can be treated.

MDR means that the bacterium created resistance to at least two of the most effective antibiotics. Affected patients need to take the so-called second line drugs, which are less effective, have more side effects and are significantly more expensive. Treatment lasts 2 years and many patients suffer throughout from side effects that are similar to those from chemotherapy. Only the tuberculosis medicine costs, without subsidies, about 15,000 euro per patient.

While the usual medication can be prescribed and controlled by trained nurses, the successful therapy of resistant tuberculosis requires specialized knowledge of a doctor. Furthermore, the psychosocial support of patients and their families is required to ensure a regular taking of medication.

As the use of second line drugs is very difficult, worldwide the growing appearance of so-called "extreme resistant tuberculosis" (XDR Tuberculosis) is being observed. In countries with scarce resources the disease mostly cannot be treated any longer. For a treatment in Germany the required medication costs 65,000 euro per year.

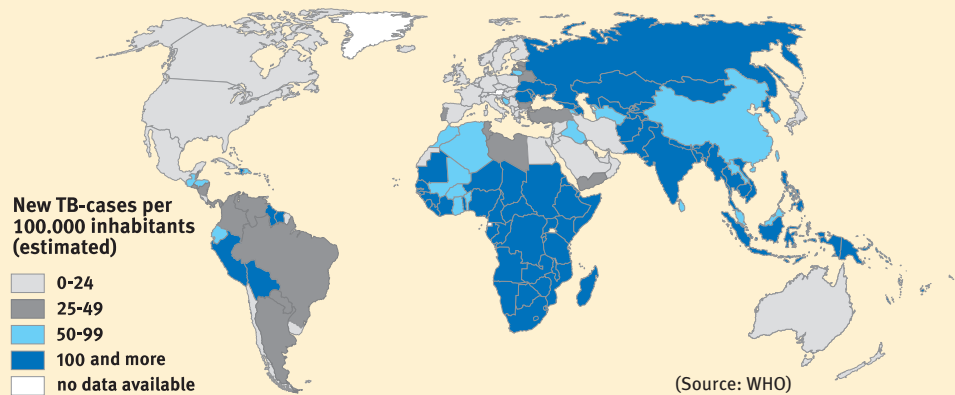
Tuberculosis in figures

Tuberculosis patients worldwide in the year 2010*

In total: (Source: WHO)	8.8 million
In DAHW projects: (ganz oder teilweise finanziert)	420,000
Percentage of DAHW worldwide:	4.74 %
Deaths including 400.000 infected with HIV : (Source: WHO)	1.45 million

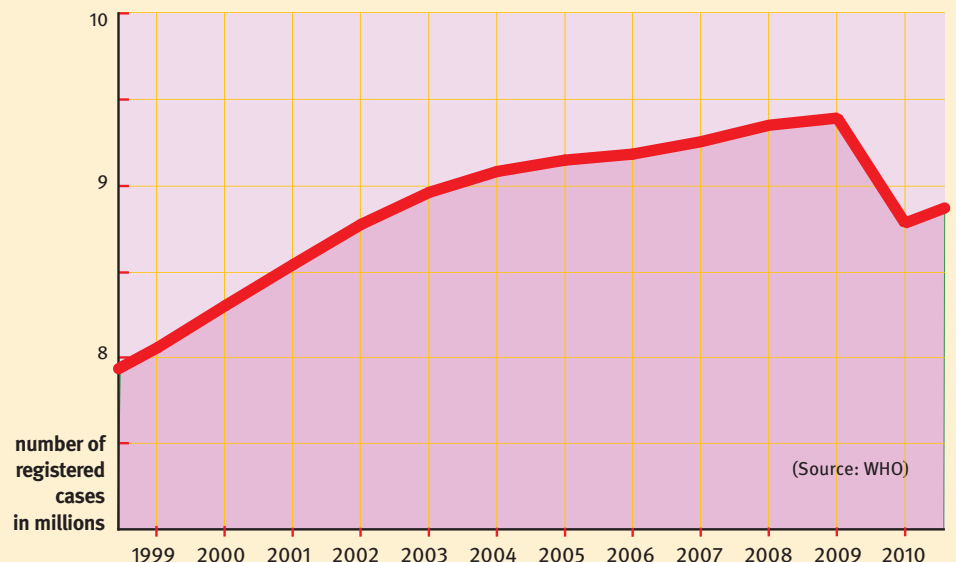
*The World Health Organisation (WHO) has no figures yet for the year 2011.

Spread



Development

Tuberculosis in world population



“I didn’t want anybody to see me like this”

India: Cured patients are still suffering

Waiting for treatment or physiotherapy: Patients in front of the hospital in Pullambadi.



Photo: Rolf Bauerdick



A nurse dresses the ulcer of a leprosy patient.

There are only a few things that still surprise Dr. Rajendran. As a doctor he has seen and experienced too much. “However, I haven’t see such a huge leprosy patch on a patient in the past three decades.” The skin, the entire chest and stomach area, of 37-year-old Vayipura is unnaturally brightened and completely numb. He hid the symptoms of his disease to keep his truck driver job. He simply ignored the muscle wasting and the numbness in the right half of his body.

Receiving help ...

When he wasn’t able to close his right eye because of the facial nerve paralysis and water was running out of his mouth while drinking, Vayjpura finally went to the medical centre of Sagayamatha. “He was very late but not too late”, says Dr. Rajendran, head of the hospital, confident that his patient will be able to drive again after the drug therapy.

... in the last second

The medical centre of Sagayamatha is located in Pullamadi, in the South Indian State Tamil Nadu. Since the early 70s, DAHW *German Leprosy and Tuberculosis Relief Association* has been supporting this centre. At that time, 15 out of 1,000 inhabitants, in some valleys the number was even three times higher, were infected with leprosy bacteria.

» Continued on page 19

The DAHW and leprosy

Even today, leprosy is part of everyday life in many countries. In 2010, 228,474 people were diagnosed with leprosy, according to the World Health Organizations (WHO) statistics. The figures for 2011 are not yet available, but they are expected to be at a similar level. The number of new cases is falling slowly but continuously, this success is attributable to national control programmes in countries.

If control of leprosy is neglected, the number of new cases will rise. Take the example of Sudan: DAHW *German Leprosy and Tuberculosis Relief Association* was in Sudan throughout the 30-year civil war without interruption, but was not active nationwide, especially not in the fiercely disputed South. In 2005, 720 new cases were registered; in 2010 the figure was 2,394. The number of patients with already visible disabilities when being diagnosed for the first time also increased. Currently this applies to 22.9 % of all initial diagnosis in Sudan.

More than 15 million leprosy patients have been cured in the past 30 years alone with the support of DAHW and its partners in the International Federation of Anti-Leprosy Associations (ILEP). A meaningful contribution to this was the introduction of a combi-

nation therapy (MDT) in the form of three different types of antibiotics, 30 years ago. However, hundreds of thousands got leprosy in 2011.

DAHW’s work had greatly changed since the introduction of MDT 30 years ago: initially, it was about giving millions of people access to treatment with the new therapy. Nowadays, control of leprosy has to stay ensured extensively so that the disease can be identified and treated on time. Only those who get treatment at an early stage will not suffer from long-term disabilities.

Despite the medical treatment, leprosy patients are often marginalized. Stigmatization and discrimination are still common. Old prejudices exist and people affected by leprosy are excluded. Typical impairing of hand and feet are not only an obstacle for daily work but also a reason for persistent marginalization from everyday life.

That is why DAHW does not leave patients alone after treatment: the association helps with reintegration into a “normal” life and restores dignity to those people who are suffering from long-term disabilities due to the leprosy by a regionally adapted social programme.

Many patients suffer from wounds and ulcers caused by leprosy. That is why the cleaning of wounds is a daily routine in the medical centre.



Photo: Rolf Bauerdick

A doctor for leprosy reports – Example from the project

Dr. Rajendran was only surprised by the dimensions of the huge patches when Vayipura came to him. The fact that he hid himself from others for such a long time was nothing new to him.



Photo: Rolf Bauerdick

The Indian Vayipura, who has a bright and extraordinarily large leprosy patch, comes for his initial treatment.

People who get leprosy find themselves still excluded. In many cases, they lose their job first of all, even if it had been a stable one. Many people in India work as day-labourers. It is all about looking very strong and healthy when the bosses come to look for a day-labourer. Who will hire a sick person, moreover someone who suffers from leprosy?

Even many former patients, who have been medically cured from this infectious disease, are still being discriminated against. In many cases, the consequences of the disease are, however, visible: Deformation of limbs and the resulting disabilities which make life more difficult especially for day-labourers.

Vayipura is one of the few who has a stable job but even he concealed his disease out of concern for his livelihood. There is hardly any protection against dismissal for a truck driver in India. Dr. Rajendran faces such stories almost daily. With an awareness-raising campaign he is trying to fight against this situation. “As soon as treatment begins, the disease is no longer transmissible”, this is a message for patients and everyone else who still exclude patients out of fear of getting infected.

Useful Information on Leprosy did you know that ...

- Leprosy is completely and easy curable?
- Hundreds of thousands got leprosy in 2011, but many of them were not officially registered and therefore do not have access to medicine?
- Every eleventh leprosy patient is a child?
- More than 10% of all patients are found so late that they already have physical impairment?
- About four million people suffer from disabilities caused by leprosy?
- The means of transmission are not exactly known yet?
- About 90% of all people are immune to leprosy?
- Leprosy has an incubation period of few months up to 30 years?
- Most of the patients live in India or Brazil?
- Laws discriminating against leprosy patients still exist?
- Treatment costs on average only 50 euro per patient?

Physiotherapy keeps hands mobile and patients can still take care of themselves.



Photo: Rolf Bauerdick

» Continued from page 17

The graves at the hospital's cemetery stand as a reminder of the horror spread by this disease. Deceased patients found their final resting place here, as they could not be buried in their home villages. How is it today? "We can cure leprosy, but often disabilities remain, still many patients lose their limbs such as hands or feet", says Dr. Rajendran.

Most of the 40 beds in the leprosy department of the medical centre of Sagayamatha are occupied. There is a heavy rush after the rainy season. "When the roads are flooded, the people take off their sandals so they don't lose them. In the mud they step on thorns or sharp stones and don't feel anything when they hurt their numb feet", explains Dr. Rajendran.

To overcome the own shame

Only two days ago old Thiru was brought to Pullambadi. He isolated himself from his valley until his brother found him in an old shed, with a fever, dirty and with a gaping wound on his feet. Bathed, shaved, and with fresh clothes and a cleaned wound Thiru is on the road to recovery. The reason why he didn't look for help himself was simply shame. "I didn't want anybody to see me like this".

Father Thangasamy, hospital director, knows from bitter experience that the stigmatization of leprosy patients is still present. "Old and disabled people are pushed over, time and time again. Relatives of leprosy patients' don't want to see them during family celebrations or huge weddings".

The hope for the patients around Pullambadi is Father Thangasamy and his medical centre Sagayamatha. "This is an oasis for me", enthuses a patient. The 71 year old had been to several hospitals. "Nowhere have I been treated so well and been seen as a fellow man like here. If I could, I would stay here for the rest of my life".

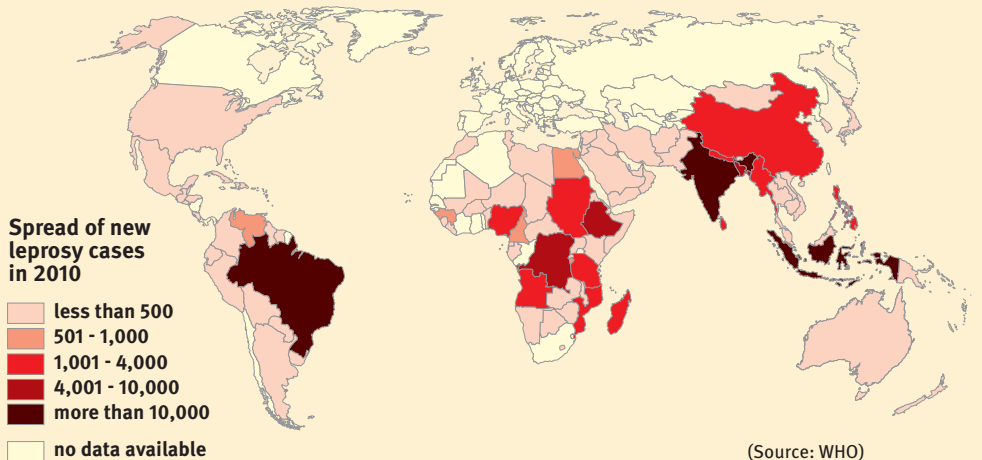
Leprosy in figures

Leprosy patients worldwide in the year 2010*

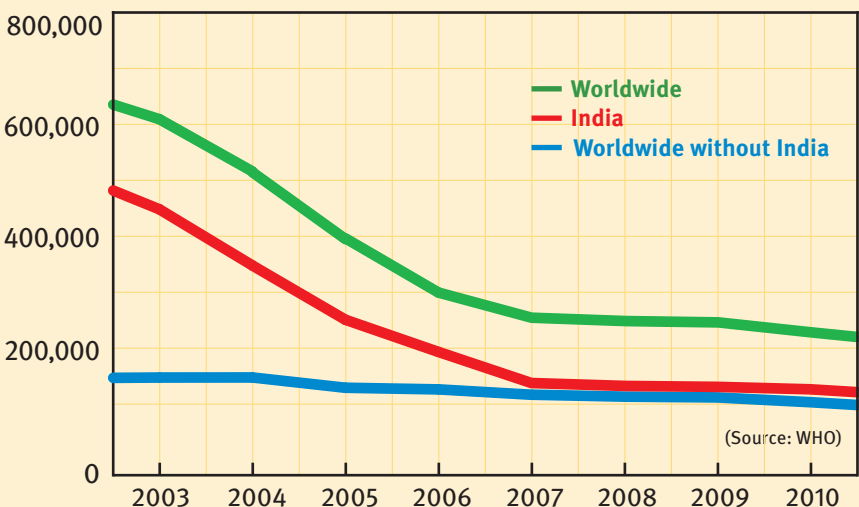
New cases of worldwide:	228,474
Supported in DAHW projects:	40,000
Percentage of DAHW worldwide	16.25 %
People disabled due to leprosy:	around 4 million
Supported in DAHW projects:	223,000
Percentage of DAHW worldwide	5.6 %

*The World Health Organisation (WHO) has no figures yet for the year 2011.

Spread



Development of registered new cases



Global aid in 2011



Dr. Jasin Al Qubati
Jemen



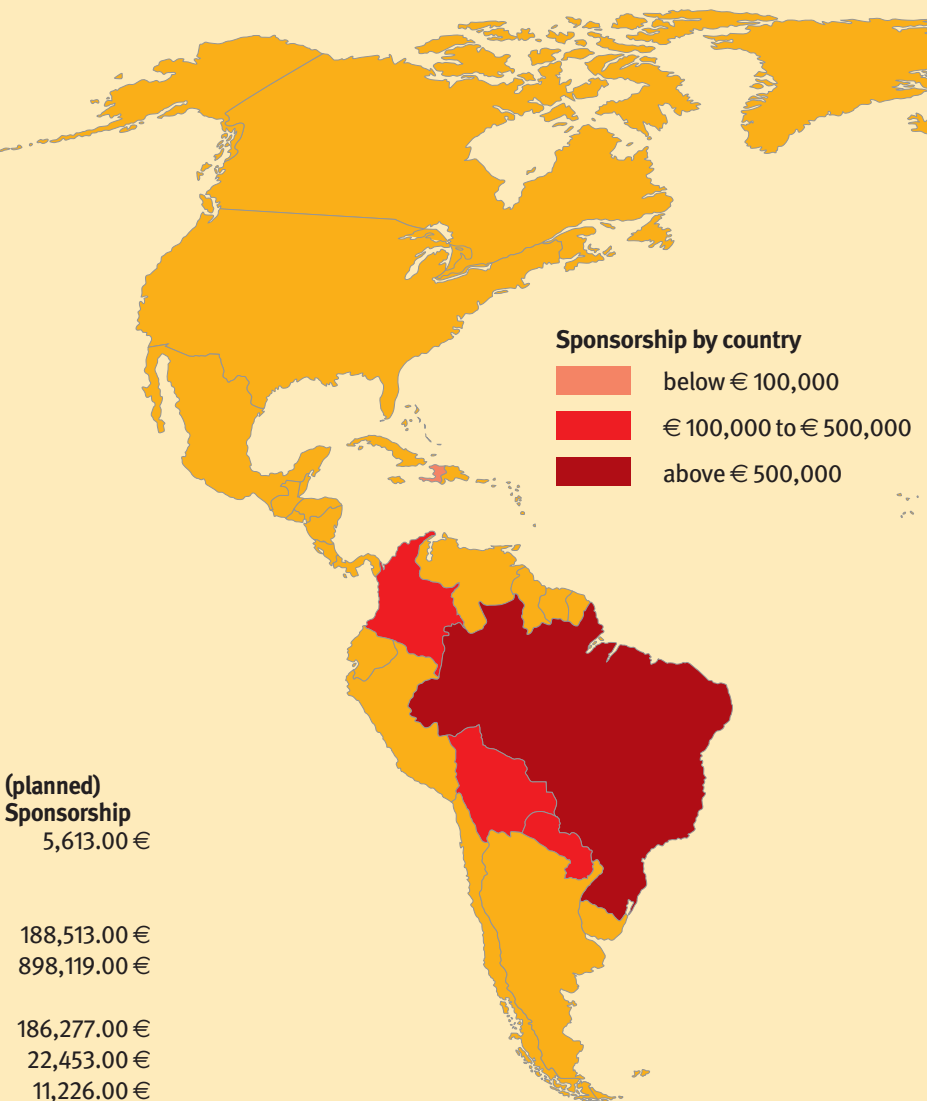
Mohammed Ahmed
Ethiopia

Representatives of DAHW:

DAHW supported 227 programmes and projects in 26 countries with altogether **12,593,736.21 Euro** in the past year. Additionally 16 cross border projects such as training and further education or research projects were financed with **307,169.44 Euro**.

The budget's focus for 2012 is on supporting 215 projects in 23 countries with **10,077,230.00 Euro**. The difference to the year 2011 arises from grants, e.g. funds of the Global Fund in Nigeria and expenditure that went towards reconstruction in Pakistan after injection of flood relief aid.

With these financial means DAHW's support will grow only in Nigeria and in Pakistan by **1,044,220 Euro** by **543,967 Euro** respectively, as things stand at the moment. As these means are not guaranteed, but have to be applied yearly (Nigeria) or are earmarked and simultaneously used for the reconstruction of houses destroyed by the floods in Pakistan, they are not included in the 2012 budget. More details can be found in the financial report from page 31 onwards.



Sponsorship by country

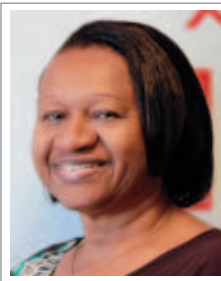
- below € 100,000
- € 100,000 to € 500,000
- above € 500,000

Africa	2011		2012 (planned)	
	Projects	Sponsorship	Projects	Sponsorship
Angola	1	8,639.70 €	1	5,613.00 €
Burundi	1	21,599.24 €		
Cameroon	1	16,199.43 €		
Egypt	6	143,729.91 €	6	188,513.00 €
Ethiopia	14	1,005,375.30 €	12	898,119.00 €
Guinea-Bissau	1	10,799.62 €		
Liberia	2	178,979.84 €	2	186,277.00 €
Madagascar	1	21,599.24 €	1	22,453.00 €
Mosambique	1	5,399.81 €	1	11,226.00 €
Nigeria	22	2,588,774.22 €	19	1,066,516.00 €
Senegal	3	431,463.19 €	3	555,711.00 €
Sierra Leone	3	380,532.18 €	3	379,981.00 €
South Sudan	10	595,737.11 €	12	651,136.00 €
Sudan	3	89,436.03 €		133,102.00 €
Tanzania	15	725,488.40 €	14	713,178.00 €
Togo	6	536,783.30 €	5	454,850.00 €
Uganda	18	632,399.65 €	18	687,816.00 €
Total				
17 countries	108	7,392,936.16 €	97	5,954,491.00 €

Südamerika	2011		2012 (planned)	
	Projects	Sponsorship	Projects	Sponsorship
Bolivia	5	129,622.82 €	4	142,389.00 €
Brazil	12	597,720.98 €	10	536,626.00 €
Colombia	6	202,271.02 €	6	229,020.00 €
Paraguay	3	152,430.95 €	3	151,558.00 €
Total				
4 countries	26	1,082,045.77 €	23	1,059,593.00 €



Daniela Eich
Senegal



Dr. Yvonne Harding
Sierra Leone



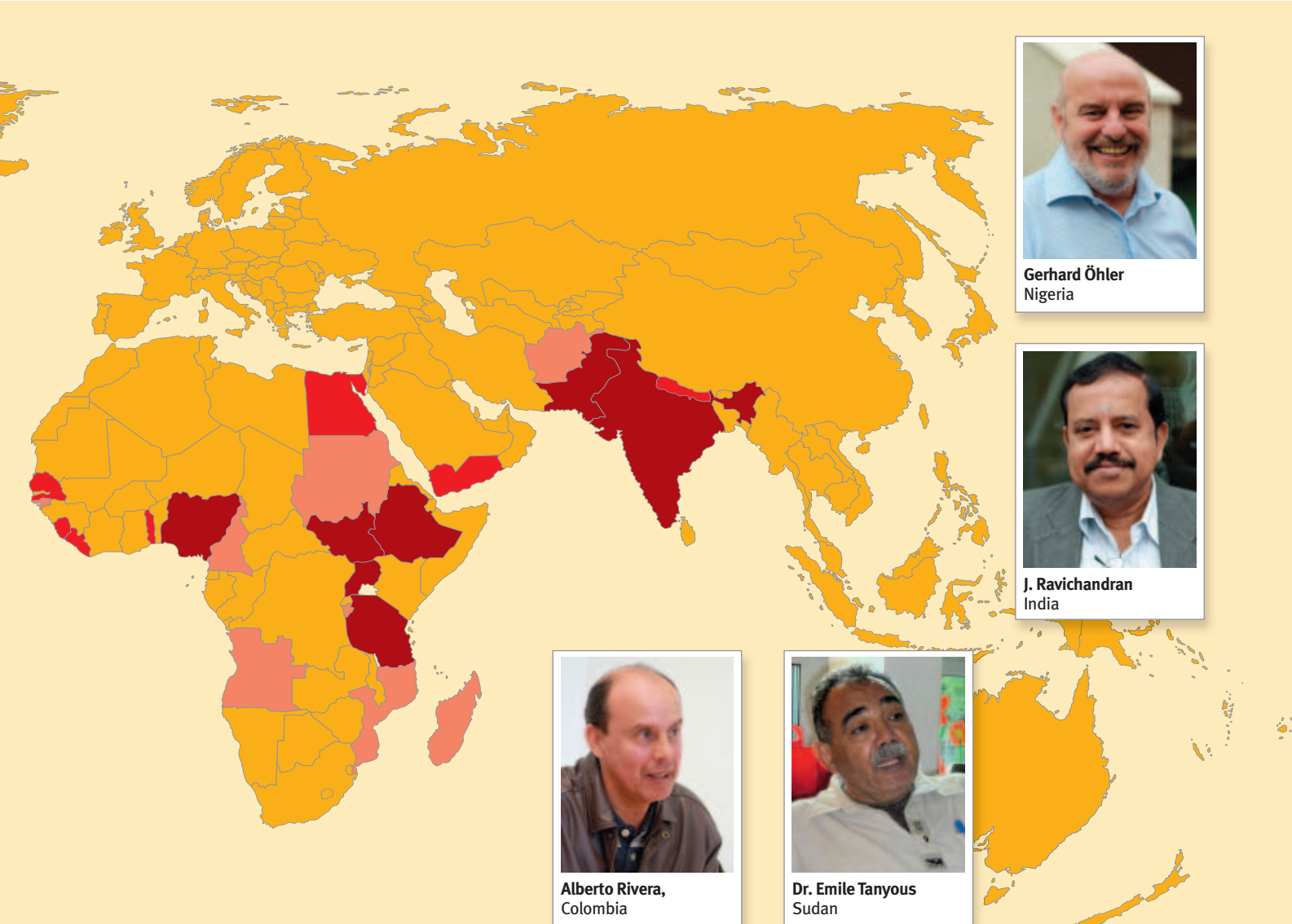
Manfred Göbel
Brazil



Olaf Hirschmann
Uganda



Roland Müller
Tanzania



Gerhard Öhler
Nigeria



J. Ravichandran
India



Alberto Rivera,
Colombia



Dr. Emile Tanyous
Sudan



Leonore Küster
South Sudan



Franz Wiedemann
Togo

	Projects	2011		2012 (planned)	
		Projects	Sponsorship	Projects	Sponsorship
Asia					
Afghanistan	2	2	59,799.73 €	2	56,132.00 €
India	66	56	1,546,131.08 €	56	965,479.00 €
Nepal	8	8	315,702.17 €	8	294,012.00 €
Pakistan	15	13	2,092,770.88 €	13	1,169,400.00 €
Yemen	2	2	104,350.41 €	2	111,944.00 €
Total					
5 Länder	93	88	4,118,754.28 €	88	2,596,967.00 €

People with disabilities

Together they become strong

DAHW supports self-help groups of disabled women in Tanzania

Mary M. feels accepted in the group.



Photo: Beate Gembalia



Photo: Beate Gemballa

Mary obtains independence with her three-wheeler.

Her smile is the first thing you see. There are a dozen people on the village square, but this young woman stands out from the crowd. Pretty face, these eyes and the smile. Her dress in which she looks so elegant screens what nobody would expect, as long as she sits there.

Denied and abandoned

Mary M. suffers from polio. In rich countries this problem no longer exists thanks to oral vaccination. But here in Hombolo, in the middle of Tanzania, this disease does still exist. The virus destroyed Mary's spinal cord, unformed and immobilized her legs.

There are good reasons for hiding a disability from other people's stares: stigma, that makes you feel like an "incomplete" person, is widespread. Mary made her own experience. Almost six years ago her boyfriend, who had always claimed to love and that he wanted to marry her, suddenly turned her down.

"When I told him that I was pregnant, he broke off the relationship. Today, he even denies that he had a relationship with me or that he is the father of our son. Everybody in the village knows the truth but they believe him rather than me, a disabled woman."

Mary says this without any bitterness, her smile does not lose its expression at any time. She knows that prejudices can be overcome only slowly and with great difficulty. However, this is one reason why she regularly meets up with her self-help group on the village square.

Disabilities are stigmatizing

Burchard Rwamtoga is joining the group today. The social worker from DAHW *German Leprosy and Tuberculosis Relief Association* supports several such groups in the country. People with disabilities like Mary or Johann meet up there, people who have feet mutilated by leprosy and always wear closed shoes so that nobody sees them.

"Stigma and discrimination are uniting them, because they do not fit into the usual scheme of things", says Burchard. In his experience "usual" means that one man is more worthy than one woman and a person who is able to work is more worthy than a disabled one. Diseases like leprosy and disabilities are perceived as punishment by God; as a consequence the affected people are being avoided or even excluded.

"Only together are we strong enough to lead an independent and self-reliant life", Mary stresses her message. The group provides her protection from hostility and helps her when it comes to organizing her daily routine. Many things, usually very simple one, are not evident for people like Mary.

Independence through micro-credit

Example: A job that enables Mary to care for herself and her son. Mary is a very good tailor, but she had never had a chance to prove it. She visited a tailor time and time again in her three-wheeler,

which she moves with just her hand,. But he did not give her any work that she could handle. Together with social worker Burchard they came up with the idea of opening her own tailor shop. Well, shop might be overstating it, but at least she could work at home, sew the clothes for clients and support herself. Burchard granted his permission for her to receive a DAHW micro-credit, which enabled Mary to get a sewing machine and materials until she had enough clients.

All other members of the self-help group in Hombolo received similar support. With the help of DAHW all of them found jobs e.g. sales assistant at a newsstand,

Johanna hides her disability.



Photo: Patrick Miesen

People with disabilities



Photo: Patrick Miesen

Burchard's advice is always welcome.

a job in a pet shop, production of earthenware or farming. Basically all types of work that even neighbours, who are not disabled, do. And they do not do it any better or worse than them.

The difference is within the groups: They do not only tackle discrimination, but ask

for help from authorities; and they help each other. If one person from the group needs a tailor, they will go to Mary. Corn, vegetables, a goat, a hen or an earthenware dish will be bought from other members. "Together we will become strong", is their motto, which they adapted from Burchard.

Together they become strong

Today the DAHW social worker is listening to people's concerns. There are always problems that they can not solve without support. It is not just about money for repairs or small investments, but often about very simple applications to authorities as hardly anybody in the group attended school. Another problem might be the fact that there is simply no money to pay for the obligatory school uniform, which is when the help of DAHW is required.

Later on, everything is discussed and slowly everybody leaves the village square. They go home or to work. Mary is going too, moving as she always gets around, on her hands as she can not move her legs. In an elegant way, similar to the first impression of her, she climbs onto her three-wheeler and starts to pedal with her hands. As she was leaving Burchard, he noticed that her three-wheeler had worn wheels and she could hardly ride. Even in a situation such as this, donations from Germany can help.

DAHW and disabled people

Since its foundation 55 years ago, DAHW has made an effort for disabled people. In the very beginning, there were numerous leprosy patients that had to live with disabilities caused by the disease but nowadays DAHW's aid projects are also open for people suffering from other disabilities.

CBR work ("community based rehabilitation") should, on the one hand enable people to participate in community life, on the other hand sensitize the community to the rights and needs of disabled people. Since 2007, DAHW has set up CBR programmes in eight countries, which include Ethiopia, India, Nepal, Nigeria, Tanzania, Senegal, Sierra Leone and Uganda.

Decades of experience in socio-economic integration of leprosy patients are indispensable. Many disabled people in the

affected countries have no, or only limited access to health services, rehabilitation, education or training and employment.

All of this results in a vicious circle of disability and poverty. The consolidation of civil society structures through the CBR programme has a positive effect on the general development of these countries.

Disabled people from the countries of the South have formed self-help groups, in many cases with the help of social workers. DAHW has been supporting this initiative for many years. Participation in social life should be enabled for affected people, irrespective of whether the disability is a consequence of leprosy or not. According to the statistics of the World Health Organization (WHO) every tenth person is handicapped, which means 650 million people worldwide.



Photo: Prolf Baueidick

By simple means handicapped people remain mobile.

Children smile again – One example from Nepal

Rampyari brought her twins Jaykant and Jaykanti healthily into the world. She regularly went to check-ups, which the Nepalese Government provides for infants

in the first 12 months, to let her children be vaccinated. The fact that her children vomited was probably due to the vaccine. Massive brain damage, cerebral palsy and

damage to their motor co-ordination were the consequences. Vaccines often happen to be old or are destroyed through overheating. Even refrigerators cannot guarantee safety, if the power fails several times a day. DAHW and its long-term project partner International Nepal Fellowship (INF) fight for people like Jaykant and Jaykanti. Through specific social and medical reintegration in a familiar surrounding, not only is physiotherapeutic help provided, but also quality of life can be improved. Today the twins smile again.



Photo: Rolf Bauerdick

With plenty of love and big effort Rampyaria cares for her twins.

Nepal already had CBR programmes in the 1990s. There, DAHW works together with four partners, including International Nepal Fellowship (INF), which offers CBR programmes on a large scale. They rely on numerous components: raising awareness and capacity building at all levels as well as the formation and determined support of self help groups.

What is CBR?

When it comes to development cooperation with handicapped people, the term CBR appears very frequently. “Community-based rehabilitation” is a strategy for sustainable development of the community including all affected people.

Since the mid-1980s, CBR has been used in more than 90 countries and is increasingly being applied as a successful strategy for inclusive development. It is not just about the medical and therapeutic care but also about finding ways to enable affected people to participate fully in community life. The objective is that they themselves play an active role in decision-making and executing plans, but also their families, neighbours, community and authorities.

Overcoming environmental barriers is not what it is all about, general attitudes



Photo: DAHW

CBR in Columbia: Employees of DAHW determine the aid requirement in the affected project regions.

towards disabled people have to be influenced and prejudices reduced. People who have been excluded from social

participation and economic opportunities due to their disability are now important members of society.

Durability of a strong woman's work

In 1996, DAHW German Leprosy and Relief Association launched the Ruth-Pfau-Stiftung (Foundation). With this, her personal wish, which was at the same time the will of many friends and supporters of the doctor and nun, was fulfilled and has brought further support for her very successful work. Since then the Foundation has gathered around 1,000 sponsors from whom a significant basic capital of more than 3 million euro has been received. Returns from the basic capital and donations this Foundation support the work of Ruth Pfau and her team.

“Marie Adelaide Leprosy Centre” (MALC), founded by Dr. Ruth Pfau, is working actively at a national level in Pakistan and



makes detailed applications to the Foundation every year. After a decision has been made by the Foundation's council, money is transferred to Pakistan by DAHW. With its structures and monitoring mechanisms DAHW ensures that money is used in accordance with the application.

With up to 100,000 EURO of support Ruth-Pfau-Stiftung (Foundation) has be-

come an important source of finance, which was the founders intention when it was set up.

The composition of the Ruth-Pfau-Stiftung's (Foundation's) team is well-managed by its statutes: One member chosen by Dr. Ruth Pfau, during her lifetime, thereafter by DAHW. Whilst she, in

Dr. Ruth Pfau, also called “Mother of leprosy patients” has been living and working in Pakistan for more than 50 years.



particular, is entitled to appoint herself, three members can be selected by DAHW itself and one member by the congregation of the Töchter vom Herzen Mariä, holy order of Dr. Ruth Pfau. In agreement with her the holy order decided to give this honorary office to the monks of Maria Laach monastery.

The Foundation's Council consists of Father Franziskus Berzdorf (Chairman), Franz Barthel (Deputy Chairman), Monika Huesmann, Prof. Dr. Martin Gertler, Dr. Ruth Pfau and honorary member Dr. Wiltrud Wendehorst.

The Board, consisting of three people, is appointed by the Foundation's Council; however, members of the council cannot be appointed as Board members at the same time. The current Board consists of: Susanne Knoch, Nicole Hohmann and Harald Meyer-Porzky.



www.ruth-pfau-stiftung.de

The online presentation of the Foundation had been completely redesigned on a voluntary basis. It is worth reading the most recent stories about this project.

Sponsors often ask how work in the project is organized, as Dr. Ruth Pfau is more than 80 years old. On the one hand she is still active on a daily basis and visits projects, even in remote areas; on the other hand she has also formed an excellent group of experts over the past decades. She is very happy about the recent development in the management team. The previous Executive Director of MALC, Mervyn F. Lobo, is now Chief Executive Officer of Ruth-Pfau-Stiftung (Foundation). For more than 20 years Mr. Lobo has been working for the MALC, re-



Mervyn Lobo (in the middle) and Dr. Ruth Pfau in conversation with an authority representative.

cently he managed the emergency aid as well as the reconstruction after the floods.

“We are confident that you will lead MALC to be operationally successful and into a democratic future which is a permanent element of our identity. Congratulations on this well-earned appointment”. With these hearty words Dr. Ruth Pfau ends the appointment letter that Mervyn Lobo received for his professional advancement.

The MALC Board of which Dr. Ruth Pfau is Vice-President chose Mervyn Lobo, a long-term employee, to be the new man at the top. After his studies in economics, Mervyn F. Lobo continuously developed himself within MALC and is one of the long-standing confidantes of Dr. Ruth Pfau. He knows her work more than most others. Several visits in Germany showed him from where exactly the money comes and which effort one

puts in. Ruth-Pfau-Stiftung (Foundation) congratulates Mervyn Lobo on his appointment and wishes him a lot of success for the upcoming tasks.

Filmed by Stefan Kloss, 6 minutes:



DVD made on behalf of DAHW German Leprosy and Tuberculosis Relief Association and the Ruth-Pfau Foundation can be ordered.

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Commerzbank Würzburg,
 Account No. 307969700
 Bank sorting code: 79080052
 IBAN: DE98790800520307969700
 BIC (Bank Identifier Code):
 COBDEFF

For transfers you are asked to make a clear indication whether your contribution should be applied for the Foundation or as a donation. Please do not forget to enter your address.

Help for Chagas patients in Monteagudo, Bolivia

DAHW's focus is not mainly on Bolivia, even though the work there offers an image of aid worldwide: it is only in the hospital of Monteagudo that leprosy, tuberculosis and neglected tropical diseases are treated. These are diseases of poverty. Bolivia is a very poor area in South America and Chuquisaca is one of poorest provinces ever.

DAHW's focus is not mainly on Bolivia, even though the work there offers an image of worldwide aid: Since the hospital's foundation in 1965, DAHW has been supporting the local work, initially focussed on leprosy and skin diseases. Just like in many other countries, there were a great number of patients presumed to have leprosy, but suffering from other

skin diseases with similar symptoms. Today, the dermatological hospital has the status of a prestigious clinic and is responsible for almost 100,000 inhabitants in the administrative district. Furthermore, it is a national reference centre for skin diseases like leprosy. Dr. Abundio Baptista, a DAHW doctor, comes several times a year from Sucre, the province

Living conditions in the region of Monteagudo: people often live together with their cattle in shabby huts where bugs transmit Chagas.



Photo: August Stich



Dr. Apocada examines patients at the road side. They often wait for him there because they know well that he would not ever drive straight past.

capital, to train medical staff. There are around 150 new cases of leprosy in Bolivia a year.

However, Dr. Abundio Baptista is more worried about other, almost forgotten, diseases: Leishmaniasis, for instance, is wide spread here. The disease, which is transmitted by mosquitoes just like elephantiasis, does not often lead to death, but to painful and disfiguring abscesses on the skin. Elephantiasis patients also suffer from painful swelling, hence the name of the disease.

Then there is Chagas, a childhood disease that happens to appear only in Latin America and nowhere more often than in the region of Monteagudo. More than 90% of the region's population is infected by this pathogen, which is transmitted by bugs. "Chagas is a synonym for disease of poverty", says Prof. Dr. August Stich, Board member of DAHW and head doctor in the department of Tropical Medicine in Würzburg. In Bolivia more than 50,000 people get Chagas every year and more than 15,000 die from it.

The bugs, called "Vinchucas", live in the shabby huts of their victims. Initially, not the human being but the cattle inside the huts are targeted. Every night, the Vinchucas come out of cracks in the non-

plastered walls looking for their victims.

As many people in poor rural regions live together with their cattle under one and the same roof, the number of people affected is very high. Especially the shabby huts in those poor regions provide an ideal living space for the nocturnal bugs. During the day, the Vinchucas hide in cracks of bricks or wooden boards, at night the extended family and its cattle sleep in the hut and are an easy target for the bugs.

The problem is not the proboscis. It is the faeces of the bug that transmit the pathogen, which may survive for years. According to Mr. Stich, a specialist in Tropical Medicine, there are other possible modes of transmission: "Pregnant women transmit the pathogen to their unborn children and mothers through their milk to the infants, this is just as certain as transmission by inadequately controlled blood reserves. Furthermore, it can be transmitted by contaminated food or other modes of transmission, which seem possible to us, but have not yet been explored due to a shortage of means".

Treatment is only possible within the first two of four stages of the disease. "This means that members of our local medical staff have to be trained intensively. The earlier a diagnosis can be made the great-

er is the chance of successful treatment. In the later stages, the disease is not curable, as far as currently known", says the medical consultant of the DAHW Board.

In December 2011, Professor Stich went to Monteagudo to explore Chagas disease more closely as the doctor from Würzburg is focused especially on finding a method to prevent it. At the moment, he can only dream about a vaccine as the Bolivian Government is not in position to cover a share of the immense costs for its development. Those who would be able to do so, do not want to help. Just like in cases of other diseases of poverty, the patients cannot pay for medication themselves. Research funding would therefore not be an economic investment, but in the people living there.

Monteagudo liegt fern der Großstädte im armen Süden Boliviens.



Buruli Ulcer: Another neglected disease



Photo: DAHW

The arm will probably remain stiff, which is a typical consequence of Buruli ulcer.

Buruli ulcer is an infectious disease that manifests primarily on the skin in a particularly aggressive way. Buruli ulcer mainly occurs in areas of tropical Africa, especially West Africa. The unusual fact is that children under the age of 14 are affected to a high degree and represent up to 70% of all patients.

The pathogen, mycobacterium ulcerans, is similar to the pathogens of tuberculosis and leprosy, even though the progression of the disease is different.

A significant difference is already evident in the mode of transmission: close contact with people is completely irrelevant for Buruli. It is likely that this disease is transmitted by insects, however, this assumption has not yet been confirmed by research.

If the disease is diagnosed at an early stage, it can be effectively treated with medication. Later diagnosis may lead to large-scale and deep infringements into the tissue necessitating surgical treatment.

New methods like PCR (polymerase chain reaction), a genetic examination of skin tissue, ensure diagnosis at a very early stage. If the disease is identified early, patients can be completely cured and will not suffer from late effects; just as in leprosy.

Buruli Ulcer in Togo

In 2004, the fight against Buruli ulcer became part of the national Health Programme in Togo, however, without sufficient financial means. By including Buruli ulcer in their mandate in 2006, DAHW provided support so that treatment of patients finally started.

Since the opening of the competence centre by the former Foreign Minister Frank-Walter Steinmeier and the Togolese Health Minister Professor Charles Kondi Agba in Tsévié in 2008, patients seriously ill with Buruli ulcer can be treated in hospital.

At the beginning of 2011, the European Union financed the research programme “BuruliVac” with the result that a PCR laboratory was set up in the capital of Lomé. Thanks to co-operation with Ludwig-Maximilians-Universität (LMU) in Munich local staff, who check results and examine their state, could be trained.



Photo: Franz Wiedemann

One of the most modern medical facilities in Togo is the PCR laboratory of “BuruliVac” in the capital of Lomé.

Through this diagnostic technology Togo is now on the latest medical level and therefore in a position to participate in international research projects. Previously, samples had to be sent to Munich

for examination; this took a very long period to receive results and was significantly less helpful for further exploration of the disease.

We lay our cards on the table



Peter Hofmann
MBA
Honorary treasurer of DAHW

Donations are well managed and spent by the DAHW. This fact was again attested this year by the auditing company Solidaris and the German Central Institute for Social Issues (Deutsches Zentralinstitut für soziale Fragen, DZI). Donors, numerous honorary members, journalists, famous supporters and everyone else who is interested in the work of DAHW, have the chance to convince themselves.

The DAHW *German Leprosy and Tuberculosis Relief Association* publishes the annual report including balance sheets and annual accounts not only in printed form, but also online and without access restriction. We lay our cards on the table because your trust, which we want to strengthen every year, is important to us.

Numerous feedback received from project countries shows the trust in the working methods and the commitment of DAHW. "If the DAHW didn't support leprosy and tuberculosis in this way, nothing would happen." This is often said. Patients or employees from hospitals, which we support, write to us or tell this to our employees who visit them.



Das Deutsche Zentralinstitut für soziale Fragen (DZI) bescheinigt:

Ihre Spende kommt an!

Our employees in the project countries, often citizens, play an important role in our work. We thank them for the work they do themselves, which is enabled by the DAHW through the financial support of all donors.

Provision for pension payment for employees in project countries could therefore be made again during the past year. After many years of hard work, employees should not fall into poverty when they retire. However, this applies

mainly to countries where there is a barely functioning social system. As a relief association we always want to do justice to our own demands and therefore feel responsible for these people.

After the floods in Pakistan in 2010, we received many donations for local aid there. As soon as immediate aid had been provided, we established reserves amounting to 2.5 million euro from donations for sustainable reconstruction. From these reserves we required 1 million euro for reconstruction in 2011. With the remaining 1.5 million euro reconstruction will be continued in 2012. More details can be found in the balance sheet as well as in the annual account on the following pages.

You can clearly see there, how important the work of the DAHW is. Through donations DAHW supports altogether 227 aid

projects in 26 countries, furthermore, 16 specific projects in which the focus is on training and further education or important research.

It is precisely this variety that provides salvation for the many people who are suffering from a disease of poverty or who are excluded due to the consequences of that disease. This variety is being supported by many people in Germany through donations and inheritances. Without this willingness to help the DAHW would not be able to improve the life situation of the poor and sick people in its projects. On behalf of patients, project partners, employees and the DAHW Board we would like to thank you.

Peter Hofmann
MBA
Honorary treasurer of DAHW



Your donations are in good hands

Within the framework of the 2011 Transparency Award, the DAHW *German Leprosy and Tuberculosis Relief Association* was awarded a prize for the outstanding quality of its reporting.



Financial report

Assets

	2011	2010
A. Fixed Assets		
I. Intangible assets		
Software	9,905.00 €	8,474.00 €
II. Tangible assets		
1. Vacant land	1,891.00 €	1,891.00 €
2. Built-on land	554,437.49 €	593,349.38 €
3. Tools and equipment	67,309.00 €	57,648.00 €
	623,637.49 €	652,888.38 €
III. Financial assets		
1. Investments held as fixed assets	35,397,926.69 €	33,999,625.15 €
2. Other financial assets	47,253.71 €	47,253.71 €
	35,445,180.40 €	34,046,878.86 €
	36,078,722.89 €	34,708,241.24 €
B. Current Assets		
I. Accounts receivable and other assets		
1. Accounts receivable (trade debtors)	736,144.79 €	964,895.66 €
2. Other assets	60,455.84 €	63,711.03 €
	796,600.63 €	1,028,606.69 €
II. Cash on hand, cash in other banking accounts	4,704,480.88 €	6,103,581.72 €
C. Pre-paid expenses and deferred charges	44,214.70 €	56,681.57 €
	41,624,019.10 €	41,897,111.22 €

Explanations: Balance sheet as of 31 December 2011

General information and principles

DAHW German Leprosy and Tuberculosis Relief Association prepared its annual financial statement in compliance with §§ 242 ff of the German Commercial Code (Handelsgesetzbuch, HGB) and prepared its balance sheet in accordance with the Accounting Directives Law incorporated in § 266 HGB.

Balancing and evaluation were realized in accordance with the principles of proper accounting on the basis of the original costs with due regard to the principle of the lower cost or market and in compliance with the principles of commercial prudence.

Fixed assets have been valued at original/production costs less the already

expired depreciation and regular depreciation during the financial year 2011. Depreciation of fixed assets has been carried out pursuant to the straight-line method of depreciation.

DAHW has used the available option to simplify taxation, accounts receivables and other assets are stated at their nominal value. Default risks were taken into account by applying appropriate value adjustments. Cash in hand and cash in other banking accounts are stated at nominal amounts.

Provisions are made applying reasonable commercial judgment. Liabilities are carried at the relevant repayment amounts.

Assets

Intangible assets apply to software licenses. The balance sheet item **tangible assets includes** inherited land (built-on and vacant land) and **tools and equipment**, whose value decreased by 29,250.89 Euro due to annual depreciation.

Investments essentially cover longer-term securities and fixed-term deposits. The increase of 1,398,301.54 Euro can be attributed to long-term investment in liquidity.

Cash in hand and cash in other banking accounts decreased by 1,399,100.84 Euro, as already mentioned. DAHW in-

Liabilities and Equity

	2011	2010
A. Capital stocks		
I. Donated funds (up to 31 December 1976)	28,318,905.32 €	28,318,905.32 €
II. Estate and inheritance funds AO*		
Situation on 1 January	8,842,986.34 €	9,364,668.46 €
Withdrawal from reserves	0.00 €	-521,682.12 €
Allocation to reserves	391,032.67 €	
	<u>9,234,019.01 €</u>	<u>8,842,986.34 €</u>
	37,552,924.33 €	37,161,891.66 €
B. Donated funds not yet used	1,500,000.00 €	2,500,000.00 €
C. Contingent donation funds	452,344.65 €	452,344.65 €
D. Accrued liabilities		
1. Old-age provision	1,037,525.98 €	968,939.10 €
2. Other provisions	874,165.14 €	287,430.65 €
	<u>1,911,691.12 €</u>	<u>1,256,369.75 €</u>
E. Liabilities		
– Obligations from project-related donations	0.00 €	146,379.00 €
1. Accounts payable	204,734.49 €	380,126.16 €
2. Obligations towards the bank	890.72 €	0.00 €
3. Other liabilities – 1,433.79 Euro for tax	1,433.79 €	0.00 €
	<u>207,059.00 €</u>	<u>526,505.16 €</u>
	<u>41,624,019.10 €</u>	<u>41,897,111.22 €</u>

vests funds not yet required for project work conservatively and at interest rates consistent with the market situation to minimize risks and guarantee liquidity at all times.

As current assets far exceed liabilities, there is no necessity to present the Association's liquidity situation. Moreover, it should be taken into account, that fixed assets also include funds that can be liquidated at short notice.

Prepaid expenses and deferred charges comprise payments made in 2011 and relating to the year 2012.

Liabilities and Equity

Capital stock increased by 391,032.67 Euro to 37,552,924.33 Euro after allocation of the annual results.

From the balance sheet item **donated funds not yet used** 1,000,000 Euro was used to support flood victims in Pakistan; entered under "Expenses for projects" in the annual financial statement. For future support in Pakistan 1,500,000 Euro remain available.

Contigent donation funds remained unchanged with 452,344.65 euro. Provisions increased by 655,321.37 euro to 1,911,691.12 euro, the reason for which

are promised contributions for several projects and still existing social responsibilities of employees in project countries.

On the balance sheet day, 31 December 2011, no **obligations from project-related donations** were noted so that there is a reduction of 146,379.00 Euro compared to the previous year.

Accounts payable amount to 204,734.49 Euro, a decrease of 175,391.67 Euro compared to the previous year. **Obligations towards banks** and **other liabilities** amount to 2,342.65 Euro so that the total liabilities are 207,059.00 Euro.

Income and expenditure for the

Income

	2011	2010
1. Donations and grants		
– Donations	9,107,456.33 €	12,122,891.81 €
– Fines	186,390.00 €	139,175.00 €
– Inheritances and legacies	2,803,886.52 €	2,373,361.60 €
Total amount of income from donations	12,097,732.85 €	14,635,428.41 €
Withdrawals from reserves of earmarked donated funds ¹	1,146,379.00 €	-2,646,379.00 €
– Income of ILEP ² -members	607,568.84 €	600,270.06 €
– Federal grants by (BMZ) ³ , grants from the federal states, the German Reconstruction Loan Co-Operation and the European Union (EU)	239.04 €	558,845.51 €
– Third-party funds, direct grants	1,685,701.09 €	1,217,697.50 €
	15,537,620.82 €	14,365,862.48 €
2. Asset management		
– Rental and leasing agreements	126,854.95 €	98,761.99 €
– Income from investments incl. market profits	1,197,352.81 €	1,467,584.68 €
3. Other and extraordinary income	28,641.43 €	281,526.19 €
	16,890,470.01 €	16,213,735.34 €
Withdrawals from reserves	0.00 €	521,682.12 €
Allocation to reserves	-391,032.67 €	0.00 €
Total income	16,499,437.34 €	16,735,417.46 €

Expenditure

	2011	2010
1. Expenses for projects		
– Africa	7,392,936.16 €	7,364,083.46 €
– South America	1,082,045.77 €	1,146,313.33 €
– Asia	4,118,754.28 €	4,013,348.92 €
– Europe	0.00 €	0.00 €
– Specific projects	307,169.44 €	363,562.98 €
	12,900,905.65 €	12,887,308.69 €
2. Expenses for information and PR work		
– Purchased materials and services	1,203,102.16 €	1,427,373.96 €
– Personnel and material costs	1,315,056.47 €	1,258,683.58 €
– statutory amount: € 674,897.12 (V) € 638,044.96) –	2,518,158.63 €	2,686,057.54 €
3. Administrative expenses	891,607.08 €	834,809.52 €
4. Expenditure for asset management, property expenses and financial administration	169,354.92 €	99,573.80 €
5. Other and extraordinary expenses	19,411.06 €	227,667.91 €
Total expenditure	16,499,437.34 €	16,735,417.46 €

1) Donations for flood aid in Pakistan and earmarked legacies. | 2) ILEP: International Federation of Anti-Leprosy Associations

3) BMZ: Federal Ministry for Economic Co-Operation and Development

period 01/01/11 until 31/12/10

Explanations: Income and Expenditure

Income from donations and grants increased by 1,171,758.34 euro in the reporting year and now amounts 15,537,620.82 euro; it should be noted that the largest portion of 1,000,000 euro was used from reserves for flood aid in Pakistan. **Inheritances and legacies** increased by 430,524.92 euro (18.1%), **third-party grants**, direct grants also increased by 468,003.59 euro compared with the previous year. Whereas **donations** amounting to 3,015,435.38 euro and the **public grants** of 558,606.47 euro are lower than the last years' figures.

Income from **asset management** decreased by 242,138.91 euro compared to last year, which can mainly be explained the lower interest level on capital investment.

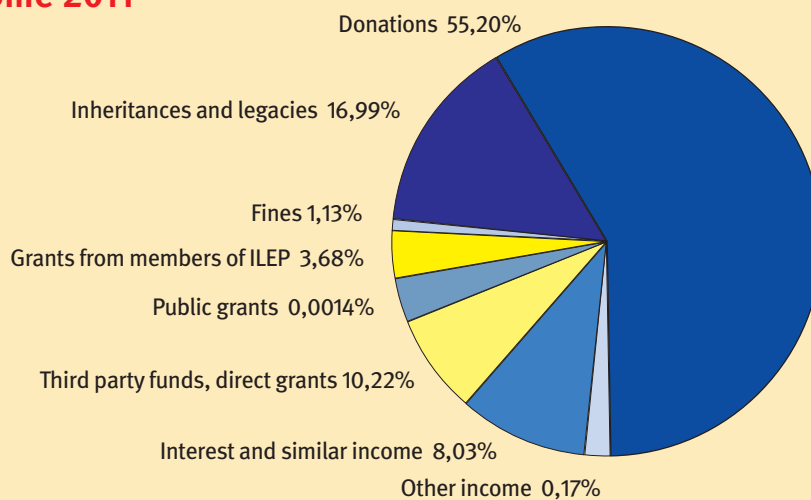
Other and extraordinary revenues, 252,884.76 euro, remained under the previous-year's figure as extraordinary revenue was recorded in 2010. The resulting net profit of 391,032.67 euro from incomes and expenditure in 2011 will be shown in reserves.

The **expenses for projects** increased in 2011 by 13,596.96 euro, which is higher than the prior-years figure, to 12,900,905.65 euro. Even the percentage in relation of the respective countries hardly changed.

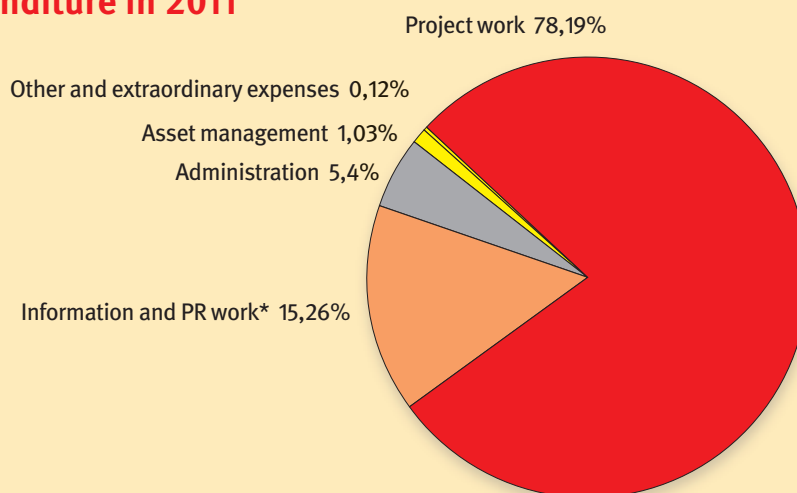
Expenditure on information and PR work decreased by 167,898.91 euro compared to last year, which means the portion of total expenditure, fell from 16.05 % to 15.26 %.

Administrative expenditure increased by 56,797.56 euro and expenditure for asset management by 69,781.12 euro, compared to the figures in 2010.

Income 2011



Expenditure in 2011



* The Information and PR Department covers statutory development-related educational work for schools, advocacy and lobbying as well as press service and media activities, support of honorary work, communications with donors and advertising.

Other and extraordinary expenses in 2011, amount to 19,411.06 euro. Compared to 227,667.91 euro in 2010, this position fell by 208,256.85 euro as there was a corresponding contribution due to the recalculation for the company pension in the past year.



Organization chart



Gudrun Freifrau von Wiedersperg
President

Meeting of members (67 full members)

Honorary Board

Gudrun Freifrau von Wiedersperg (President), Franz Barthel (Vice President), Peter Hofmann (Treasurer), Jürgen Jakobs (Deputy Treasurer), Prof. Dr. August Stich (Medical Advisor), Monika Huesmann, Jochen Schroeren, Dirk Weicke



Franz Barthel
Vice President



Burkard Kömm
Chief Executive Officer

Elke Herbst-Tilgner
Assistance for Board and CEO



Harald Meyer-Porzky
Deputy CEO

Medico- Social Projects Department

Management

Burkard Kömm
Dr. Adolf Diefenhardt (until 15th Oct. 2011)

Assistance

Monika Hofmann

Medical Advisor

Dr. Barbara Oberhauser,

Project officers

Peter Bergdoll,
Sabine Fürst (Deputy Head of Department),
Martin Hilgers (from 1st December 2011),
Heike Himmelsbach,
Ernst Hisch,
Susanne Knoch,
Irmtraud Lechner (from 1st October),
Birgit Markfelder,
Carola Mühleisen (until 30th Sept. 2011),
Petra Oldemeier,
Christine Porsch,
Sabine Slany (until 31st October 2011)

DAHW country offices

Ethiopia, Brazil, India, Yemen,
Columbia, Nigeria, Senegal, Sudan,
South Sudan, Tanzania, Togo, Uganda
and Sierra Leone

Organization and Personnel Department

Management

Matthias Schröter

Human Resources Administration

Maria Döhlen

Procurement/Property Management

Georg Weißenberger

IT

David Gross

Service

Sylvia Deppisch, Michael Welter
Tanja Will (apprentice)

Asset Management, Finance and Controlling Department

Management

Nicole Hohmann

Financial and Payroll Accounting

Bernd Körber (Deputy Head of Department),
Karin Summerer

Donation administration

Simone Ehrenfels (from 15th July 2011),
Monika Ploch, Marlene Preetz,
Stefanie Radtke, Birgit Seubert

Administrative Staff for Foundation, Asset and Testament

Nicole Hohmann
Peter Hofmann (Honorary Treasurer))

Public Relations and Fundraising Department

Management

Harald Meyer-Porzky
Renate Vacker,
(Deputy Head of Department
until 30 September 2011)

Assistenz

Rosalinde Pawlas,
Sabine Slany (from 1st November 2011)

Advertising/Donor Service/Internet

Florian Hundhammer (Deputy Head of
Department from 1 November 2011),
Diane Lovasz, Jutta Melzer

Fundraising & Communications

Nikola Freygang (deceased on 29 May
2011), Judith Mathiasch (apprentice),
Nadine Naoumi, Martina Vornberger

Honorary Office/Events

Jürgen Belker-van den Heuvel,
Beate Gemballa,
Ute Oertker,
Anagela Ossig,
Franz Tönnies

Development-Related Educational Projects

Holger Hintz,
Maria Hisch,
Renate Reichelt,
Michael Röhm

Press & Editing

Jochen Hövekenmeier,
Sabine Ludwig (from 1st October 2011)

All of our permanent employees, except for the CEO, are paid in conformity with the collective wage agreement for public services. Six of our employees work part-time.
In the version of 31 December 2011



„In our vision there is a world where no human being has to suffer from leprosy, tuberculosis or other diseases of poverty and its consequences like disability or exclusion“

A vision of DAHW

Offering hope with the last will

Almost 55,000 people supported the work of DAHW in 2011 with their donations. They are convinced that DAHW will help those people suffering from leprosy, tuberculosis or other diseases of poverty or, who are being excluded due to the consequences of the disease, in a meaningful way.

The trust in the long-term and sustainable work of DAHW is the reason why most of the donors support the Association for several years or even decades. One of them was Maria S. who died at the age of 96, but continues to support the work of “her” Relief Association.

Being convinced by mission and action of DAHW and filled with the will to improve the life situation of ill people in poor countries, she decided DAHW to be inheritor. The decision of Maria S. has already been documented in 1963, throughout her life she did not change her mind.

In 2011, almost 17% of DAHW’s overall income came from inheritances and estates. This is an important factor for the Association, 70% of the income of which consists of donations and legacies. In contrast to grants from institutions like the Federal Government, European Union, KfW (German Reconstruction Loan Co-operation) or Global Fund, donations are the basis for long-term work, which plays an important role especially when it come to diseases of poverty, like leprosy and tuberculosis.

A great number of donors have been contributing regular donations for many years. The kind of support that Maria S. decided to give from a young age is more widely understood by the public. Almost every charitable organization is in contact with people, who want to make provisions to ensure that values of their life are sustained/remain alive, even after their death. Help for people in need should be

insured even in the future, this is what they want to express with their last will.

And yet in many places there is ignorance and therefore consequent insecurity. A recently published study shows that one third of the Germans do not know anything about the important terms in inheritance.

This means that information is essential, irrespective of whether someone wants to include a charitable organization like the DAHW or not. The manual “Lebensspuren hinterlassen” (Leaving traces of life), published in 2011, includes much information on writing a good will. All information has been collected by the DAHW.

For the manual “Lebensspuren hinterlassen” (Leaving traces of life), published in 2011, DAHW collected much important information on how to write a good will.

Everything at a glance

Action against AIDS

The federation of around 400 organizations from the field of AIDS and development co-operation, grass-roots group and parishes aims to increase responsibility of politics and the pharmaceutical industry in the worldwide fight against AIDS. DAHW is a member.

DOTS (directly observed treatment)

This successful and cost effective therapy method for leprosy is standardized by the WHO. It ensures that patients take correct dosage of medication, take it the right time and continuously throughout the period of treatment. The programme contains five components:

- Support from political decision-makers
- Diagnosis by sputum microscopy
- Availability of effective medication
- Controlled intake of medication, especially in the first two months
- Standardized documentation and evaluation of cases

DOTS is part of the “Stop TB Strategy” of the WHO and therefore a part in all TB projects supported by the DAHW. This system should prevent discontinuation of therapies that lead to dangerous resistances.

DZK (German Central Committee for the Fight against Tuberculosis)

The DZK was founded in 1895 when every fourth person capable of work was dying of tuberculosis in Germany. Robert Koch was among its founders. Nowadays, DZK unites all renowned German institutions in the fight against tuberculosis. Research, teaching and practice are successfully linked in Germany. DAHW is a member.

Elimination

According to the WHO, leprosy is „eliminated” if less than one registered patient per 10,000 inhabitants is under treatment by a fixed date, which can be chosen by the respective country itself. The aim of eliminating leprosy in most of the countries by 2005 was not achieved, but by the end of 2010 it was achieved except in a few states. Leprosy does still exist in Brazil, Liberia, Sri Lanka, Sudan and South Sudan as well as in regions and on independent islands in the South Pacific.

However, elimination is not to be equated with eradication as transmission and new cases of leprosy may even arise during the elimination phase. In some countries the number of patients increases even after the “elimination”.

Eradication

Unlike elimination this means complete extinction of a pathogen. Up to now, this was only achieved with smallpox in the 1980. No other disease has yet been completely eradicated.

GDF (Global Drug Facility)

The GDF, which belongs to the WHO, has the mandate to ensure continuous availability of high quality medication and to win political and public support worldwide. Medication is provided to tuberculosis national programmes usually free of charge.

GFATM (Global Fund to Fight AIDS, Tuberculosis and Malaria)

The organization was founded to find new ways for an international health financing, together with governments, civil society, private sector and affected countries. GFATM cooperates closely with other organizations to pool already existing structures in the fight

against these diseases so that prevention, treatment and care are enabled on a large scale.

In Nigeria, for instance, DAHW closely co-operates with the GFATM.

IILEP (International Federation of Anti-Leprosy Associations)

The IILEP co-ordinates the co-operation of its 13 members to effectively fight against leprosy worldwide. Resources are pooled, relief programmes receive reciprocal support, experience is exchanged and contacts and common strategies are synchronized with national programmes. DAHW is one of its founders.

Incidence

Incidence indicates the number of new cases per year, often in relation to the population, for instance per 100,000 inhabitants.

MDG (Millennium Development Goals)

During the summit meeting of the United Nations in New York in September 2000, the Millennium Declaration was adopted. It defines the agenda for international politics in 21st century in the fields of “Peace, Security and Disarmament”, “Development and Poverty Reduction”, “Protection of Common Environment” and “Human Rights, Democracy and Good Governance”

The following eight Millennium Development Goals were derived from this and are to be achieved by 2015:

- Halve the proportion of the world’s population suffering from extremely poverty and hunger
- Enable all children to complete a full course of primary education
- Promote gender equality and strengthen the rights of women

- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, Malaria and other transmissible diseases
- Improve environmental protection
- Develop a global partnership for development

MDT (multi-drug-therapy)

Is a combined therapy of three antibiotics: Dapsone, Rifampicin and Clofazimine. MDT has been used as a standard treatment for leprosy since 1982; it can completely destroy the pathogens within six to 18 months, depending on the disease. Until now no patient has had significant resistance. DAHW essentially participated in the medical research and development.

National Leprosy and TB control program

The DAHW supports national leprosy and TB control programmes, in countries where the Association is active, that are run in close co-operation with governmental health services. DAHW is available for medical questions, training and further education, supervision of health centres, rehabilitation as well as social inclusion.

Prevalence

The „frequency of disease“ indicates the number of patients at a specific date of examination per 10,000 inhabitants. The date can be chosen by each country itself. As a consequence the prevalence of leprosy can be influenced even by arbitrariness of authorities.

PPM (Public Private Mix)

By pooling the strengths of public and private health providers this initiative is developing new approaches and partnerships with the aim of providing access for all patients to TB treatment according to international standards (DOTS). Through training and involvement of private health providers search of cases can be optimized, more treatment results can be achieved and costs can be reduced.

DAHW supports PPM in many countries, including India and Nigeria.

SER (Socio-Economic Rehabilitation)

SER enables former leprosy patients to reintegrate into society. This affects people whose disease has been cured from a bacteriological point of view, but who still suffer from the stigma of leprosy and discrimination from authorities or fellow humans. DAHW supports them with micro-credits, for instance, so that they can implement a business idea to have a dignified and independent life and make contribution to the family income.

The DAHW has extended their SER to CBR programmes in many project countries (see page 25). In some countries SER programmes remain unchanged, as stigmatization of patients still exists on a large scale.

Stop TB-Partnership

This is a federation of 500 governments and non-governmental organizations, initiated by the World Health Organization. It supports the controlled and standardized treatment of all people infected with tuberculosis. The DAHW is a member.

Stop TB-Forum

It is a combination of organizations in Germany dealing with tuberculosis. Besides the DAHW there are other founding members e.g. Ärzte ohne Grenzen (German doctors), DZK (German Central Committee for the Fight against Tuberculosis), Koch-Metschnikow Forum, BUKO Pharma Kampagne (pharmaceutical campaign), World Population Foundation and much more. The Forum has set up objectives of making themes around leprosy more widely known in Germany and obtaining more attention for the disease.

VENRO (Association of German Non-Governmental Organizations)

More than 100 German NGOs joined forces as VENRO. In development policy they fight, in particular, against poverty, for the Millennium Development goals and for Human Rights. VENRO is an opinion-leading lobby association and interlocutor for German development co-operation. DAHW is a member and active in five teams.

Neglected diseases

This is how diseases are called in Third World countries, diseases that receive less attention and research funds than illnesses which also effect industrial countries. These are mostly diseases about which only little is known except the fact that they are transmitted by lack of hygiene, hot climate and insects (for instance Leishmaniasis or Buruli ulcer). It is often a disease which is chronic, restricted to certain regions and non-fatal.

DAHW is an important partner of the WHO in the field of the “Aktive Bekämpfung von vernachlässigten tropischen Krankheiten” (‘Active Fight against Neglected Tropical Diseases’).

WHO

The World Health Organization, founded in 1948 with headquarters in Geneva, pursues the goal of reaching the highest attainable standard of health. WHO is responsible for global health issues and for shaping the research agenda for health, setting norms and standards and articulation of evidence-based policy options. The organization offers its member states professional support, supervises and evaluates health development, supports medical research, provides immediate assistance for catastrophes and fights for better nutrition and improvement of living and working conditions as well as of sanitation.

Thank you

for supporting our work in 2011

to **55,000 people in Germany**

who have made donations towards our work

to **2,000 people**

who have volunteered and have collected numerous donations through their activities

to **parishes and schools**

which have supported our work through their offerings and activities

to the **companies, foundations and institutions**

which have sponsored our work

to **authorities and governments**

which have supported our work financially as well as through their responsive and unbureaucratic support

to **prosecution offices and courts**

which took our association into consideration when allotting monetary fines

as well as

to **everyone**

who in their lifetime have included our association in their last will.

 **DAHW**
Deutsche Lepra- und
Tuberkulosehilfe e.V.



Photo: Enric Boixadós



Photo: Thomas Einberger



Photo: DAHW

Photo: Josef Worm

Thank you

Thank you on behalf of almost **700,000 patients** in **227 relief projects** in **26 countries** and also on behalf of more than **200,000 people** who we actively supported after **the flood catastrophe in Pakistan** and who we are now helping with the reconstruction of their homeland.



Without you we would not have been able to help!

www.dahw.de