

Annual Report 2007

Leprosy Relief Emmaus Switzerland
April 2008

Foreword by the President

Action against the Vicious Circle of Poverty and Disease

At the General Assembly in March 2007, the members of Leprosy Relief Emmaus Switzerland resolved to take a decisive step for the future of Leprosy Relief with the new mission statement. As specialists at the interface of disease and poverty, we wish to systematically employ our knowledge and experiences gained from leprosy action, in order that other disadvantaged persons can also gain access to health care facilities.

In close to 50 years of activity, our field of action has expanded greatly. The first projects, which we supported in 1959, still concentrated totally on the care of leprosy patients, who lived out the rest of their miserable existence mostly excluded from society in leprosy colonies. From mid-80's onwards, we finally had an effective, medicinal treatment for leprosy. It enabled us to cure leprosy patients in large numbers and to widen the focus of our action.

In the course of the last 20 years, we were able to implement additional cost-efficient extensions of our support services. Thus, leprosy hospitals increasingly became the contact points even for poor patients with other ailments. An example of this is our hospital in Palamaner, India: Since leprosy can result in blindness, the hospital has acquired great skills in the treatment of eye complaints and has built the necessary infrastructure for the same. For many years, this is being used even by other needy patients with eye complaints. Another example from Africa: It is not a sensible option to use vehicles only for leprosy action, if other patients can also be reached simultaneously with the same vehicles, without neglecting leprosy patients in doing so.

That is why the resolution of the members of Leprosy Relief is, on the one hand, a logical consequence of the development, which has been a reality in our project countries for long. On the other hand, the new mission statement gives the direction for the future, which brings the original motto of our organisation even sharper into focus: „Help the neediest first“. Through our soon half century old action, we have become specialists in this field at the point where poverty and disease are face to face with each other. Even in future, we shall apply our commitment and our specialist skills at the point where people are caught in this vicious circle.

The original aim, namely, to enable leprosy patients to lead a humane existence, continues to be an important concern of Leprosy Relief's action.

Rolf Lehmann
President

Performance Report

About Us

Purpose of the Organisation

Leprosy Relief Emmaus Switzerland supports sustainable projects and measures with the aim of curing people afflicted by poverty and disease, and of helping them to improve their situation in life. The resultant synergies through the experience and the infrastructure of leprosy action are also used for the action against Buruli ulcer, tuberculosis and other poverty-induced diseases.

In Switzerland, we shall broach the issue of neglected poverty-induced diseases as long as they represent a problem of public health in many countries of the Southern hemisphere and the misery of the affected persons continues.

By means of a slim and decentralised organisation, the funds entrusted to us shall be utilised efficiently and effectively. The development of the projects supported by us has been represented in detail in the following performance report.

Executive Board

President:	Rolf Lehmann
Vice-President:	Dr. Richard Hehl
Members:	PD Dr. Adrian B. Hehl Dr. Christoph Heinz Johannes Leutwyler Goran Radin Beat Ritschard

Managing Director	René Stäheli
Team at Bern Office	Liliane Eggli Marco Gyger Theodor Hundhammer Anne-Catherine Jobe Alessandro Lardo Irène Moret Anna Opladen Valerie Simonet Thomas von Stamm

Projects

Combatting Poverty-induced Diseases

„I feel my hot forehead, a throbbing in the head. The digital thermometer shows 38.3°C. I wonder if it could be flu or, perhaps, even malaria. I am not a medical person, but I have some basic knowledge. In case it is flu, I can do without a visit to the doctor's or I shall go to Dr. Peter, his practice is just around the corner. In an emergency, he even visits me at home or I drive to the hospital. But, if it is malaria, I must take the new medicine, which I bought cheaply abroad, as soon as possible. Then, I shall go to Dr. Kaspar, he has experience in tropical medicine, or directly to the Tropical Institute. With my medical insurance, I can even choose as to where I wish to be treated. And in case it is very bad, even an ambulance or helicopter would be available.“

Change of Scene.

„I feel my hot forehead, a throbbing in the head. My body is burning. I am ill. It could be anything. We know that. Sometimes, it goes away. But, sometimes, it is also the first sign of approaching death. In the case of my second daughter, it started exactly like this, three days later, she was dead. This happens often with our children. Sometimes, the medicine man in the village helps, sometimes, we must go to the city. But, even there, it is not sure that we shall get help. I must decide now. If the herbs do not help, I must borrow money, in order to drive to the hospital. At the moment, the maize harvest is on. I, actually, ought to be in the fields. If I cannot harvest, I will be able to sell less this year, I will have debts and my family will have to starve. But, if I go too late, I will probably no longer be able to travel alone and, then, it will be even more expensive. Perhaps, I might even die and what will happen to my family then?“

Both persons have a choice, either between a large offer of medical help or between treatment or non-treatment. The decisive difference is not the disease, but the place of birth and the social status. Poverty makes one ill and illness makes one poor. This is a vicious circle and the path out of it can often not be forged through one's energies alone. In this spirit, we are supporting nearly hundred projects in 2007, which help people in breaking out of this vicious circle.

Use of the Funds

The majority of the funds in 2007 flowed into combined health projects (35%). These projects offer treatment and care of leprosy patients, but also support people with other poverty-induced diseases.

Around one-fourth (28%) of the funds are used by us in projects, which are especially dedicated to the treatment of leprosy patients (mobile health care services, operations, rehabilitation, social reintegration, self-help courses, aid).

We spent 15% of the funds in the fight against Buruli ulcer in Cameroon and in Gabon. The costs of the treatment of diseased children, who come too late to the hospital, are enormous. We intend to reduce the disabilities through improved early recognition and, thereby, also reduce the costs.

We made 8% of the resources available for the social support of often severely disabled leprosy patients. Especially in Africa, the life of these people would have been unbelievably miserable without this help.

Social development projects received 5% of the resources. The funds flowed, on the one hand, into the reconstruction aid for Tsunami victims in Sri Lanka and, on the other hand, into three schooling projects in India. Purely tuberculosis projects and combination projects of leprosy and tuberculosis and/or Buruli ulcer and tuberculosis were supported by us only with a modest portion of the funds (2%).

For projects aimed at strengthening the rights of leprosy and TB patients and for awareness generation, we spent 5% of the funds. Furthermore, we are also engaged in awareness generation in Switzerland, to give voice to the poorest of the poor.

The deployment of funds in the new projects against further poverty-induced diseases was still low (2%). Nonetheless, significantly more funds shall flow into such projects starting from 2008 itself.

Project Transfers: Purpose of Utilisation 2006			
Purpose	CHF	Quantity	% (CHF)
Leprosy	1'549'174	41	28
Tuberculosis	34'502	2	1
Buruli Ulcer (UB)	811'229	5	15
Other Diseases of Poverty	91'706	6	2
Combination Leprosy/TB or Leprosy/UB	81'668	2	1
Combined Health Projects	1'916'317	26	35
Social Development Projects	273'450	5	5
Social Assistance for the Diseased	422'594	7	8
Health Education and Patient Rights	296'037	5	5
TOTAL	5'476'678	99	100

Africa

Cameroon

Population: approx. 16 mil.

*Representative of Leprosy Relief and On-site Medical Director: Dr. Alphonse Um Boock
Regional Office of Leprosy Relief: Yaoundé*

No. of Projects: 17

Allocation of Resources: CHF 1'773'977

In Cameroon, we have intensified the fight against Buruli ulcer as a special area of emphasis and have, in doing so, improved the supply range of health care services and the urgently needed early recognition of the afflicted patients. The treatment of the still harmless early stages of Buruli ulcer takes place increasingly in the vicinity of the families in decentralised health centres, which are supported by us. Serious cases are still operated on and rehabilitated at the referral hospital in Ayos. A school built within the premises of the hospital at Ayos ensures that the children are not cut-off from state-run schooling. The mothers of the afflicted children are also being increasingly involved in the post-treatment and are being supported by voluntary community workers. In this way, the little patients can be discharged from hospital earlier.

Severe cases, which are not operable in Cameroon, with disfigurements and adhesions, have a chance of recovery since March 2007: A five-member operation team from Bern and Basel travels once a year to Ayos and operates on the affected children.

Approx. 500 cases of leprosy per year are still detected in Cameroon. The special emphasis in the leprosy action is on early recognition, in order to lower the disability rate. Through rapid treatment of the disease, one hopes to push back the infections and to achieve a leprosy-free state in Cameroon at some point of time. But there are still many people in Cameroon, who are permanently disabled from leprosy. Wherever possible, we have strengthened our help for self-help to these leprosy victims and their families through our social measures, in order that they may lead a humane existence.

Over 2,000 tuberculosis incidents were detected and treated in Cameroon through our help. Around 75% of the patients could be cured. This is a good result, considering that these persons are often additionally HIV infected.

Central African Republic (CAR)

Population: approx. 4 mil.

Representative of Leprosy Relief and On-site Medical Director: Dr. Etienne Dolido

Office of Leprosy Relief: Bangui

No. of Projects: 9

Allocation of Resources: CHF 402'027

Living and surviving in the Central African Republic is a daily struggle for the predominantly impoverished population. Turmoils, rebel attacks from the neighbouring Chad and Sudan, bandits from within the country, make life and work insecure. Leprosy is far more widespread than in Cameroon. Nonetheless, we have been able to maintain the provision of medical care to leprosy patients and those disabled by leprosy. Additionally, we supported the District of Lobaye in the South in its campaign against sleeping sickness.

Gabon

Population: approx. 1.3 mil.

Local Office: Overseen by Yaoundé

Responsible Project Director: Dr. Alphonse um Boock

No. of Projects: 1

Resource Allocation: CHF 219'901

Since 2006, there is an ongoing national programme in Gabon for combatting Buruli ulcer, which we have been supporting especially in the region of Lambarene. In 2006, 54 cases were registered and treated. This is merely a drop in the ocean, but it is a beginning. Considerable, necessary, initial investments were made for the training of health care personnel, for the setting up of minimal infrastructure and for health education.

Ivory Coast

Population: approx. 18 mil.

Co-ordinated by the office in Berne in co-operation with the University of Cocody and the Swiss Centre for Scientific Research in Abidjan

Responsible Project Director: Prof. Eliézer K. N'Goran, University Abidjan-Cocody

No. of Projects: 1

Resource Allocation: CHF 17'416

The Ivory Coast is ravaged by the Civil War of many years and meanwhile belongs to the poorest countries in Africa. Since 2006, there is new hope of peace and development. Our action in this region began in 2006, when we supported the construction of an irrigation dam for five villages, including a former leprosy village. Water, however, not only means life, it also offers the perfect living conditions to different viruses and germs: malaria, diarrhoea, diseases caused by worms or bilharzial bladder can reappear or increase. That is why we started with a village-level health project. The aim is to equip people to take care of their health themselves. Village pharmacies, community volunteers, awareness generation programmes and competent help are the central elements of our work.

Asia

India

Population: approx. 1.1 billion

On-site Representative of Leprosy Relief: Jayaraj Devadas

Medical Director: Dr. Thomas Abraham

Regional Office of Leprosy Relief: Chennai

No. of Projects: 49

Resource Allocation: 2'181'882 CHF

More than half of all leprosy afflictions in the world are detected in India (2006: 152,000 newly registered cases). It is most frequently visible in the poor, rural regions of the east and in the slums of the metropolises. Yet, it has not disappeared even in the other parts of the vast country. On the contrary, there is much cause to suspect that the official figures are only the tip of the iceberg and that, in reality, many more people suffer from leprosy and are not (yet) treated. Should these fears be confirmed, the successes achieved in the previous years could be undermined.

In spite of a handful of super-rich and a growing middle class, the majority of the population of India continues to live in poverty. The largest slums in the world can be found here. These grow daily through the migration of poor people, who, in turn, bring along their leprosy affliction and, thus, contribute to the fact that leprosy is increasingly becoming a disease of the cities as well.

We have drawn our conclusions from the disparate distribution of wealth in India and are increasingly supporting only non-governmental organisations and hospitals for the poor. In doing so, the fight against poverty and the disease caused by it remains at the forefront of our efforts.

The lion's share of our funds in India flowed into combined health projects in 2007. These are, in particular, the leprosy hospitals, which additionally offer general health care services to the poor, beside the treatment of severe leprosy cases and disabilities. We have spent a good one-fourth of the funds for India on specialised leprosy action, which ensures that diseases are recognised early enough and that existing disabilities do not deteriorate. In doing so, we are mainly concerned with the support of mobile teams, which look up leprosy patients in their village environment, in order to help them to deal with their disabilities.

Social aid including sponsorship of schooling and micro-credits accounted for approx. 10% of our aid in India in the year 2007.

Sri Lanka

Population: approx. 21 mil.

On-site Project Coordinator of Leprosy Relief: Dr. Nimal Kasturiariachi

Office of Leprosy Relief: Handela, Colombo

No. of Projects: 7

Resource Allocation: CHF 322'963

The Civil War between the government and the Tamil separatists once again broke out fully in the previous year. Attacks threaten the entire island. The economic crisis and the question as to the future of the country make the population insecure. This situation is a strain on our work as well. Nonetheless, we have decided to maintain our presence in the country.

Not only weapons threaten Sri Lanka, new diseases are also spreading. Since 2007, we are supporting a project against the deadly disease leptospirosis in the south of the

island. We offer health education and access to a cheap and effective prophylaxis to the population.

Leishmaniasis is also a new threat to the people of Sri Lanka. As of now, it is only the ulcer-inducing form of the disease, which is spreading. However, one must fear that a break-out of „kala azar“ (black liver) might follow, a very severe form of the disease, which can swiftly kill, specially children, if left untreated. We have started a project, which can check leishmaniasis and can enable an early treatment.

Leprosy, as well, is not yet eradicated in Sri Lanka; approx. 2,000 new cases are detected annually. Our help enabled the national programme on leprosy to detect the afflicted persons earlier. Thereby, lasting disabilities could be avoided. The people, who are marked by the disease, are supported by us through rehabilitation and through social aid, which allows them to once again lead a normal existence.

Nepal

Population: approx. 28 mil.

Co-ordinated by the office in Berne, managed by local partner organisation

No. of Projects: 1

Resource Allocation: 26'624 CHF

Nepal belongs to the poorest countries in Asia. A Civil War of many years between the Royalist government and Maoist rebels has bled the country to death. Now, there is peace since end of 2006, the King has abdicated power and parties are settling their conflicts in a more democratic and peaceful manner.

For many years, Leprosy Relief has been supporting the Green Pastures Hospital in Pokhara. It is the referral hospital for rehabilitation in Nepal and offers comprehensive care for leprosy afflicted persons. First aid, treatment of severe stages of the disease, precaution against disability, rehabilitation, training in self-care and social reintegration belong to the broader concept of the hospital.

Controlling body of the hospital is the International Nepal Fellowship (INF), the partner of Leprosy Relief in Nepal. Together with INF, we shall continue to dedicate ourselves with renewed vigour in Nepal to the fight against poverty and its implications for health.

Other Projects in Africa, Asia and Latin America

Countries: Ghana, Guinea-Bissau, Mozambique, Morocco, Brazil, Colombia and Indonesia

Co-ordinated by the office in Berne, managed by local partner organisations

No. of Projects: 9

Resource Allocation: CHF 229'878

In the African countries, we are supporting the national programmes on leprosy in the early recognition and treatment of leprosy patients, the promotion of medical rehabilitation and in measures of health education. In Brazil as well, the emphasis of our support is on the treatment and rehabilitation of leprosy patients. There, the leprosy programme is additionally combined with the tuberculosis programme. In Colombia, we are supporting a leprosarium and in Indonesia, a leprosy hospital as well as an orthopaedic workshop.

Worldwide Projects of Leprosy Relief

No. of Projects: 5

Resource Allocation: CHF 302'010

We support the publication of the sole independent scientific magazine on leprosy as well as the worldwide action of the International Federation of Anti-Leprosy Associations (ILEP). The ILEP is the mouthpiece of the relief organisations, which are fighting against leprosy. It coordinates the projects, in order to avoid duplication and to promote synergies among the partners.

Further, we also support the international organisation for the rights of tuberculosis patients, TBTV. This was brought into being by a tuberculosis patient and has acquired worldwide influence on the development of national and international treatment concepts.

Sensitisation Projects in Switzerland

In January 2007, we carried out our awareness generation and funds collection campaign in Switzerland on the issue of leprosy. The campaign was supported by the transmission „mitenand“ on Swiss television on the young leprosy patient, Siva, who attends the school in Kathipudi in India.

On 31 July, the traditional firework celebrations by Leprosy Relief took place within the framework of the national festival in Basel. Once again, thousands of “stars” twinkled in the nocturnal sky over Basel and delighted the festival spectators.

In May, the new publication „Leprosy in Switzerland“ appeared, which was authored for us by the mediaevalist, Christian Müller. It describes the situation of leprosy patients in Switzerland in mediaeval times, which is often reminiscent of the current situation of leprosy patients in developing countries.

Financial Report

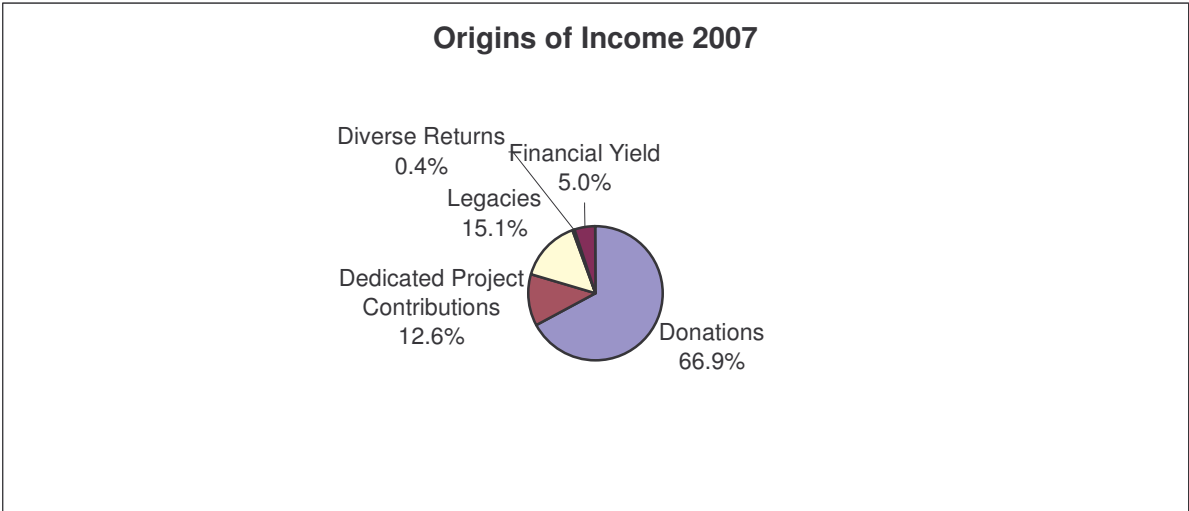
We may look back at an excellent year. With incomes of over CHF 8.7 m, it is the most successful year in the history of Leprosy Relief. Responsible for this increase by 35% in comparison with the previous year, is primarily a generous individual donation of over CHF 2 m. However, we are slightly above the level of the previous year even without this donation.

We could increase the project contributions by around CHF 450,000. Through our quality processes, the surplus incomes from the donations did not flow into the projects in the same year. New projects have to undergo different tests from the project application up to the financing stage. Before a project is approved by the Management Board, it is clarified as to whether there is a real need, whether the project has been planned realistically, whether the partners have the ability to execute the project and whether it is consistent with our mission statement. Then, a contract is drawn up in cooperation with the executing organizations of the project, wherein the duties, performance and the expected results are agreed upon. As a rule, the basic data are compiled at the beginning of a project. These are the point of departure for the measurement of performance and effect.

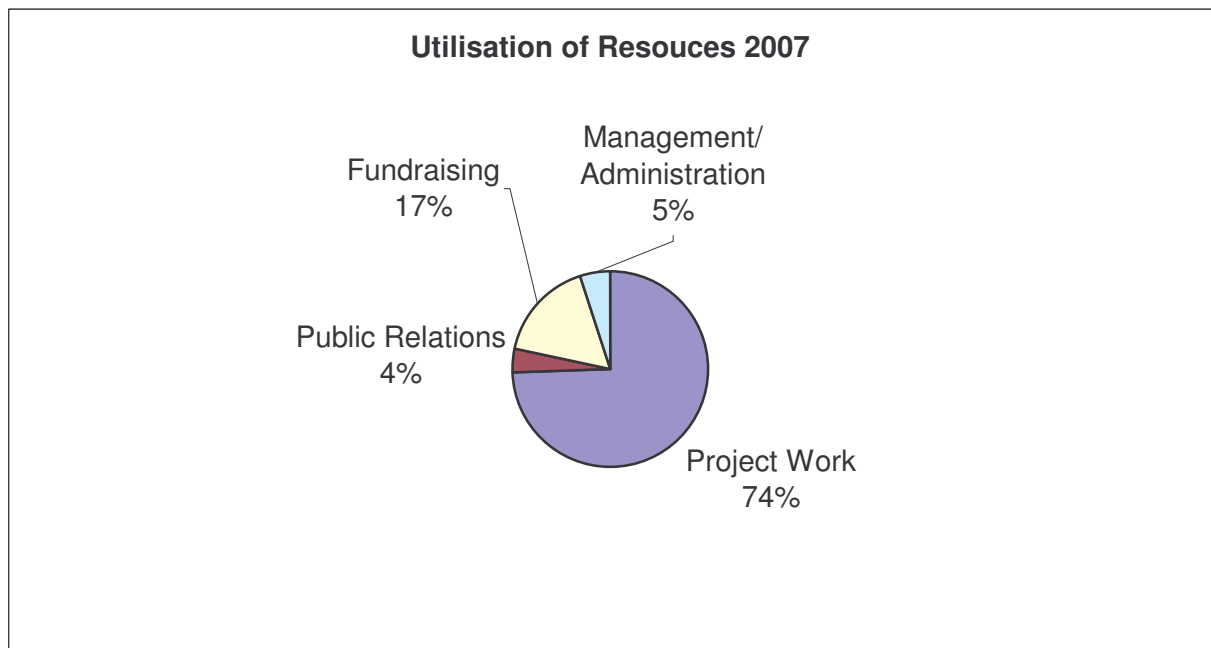
Thanks to the extraordinary donation from the previous year, we had the possibility of working out new and interesting projects, which shall be launched in 2008.

We were not spared a downside in this successful year. Although our reserves are very widely diversified and very conservatively invested, we were bruised by the effects of the negative trends in the financial markets for the last months of the year. The shown, but not realised, exchange loss of CHF 152,578 in relation to the invested CHF 6.9 m. shows, however, that it pays in critical years to limit risks through a conservative investment strategy and to come to terms with the fact that one cannot cruise along on the profit wave in boom years. One must bear in mind that this amount does not concern an actually realised loss, rather, it concerns the valuation of our capital reserves on key date 31.12.07.

Where the Resources come from



Where the Resources Flow



Many Thanks

- To all our donors. It is only because of them that we can support people affected by poverty and disease.
- To the anonymous donor, who, with her extraordinary donation, has given us the opportunity of bringing into life new projects.
- To those, who support us through a bequest and, thus, help needy persons in their afterlife.
- To all volunteers, who help us during the firework celebration, in our daily operations and in the sale of products from the disabled persons' workshop.
- To all communities, companies and foundations, who have sponsored projects with earmarked donations.
- To our co-workers within the country and abroad and to our partners, whose wonderful application led to the results described herein.

Our heartfelt thanks to all of you!

René Stäheli
Managing Director

BALANCE SHEET					
(in CHF)	<i>Notes</i>	31.12.2007	%	31.12.2006	%
ASSETS					
Cashboxes		2'044		3'286	
Postal Cheques		585'259		640'456	
Banks		1'260'297		543'868	
Securities	1)	6'923'424		7'291'740	
Liquid Funds and Securities		8'771'025	96.1	8'479'349	98.2
Receivables					
Project Contributions		150'000			
Withholding Tax		6'317		6'934	
Other Receivables		167'566		76'716	
Accruals		19'272		54'600	
Receivables		343'154	3.8	138'249	1.6
TOTAL FLOATING CAPITAL		9'114'179	99.9	8'617'599	99.8
Office Equipment and EDP		8'301		16'701	
Real Estate in Torbey (Yaoundé, Africa)	2)	1		1	
Share Certificates, ILEP London	3)	1		1	
Fixed Assets		8'303	0.1	16'703	0.2
TOTAL CAPITAL ASSETS		8'303	0.1	16'703	0.2
TOTAL ASSETS		9'122'482	100.0	8'634'302	100.0
LIABILITIES					
Payables					
Assistance after Accident and Costs		305'086		565'020	
Other short-term Liabilities		9'244		5'723	
Deferrals		31'150		19'200	
Short-term Borrowed Capital		345'480	3.8	589'943	6.8
TOTAL BORROWED CAPITAL		345'480	3.8	589'943	6.8
Dedicated Funds					
Buruli Centre		533'505		690'232	
Tsunami		651'510		675'733	
Kathipudi		104'488		0	
Total Dedicated Funds		1'289'504	14.1	1'365'964	15.8
Free Capital		5'949'395		7'030'502	
Currency Fluctuation Reserve		692'000		729'000	
Result (Surplus/Deficit)		846'104		-1'081'107	
Organisation Capital		7'487'498	82.1	6'678'395	77.3
TOTAL FUNDS AND ORGANISATION CAPITAL		8'777'002	96.2	8'044'359	93.2
TOTAL LIABILITIES		9'122'428	100.0	8'634'302	100.0

OPERATING ACCOUNT (in CHF)	<i>Notes</i>	2007	%	2006	%
Donations	4)	6'164'597		3'170'831	
Dedicated Donations and Bequests	5)	564'259		1'263'253	
Bequests and Legacies / Condolences		1'401'138		1'420'715	
Donations in Other Currencies		58'188		57'165	
Contributions by ILEP Partners		610'054		571'839	
Merchandising and Other Revenue		39'222		55'397	
Operating Revenue		8'837'458	100.0	6'539'199	100.0
<i>Expenditure for Projects</i>					
Project Expenditure	6)	5'476'678		5'029'565	
Project Accompanying Expenditure	7)	450'955		433'562	
<i>Administrative Expenditure</i>					
Fundraising and PR	8)	1'631'135		1'659'992	
Residual Administrative Expenditure	9)	393'469		346'302	
OPERATING ACCOUNT EXPENDITURE		7'952'237	90.0	7'469'422	114.2
INTERMEDIATE RESULT 1		885'221	10.0	-930'223	-14.2
Financial Yield	10)	465'902		484'821	
Financial Expenditure		-618'480		-111'175	
FINANCIAL RESULT		-152'578	-1.7	373'646	5.7
INTERMEDIATE RESULT 2		732'643	8.3	-556'577	-8.5
Utilisation from Buruli Funds		324'560		348'611	
Allocation to Buruli Funds		-167'834		-830'787	
Utilisation from Tsunami Funds		24'222		31'937	
Allocation to Tsunami Funds		0		-15'291	
Utilisation from Kathipudi Funds		55'956		0	
Allocation to Kathipudi Funds		-160'444		0	
FUND RESULT		76'460	0.9	-465'530	-7.1
ANNUAL RESULT 1		809'104	9.2	-1'022'107	-15.6
Adjustment Currency Fluctuation Reserve		37'000		-59'000	
Allocations / Withdrawals		37'000	0.4	-59'000	-0.9
ANNUAL RESULT 2		846'104	9.6	-1'081'107	-16.5

CASH FLOW STATEMENT (in CHF)	2007	2006
Annual Result	846'104	-1'081'107
Write-offs on Fixed Assets	8'400	16'700
Allocation to Currency Fluctuation Reserve	-37'000	59'000
Fund Result	-76'460	465'530
(+) = Creation / (-) Dissolution		
Cash flow	-741'043	-539'877
Change Payables (-) = Increase / (+) = Decrease	-204'904	-4'171
Change Short-term Borrowed Capital (-) = Increase / (+) = Decrease	-244'464	321'756
Cash flow from Operating Activity	-291'676	-222'292
Change Liquid Capital	291'676	-222'292
Audit Trail of Change in Liquid Capital		
Balance 31.12.	8'771'025	8'479'349
Balance 01.01.	8'479'349	8'701'641
Change Liquid Capital	291'676	-222'292

STATEMENT ON THE CHANGE IN CAPITAL (in CHF)	2007	2006
Resources from Self-financing		
Free Capital	5'949'395	7'030'502
Currency Fluctuation Reserve	729'000	670'000
Total Opening Balance (Capital)	6'678'395	7'700'502
External Allocation (Annual Result 1)	809'104	-1'022'107
Total Changes	809'104	-1'022'107
<i>Audit Trail of Change:</i>		
- Internal Allocation (-) /Withdrawal (+) for Currency Fluctuation Reserve	37'000	-59'000
- Internal Allocation (-) /Withdrawal (+) towards Balance Sheet Deficit	-846'104	1'081'107
Total Closing Balance Capital	4'487'498	6'678'395
Resources from Fund Capital		
Centre Buruli / Tsunami	1'365'964	900'434
Total Opening Balance Funds	1'365'964	900'434
Allocation to Buruli Fund (Donations and ILEP)	167'834	830'787
Allocation to Tsunami Fund	0	15'291
Allocation to Kathipudi Fund	160'444	0
Utilisation from Buruli Fund	-324'560	-348'611
Utilisation from Tsunami Fund	-24'222	-31'937
Utilisation from Kathipudi Fund	-55'956	0
Total Closing Balance Funds	1'289'504	1'365'964
Total Funds and Organisation Capital	8'777'002	8'044'359

APPENDIX TO THE ANNUAL STATEMENT

General Accounting Principles

The accounting has been done according to the principles of the Swiss GAAP FER 21. The delimitation between project expenditure and administrative expenditure takes place according to the ZEWO delimitation criteria.

The annual statement of accounts conveys a true picture of the assets, finance and profit situation of Leprosy Relief Emmaus Switzerland.

Change of the Accounting Principles in the Reporting Year

There were no changes in the reporting year.

Accounting and Valuation Principles

As long as nothing else is mentioned in the individual balance sheet items mentioned in the following, the valuation of the balance sheet position shall take place at market values on the balance sheet date, whereby possible accrued interests are not regarded as belonging to market value. The bookkeeping is done in Swiss Francs. Asset and liability balances in foreign currency are converted at foreign exchange closing rates on balance sheet day, and business transactions in foreign currency are converted at the respective daily exchange rate.

Liquid Capital and Securities

The position encompasses cashbox, postal cheques, cash accounts in banks and securities and security-like effects, like e.g. shares in investment funds. The posting of the securities takes place under the year at purchase cost, respective cost value. In case of outward movement, the exchange rate differences are determined at the average cost price and displayed in the financial result. For covering greater and extra-ordinary loss risks on investment in securities, a valuation reserve of 10% of the fair market value is displayed under freely available capital.

Receivables

This position includes callable withholding tax and tax deducted at source and, if need be, other receivables on the balance sheet date. The valuation takes place at nominal value.

Accruals

This position includes the asset positions resulting from the material and temporal delimitation of the individual expenditure position. The valuation takes place at nominal value.

Fixed Assets

This position includes movable goods and other assets, like EDP Hard- und Software, for value performance and administration in Switzerland. The valuation of the movable goods takes place at purchase value minus the write-offs undertaken according to schedule, whereby one assumes a 4-year useful life as a rule. The write-off undertaken is digressive from book value. Single acquisitions under CHF 3'000 are not capitalised. The depreciation of assets takes place on a "Residual Franc" (pro memoria).

The immovable property overseas was written-off on a "Residual Franc", since this is present in a Third World country and an achievable utility value (capitalized value) as well as a net market value (sale value) cannot be determined sensibly. Furthermore, there are export restrictions on foreign exchange.

Liabilities

This position includes amounts, which were already mentioned on the balance sheet date, but not yet paid out, and/or income positions not yet accessed by the beneficiaries. Furthermore, other liabilities for administration costs are also displayed under this position. The valuation takes place at nominal value.

Deferrals

This position includes the liability positions resulting from the material and temporal delimitation of the individual expenditure and positions. The valuation takes place at nominal value.

Dedicated Funds (Revenue Funds from Special Actions)

This position includes funds from collection campaigns with dedicated purpose. This capital represents a service obligation vis-à-vis the donors until its complete corresponding utilization.

Capital, General Reserve and Currency Fluctuation Reserve

These positions include the resources employable within the framework of the statutory purpose of Leprosy Relief Emmaus Switzerland. Within the freely available capital, the valuation reserve, which serves to cover the loss risk on security investments, is withdrawn separately. The valuation reserve amounts to 10% of the market value of the securities.

Principles of the Cash Flow Statement

The cash flow statement shows the change in liquidity, distributed across factors of operations activity, investment activity and financing activity. The cash flow statement is prepared according to the indirect method.

Principles of the Statement on the Change in Capital

The statement on the change in capital shows the development of each single dedicated fund component of the freely available capital, distributed across the factors

- Allocated Profit Shares
- Capital Contributions
- Withdrawals

Remarks on Individual Positions of the Balance Sheet

1) Securities

The composition of the securities is as follows:

	per 31.12.07	per 31.12.06
Bonds and similar Assets	2'269'517	2'345'958
Shares and similar Assets	2'661'680	3'126'392
Capital Funds, Mutual Funds, Alternative Assets	1'992'227	1'819'390
	<u>6'923'424</u>	<u>7'291'740</u>

Fixed Assets

Stock, Incoming Movement, Outgoing Movement and Write-offs are displayed in separate table of assets.

2) The real estate of Torbey acquired in 1997 is situated in Yaoundé (Cameroon) in the "Centre Résidentiel" quarter. The allotment encompasses 1980 m2. The fire insurance value amounts to CHF 480'000.

Purchase Price, about	370'000	370'000
Cumulative Depreciations	-369'999	-369'999
Book Value	1	1

3) The share certificates of ILEP London are displayed at a symbolic Franc, since these are not further tradeable and no transaction value can be determined.

Remarks on individual Positions of the Operating Account

4) Donation Incomes

Donation Transactions general	6'164'597	3'170'831
Dedicated Donations	564'259	1'263'253
Borrowed Money Transactions	58'188	57'165
Total Donation Incomes	6'787'044	4'491'249

5) Dedicated Donations

It concerns project and country-specific donations. If their purpose has been defined more narrowly than the general purpose of Leprahilfe Emmaus Schweiz, the donations are significant and were not reemployed in the current year, an allocation to a corresponding revenue fund takes place.

6) Project Expenditure

It concerns direct contributions to the achievement of the target of Leprahilfe (by regions):

India	2'181'882	2'101'083
Cameroon	1'773'977	1'425'137
Sri Lanka	322'963	343'031
Central African Republic	402'027	324'641
Gabon	219'901	116'305
Côte d'Ivoire	17'416	50'000
Africa Others	76'400	137'746
Brazil and Colombia	95'007	91'896
Nepal	26'624	25'151
Asia Others	58'471	65'591
Diverse world-wide Projects (incl. external Information)	302'011	348'984
Total Project Contributions	5'476'678	5'029'565

7) Project Accompanying Expenditure

It concerns expenditure in connection with determination, planning, preparation and supervision of projects:

India	25'726	38'991
Cameroon	67'261	68'689
Different Countries and Regions	19'427	10'328
Wages	301'438	276'589
Other Accompanying Costs	37'104	38'966
	450'955	433'562
Total Expenditure for Projects	5'927'632	5'463'128

<i>8) Fundraising and PR</i>		
Personnel Expenditure	341'438	303'909
Administrative Expenditure (Facility Expenses, Administrative Costs)	45'680	44'079
Advertising Matter Fundraising	267'969	347'649
Mailing Costs Fundraising	267'609	369'069
Other Advertising Expenses Fundraising	401'209	254'944
Advertising Matter PR	70'861	51'751
Mailing Costs PR	141'469	26'558
Other Advertising Expenses PR	94'900	262'033
	1'631'135	1'659'992
<i>9) Residual Administrative Expenditure</i>		
Personnel Expenditure	218'870	237'239
Administrative Expenditure (Facility Expenses, Administrative Costs)	183'468	177'701
Write-offs	8'400	16'700
Financing of BVG from Premium Reserve*	-17'269	-85'337
	393'469	346'302
<i>10) Financial Yield</i>		
Capital Gains	383'326	399'356
Interests and Dividends	82'576	85'465
	465'902	484'821

* End of 2007 the reserves amount to CHF 43'495

Details on the Compensations to the Executive Organ

No honoraria payments are made.

TABLE OF ASSETS (in CHF)	Write-offs					
	1.1.	Inward Movement	Outward Movement		%	31.12.
Office Equipment	201	0	0	-100	50	101
IT-Equipment	16'500	0	0	-8'300	50	8'200
Real Estate in Torbey (Yaoundé, Africa)	1	0	0	0	0	1
Share Certificates of ILEP London	1	0	0	0	0	1
Fixed Assets	16'703	0	0	-8'400		8'303
TOTAL FIXED ASSETS	16'703	0	0	-8'400		8'303