Our partnership with i+solutions is young but rich in reinforcement of capacities to strengthen the Supply Chain in South Kivu. We look forward to upscaling the initiative to other zones.

Dr Cuma Byamungu Socrate
Technical Assistant - Program National de la Santé Reproductive – South Kivu (DRC)
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ARV</td>
<td>Antiretroviral drugs</td>
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<tr>
<td>DNDi</td>
<td>Drugs for Neglected Diseases initiative</td>
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<tr>
<td>FC</td>
<td>Female Condom</td>
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<tr>
<td>FP</td>
<td>Family Planning</td>
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<tr>
<td>GMP</td>
<td>Good Manufacturing Practices</td>
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<td>HBC kit</td>
<td>Home Based Care kit</td>
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<tr>
<td>LMIC</td>
<td>Low and Middle-Income Countries</td>
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<td>LMIS</td>
<td>Logistics Management Information System</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring &amp; Evaluation</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NSCIP</td>
<td>Nigeria Supply Chain Integration Project</td>
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<td>PFSCM</td>
<td>Partnership for Supply Chain Management</td>
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<td>PPM</td>
<td>Pooled Procurement Mechanism</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>SCMS</td>
<td>Supply Chain Management Systems</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>UAFC</td>
<td>Universal Access to Female Condoms</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>WTP</td>
<td>Willingness to Pay</td>
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Towards the end of 2015, the global community finalized the Sustainable Development Goals (SDG’s) which set global targets for economic, social, and environmental standards. Health is centrally positioned under Goal# 3 and covers essential health priorities that impact the other goals.

Although great strides have been made towards achieving these goals, many people are still suffering from or dying of preventable and treatable diseases, such as tuberculosis, malaria and HIV/AIDS. An estimated 2 billion people especially in low and middle income countries, still do not have access to the medicines they need because of gaps in healthcare infrastructure and delivery services. Together, we can change that.

Our goal is to save and improve lives by providing healthcare access where it is needed most. Our work is collaborative and results-oriented, which means we work with innovative and dedicated partners to create the most efficient and cost effective solutions. But we also believe there is no sustainable future without self-reliance. That is why we incorporate capacity building through training and advice in all our projects.

Our goal is to empower our beneficiaries with the right knowledge and support to sustain their own health care infrastructures to ensure a resilient and healthy society. We know there is still a lot to be done, but it is the best way but to overcome this inequality. Ultimately, our success is the world’s success.

So join us as we work towards a world where all medical needs are met.
i+solutions is a Dutch, not for profit organization providing access to best-priced, internationally recognized, quality health products and supply chain management solutions to low and middle income countries. Our innovative approach, expertise in training, procurement & delivery, consultancy and project management, contribute to saving lives every day.

Our Vision is a world where no medical need goes unmet. To achieve our vision, we partner with governmental, private sector, public and charitable organizations to develop health infrastructures to help low and middle-income countries become resilient societies.

Our Mission is to use our technical expertise and knowledge to help vulnerable societies create healthier communities by improving their health systems.

Core Values:
Collaboration: We are team players, working collaboratively with our partners and colleagues. We value relationships based on respect, fairness and shared level of effort.

Commitment to excellence: We embrace our abilities as well as our limitations and strive for optimal results in everything we do. We recognise that our best efforts are reflected in the positive impact on the health of the communities we serve.

Empowerment: Every member of the i+solutions team is a valued asset and has a vital role to play in achieving our goals. We support each other in finding innovative solutions to the challenges we face in our business.

“i+solutions expertly facilitated a technical workshop on supply chain. The Embassy has found a valuable knowledge partner in i+solutions.

Deidré Batchelor
Sr Policy Advisor: Netherlands Embassy – South Africa
Impact and Results

5.6 million patients
USD 587.6 million on HIV/AIDS = 5.6 million patients on HIV/AIDS medication

113 million malaria treatments
USD 81.3 million on malaria = 113 million malaria treatments

2 new female condoms pre-qualified by WHO/UNFPA

700 students received face-to-face training
1800 users
18 courses developed in 4 languages

1800 scholarships awarded

665 tools in 7 languages uploaded to the PSM Toolbox

7 Short Term Assignments
9 Multi-Year projects
The past year witnessed a critical transition in global health. The first ever Ministerial Conference on Immunization in Africa took place, WHO called for global action to beat diabetes, Europe and Sri Lanka were declared malaria free and we witnessed the end of the Ebola outbreak. While these strides are impressive, we can still do more to stop people dying from preventable and treatable diseases and meet the UNDP’s Sustainable Development Goals. For the past 11 years, we have been reaching out from our headquarters in the Netherlands to support vulnerable countries in their efforts to fight disease. By contributing our skills and knowledge, we have helped over 65 countries gain access to medicines and build resilient health systems.

We continue to maintain our reputation for independence and transparency, and satisfy our existing partners and acquire new ones. Through our partnerships, 5.6 million patients received HIV/AIDs medications and 13 million people received malaria treatment. Our in-country capacity building projects have assisted countries such as Nigeria, Burundi and The Democratic Republic of Congo to strengthen their supply chain processes. In Nigeria, we are working with the Ministry of Health and other partners on the Nigeria Supply Chain Integration Project (NSCIP), a countrywide initiative to rationalise the health supply chain. It is the first time such a multi-year project is being executed on a national scale and will serve as a benchmark for similar initiatives in the future.

We have also successfully helped women to take a more active role in preventing the spread of HIV/AIDs, by helping pre-qualify two more female condoms for the market. Our courses in supply chain management, developed by our i+academy, have helped to strengthen the skill set of health workers in the African Great Lakes region, as well as South Africa, Nigeria, Guinea, Sudan and Mozambique.

After 10 successful years, our Supply Chain Management Systems (SCMS) project, supported by USAID came to a close. This project helped 9.5 million HIV/AIDS patients to obtain antiretroviral treatment. We are continuing to make an impact in this area as one of the four members of the Partnership for Supply Chain Management (PFSCM). Through PFSCM, in 2016 we contributed to large scale programs, such as those supported by the Global Fund that has saved an estimated *22 million lives since its inception. i+solutions is deeply grateful to the more than twenty governments, foundations, private sector partners, and multilateral organizations, who support our approach and together, we will meet the evolving health challenges of our time.

Finally, our organization has always been driven by the passion and technical abilities of our employees. I am proud of what we have accomplished together and thank the entire team for their dedication and impressive work ethic. Last year, in response to the changing demands of our industry we decided to embark on our ‘Future Fit’ transformation program to streamline our processes and expand our expertise. This will result in a more efficient and comprehensive approach to solving the challenges faced by our beneficiaries and sponsors. I invite you to read more about our activities and learn how we apply everything we know and do, towards reducing the burden of disease. Only this way will we achieve the targets set out in the SDG’s and build a healthier world.

*(GF 2016 Results Report)*

Sincerely,
Jos Kea | CEO (a.i)
Every year millions of people die from preventable and treatable diseases because they cannot get access to basic medicines, vaccines and health products. The UNDP’s 17 Sustainable Development Goals will build on successes of the Millennium Development Goals (MDG’s) and try to combat the obstacles faced by the most vulnerable countries. Access to medicines, health products, food, and other essential commodities is fundamental to achieving Sustainable Development Goal #3. However, continuous availability of quality assured affordable medicines and health commodities is greatly hampered by systemic challenges and bottlenecks at the country level.

The Need

Last year:

1 billion people lacked access to medicines
Over 5 million children died from mostly preventable causes
1.1 million people died from HIV related causes
1.5 million people died from Tuberculosis
1.6 million people died from Pneumonia
438,000 people died from Malaria
Our Services

Universal access to essential medicines and health products

**Procurement**
Technical assistance support to local partners through quality assurance improvements, and market insights.

We get the best prices for large and small programs and supply our clients with commodities at the best value.

**Logistics**
Innovative supply chain solutions, to some of the hardest to reach countries.

4PL services (carrier-neutral logistics).

Strong relationships with major global freight forwarders and local logistics providers.

**Health Systems Strengthening**
Improved patient access and availability of medicines – through visibility, control and efficient Last Mile delivery.

Tighter integration of supply chains

**Market Research**
Market segmentation and pre-introductory studies for product introduction strategies.

Market assessments of selected health commodities to identify access barriers across different sectors.

Market research including willingness to pay studies.

Our Approach

We apply our experience and technical know how to improve in-country capacity to effectively select, purchase, deliver, and use quality essential medicines and other health related commodities. We support government ministries and their partner organizations through tailored consultancies and training services to help them become self-sufficient and provide their citizens with continuous access to affordable and high quality health products.
Where We Work
Many health interventions require a comprehensive and multi-sector approach if they are to produce meaningful results across all sectors of a society. For this reason, many of our projects are collaborative, bringing together donors, sponsors and project partners from the public and private sector. For many years we have worked with the Global Fund as part of the Partnership for Supply Chain Management on the Pooled Procurement Mechanism (PPM) to procure and deliver core products for HIV/AIDS and malaria programs in large volumes to low and middle-income countries.

Another project financed by the Global Fund is the Nigeria Supply Chain Integration Project (NSCIP), which seeks to return ownership of Nigeria’s health commodity supply chains to the State Ministries of Health. Together with three local partners, i+solutions is charged with setting up Logistics Management Coordination Units (LCMU) at state level and developing an integrated Logistics Management Information System (LMIS).

We are also helping countries take control of their reproductive health through better product access and education. In the second half of 2016, we increased our business in this area by 2.5m euros with new projects and assignments in the DRC, Burundi, Sudan, Kenya and Botswana. These projects ranged from market research to training and education programs. We have now opened an office in the DRC to implement two new SRH projects aimed at young people, under the leadership of Cordaid and UNFPA.

Finally, 2016 saw an increase in the number of training assignments, for which we developed tailor-made classroom programs or provided education through the i+academy courses. These activities, are described in the following pages.
PPM
Pooled Procurement Mechanism

Duration: 2009 and still ongoing.
Donor: The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
Countries: 52 countries and 93 grants located in Sub-Saharan Africa, the Middle East, Asia and Latin America. Nigeria, Uganda, Tanzania, the Ivory Coast, Malawi, the Democratic Republic of Congo and Mozambique

Partner organizations: Partnership for Supply Chain Management (PFSCM), a nonprofit organization comprising four core partners: i+solutions, JSI Research & Training Institute, Management Sciences for Health (MSH) and Imperial Health Sciences

Objective: Cost-effective procurement of health commodities for developing countries. PFSCM is a procurement services agent for PPM, procuring and delivering core products for HIV/AIDS and malaria programs. PFSCM issues quotations, facilitates purchase orders, and ensures on-time delivery.

Role of i+solutions:
- Managing and coordinating procurement needs for antiretroviral drugs, artemisinin combination therapy and other anti-malarial drugs, malaria and HIV test kits and indoor residual spraying chemicals and equipment.
- Providing secure delivery to the final destination point within the country, with track and trace possibilities.
- Assuring appropriate standards of quality, safety and efficacy of all products purchased.
- Maximizing savings & opportunities throughout the supply chain.

2016 results:
- ARV medicines at a total value of USD 372 million or 3.7 million patients on HIV/AIDS treatment.
- USD 81.3 million in malaria medication, or 113 million malaria treatments.
SCMS
Supply Chain Management System

Duration: 2005 to 2016
Donor: PEPFAR (U.S. President’s Emergency Plan for AIDS relief), administered by the U.S. Agency for International Development (USAID),
Countries: Botswana, Burma, Burundi, Côte d’Ivoire, the Democratic Republic of Congo, El Salvador, Ethiopia, Guatemala, Guyana, Haiti, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, Zambia, and Zimbabwe

Partner organizations: PFSCM (Partnership for Supply Chain Management), a nonprofit organization comprising four core partners: i+solutions, JSI Research & Training Institute, Management Sciences for Health (MSH) and Imperial Health Sciences

Objective: Provide treatment for 2 million HIV/AIDS patients in 20 countries and increase national technological capabilities to provide the required medical products effectively.

Role of i+solutions:
- Projects to strengthen supply chains.
- Apply in-depth knowledge of pharmaceutical procurement, including API sourcing, good manufacturing practice (GMP) and quality assurance (QA) to ensure high-quality procurement.

2016 results and activities:
- USD 215.6 million in managed deliveries of ARV medicines, other essential medicines and food products or 1.9 million patients on HIV/AIDS treatment.
- By the end of 2016, the project was successfully handed over to another consortium.
NSCIP
Nigeria Supply Chain Integration Project

Duration: October 2015 – December 2017
Donor: The Global Fund
Country: Nigeria
Partner organizations: Pharmaceutical Systems Africa (PSA), Sustainable Healthcare International (SHI), University of Benin (Uniben)

Description: The Nigeria Supply Chain Integration Project (NSCIP) is an initiative of the Federal Ministry of Health to return ownership of Nigeria’s health commodity supply chains to the State Ministries of Health. NSCIP focuses on the integration of 5 disease programs (HIV/AIDS, malaria, tuberculosis, reproductive health and vaccines) by reinstating the necessary Federal and State governance structures, remodeling and integrating the current distribution network, and by creating organizational units under the State Ministry of Health, which will manage and coordinate all health commodity logistics in the state, for all disease programs.

Objectives:
- Operationalize Logistics Management Coordination Units (LMCU) at state level
- Support the development of an integrated Logistics Management Information System (LMIS)
- Develop and operationalize a monitoring and supervision (M&S) system

Role of i+solutions: The lead organization in a four party i+consortium, as well as the lead expert for work streams 2 - LMIS and 3 - M&S.

2016 results and activities: With almost all the deliverables achieved for year 1, Global Fund awarded the 2nd year of the project to the i+consortium. This is an expansion of activities from 14 to 37 states, which covers the entire country. The i+consortium also gained valuable insights and practical experience in understanding the evolution of operating principles within NSCIP, its actors and stakeholders.
SRH
Next Generation (SRH-NG)

Donor: Dutch Ministry of Foreign Affairs
Countries: Burundi (6 districts), the Democratic Republic of Congo (4 districts) and Rwanda (4 districts)
Partner organizations: Cordaid, Swiss Tropical and Public Health Institute (Swiss TPH), Health Development and Performance (HDP) Rwanda

Objective: To improve access to sexual reproductive health products and services, with a particular focus on youth from 14 years of age by strengthening health systems at the district, regional and national levels.

Role of i+solutions: Contribute to Outcome 2: access to contraceptives and other commodities required for good sexual and reproductive health, with a focus on permanent availability of a range of affordable quality family planning (FP) commodities to support equitable access and informed choice.

2016 results and activities:
• Burundi: Availability of all methods in 102 out of 109 Health Facilities and the number of stock outs during the quarter under review was reduced from 69 (quarterly average 2013) to 11 in Q4 2016.
• Rwanda and DRC (South Kivu): 100% availability of all FP methods in all Health Facilities in all four districts covered.
Jeune S3
(Santé Sexualité et Sécurité)

Donor: Dutch Ministry of Foreign Affairs
Country: Democratic Republic of Congo (DRC)
Partner organizations: Cordaid, Swiss Tropical and Public Health Institute (Swiss TPH), Population services International (PSI)

Objective: Ensure that young people (including the most marginalized and vulnerable - especially girls between the ages of 10 and 14) are able, motivated and have the opportunity to make informed choices on Sexual and Reproductive Health and Rights (SRHR), and that that their choices are respected.

Role of i+solutions: Contribute to Outcome 3: Young people are able to access responsive SRH services, with a focus on permanent availability of a range of affordable quality family planning (FP) commodities to support equitable access and informed choice.

Core measurement indicators: Number of Health Facilities (HFs) where all FP methods approved by the Ministry of Health (MOH) are available and the number of HFs that report at least one out-of-stock situation during the period under review.

2016 results and activities:
• An effective monitoring system for key players, including service providers.
• The start of a revision of the National Training Curriculum in Management of Sexual and Reproductive Health commodities with UNFPA and relevant governmental stakeholders.
• i+solutions is now part of an alliance in the Youth Eco System initiative (YES), a mechanism to mobilize youth by maintaining a dynamic ecosystem driven by technology and offering a reward system to users.
• Planning activities have begun to introduce the project in the new Health Zones including: introductory visits to North Kivu, Rapid Supply Chain Management (SCM) assessment in North and South Kivu and, recruitment and training of i+solutions SCM advisors.
C3
Commodities Chain and Care

Duration: October 2016 – October 2019
Donor: Netherlands Ministry of Foreign Affairs through United Nations Population Fund (UNFPA)
Country: Democratic Republic Congo (DRC)

Objectives:
• Provide a mechanism for women, adolescents, youth and vulnerable populations in the targeted Health Zones in the Kivu region to be able to choose and use SRH/FP commodities as part of total service package.
• Provide SGBV (Sexual and Gender Based Violence) survivors with access to responsive and comprehensive medical and psychosocial care.

Role of i+solutions: Continuous availability and optimal stock levels at 156 service delivery points in targeted Health Zones by the end of September 2019.

The program drives results through three pathways:
continuous availability of a range of SRH/FP products at the Service Delivery Points (SDP’s); strengthen community resilience to prevent and respond effectively to SGBV and, strengthen responsive care at Health Facilities through holistic approaches.

2016 results and activities:
• Planning activities to begin system strengthening initiatives in 2017 in Health Zones including: Rapid Supply Chain Management (SCM) assessment in North and South Kivu, revision of the National Training Curriculum in Management of Sexual and Reproductive Health commodities.
• Recruitment and training of i+solutions SCM Advisors responsible.
• Opened an office in the DRC for collaboration and project implementation.
Improvement of the Supply Chain of Contraceptives

**Duration:** July 2016 – December 2017.
**Donor:** Dutch Embassy in Burundi
**Country:** Burundi
**Partner organizations:** United Nations Population Fund (UNFPA) Burundi

**Objective:** Help increase the use of modern contraceptive methods to reduce associated health risks and contribute to responsible population growth.

**Role of i+solutions:**
- Strengthen monitoring and evaluation of supply chain to ensure continuous availability of family planning commodities at district and health facility level.
- Assist the district management team and health facility staff in preventing stock-outs and overstock situations.

**2016 results and activities:**
- Detailed assessment of the supply chain of family planning commodities in all 46 districts.
- The development of targeted trainings and an adjustment of the project design for immediate visible results and impact.
- Development of action plan and budgets.
- Recruitment of Supply Chain Management (SCM) Advisors.
- Development and validation of the data collection questionnaire.
- Baseline assessment and analysis of the Supply Chain (SC) management of family planning commodities in 46 districts.
UAFC
Universal Access to Female Condoms

Duration: 2009 to 2017
Donor: Dutch Ministry of Foreign Affairs
Country: Mozambique
Partner organizations: Oxfam Novib, Rutgers, Pathfinder International Mozambique, L’Association Camerounais Marketing Social (ACMS Cameroon)
Society for Family Health (SFH) Nigeria

Objective: Increase accessibility, availability and demand for female condoms (FC).

Role of i+solutions: Increase the availability of a variety of quality-assured female condom designs on the market, strengthen supply chain systems for reproductive health commodities in general, and enhance national and international support for female condom designs.

2016 results and activities:
• Two new FCs (Velvet® and Olavie®) received WHO/UNFPA prequalification.
• Strengthened ties with the private sector and exploring their main challenges and possibilities of collaboration to address them.
• As a result of our active engagement and technical expertise in this field, i+solutions was invited to lead the newly created condom working group within the UNFPA 20 by 20 initiative.
• i+solutions’ work to strengthen FC supply chain in Mozambique catalyzed an increase in donor commitment for procurement volumes. Throughout 2016, new condom requisition forms were created, trainings on SCM and how to use these forms were conducted in Maputo, results disseminated, and implementation of the requisition forms is being monitored in close collaboration with Pathfinder International Mozambique.
• A willingness to pay for female condoms study in Mozambique initiated in 2016 will be completed in Q1 2017.
Other Assignments

- **Population Services International (PSI):** i+solutions conducted an assessment to understand the supply chain of essential medicines and medical consumables for Tunza franchises in Kenya, Tanzania and Uganda, the results of which shall inform a suitable and sustainable pooled procurement business model for these facilities.

- **Population Council Progesterone Vaginal Ring (PVR) introduction in Nigeria:** apart from understanding the flow of commodities and inventory data (logistics information) at different levels of the health system, it is necessary to understand what additional support mechanisms and interventions are needed to facilitate the introduction of PVR in Nigeria across different sectors (public, private commercial and private nonprofit). These include:
  - decisions on indications (or conditions) for the use of PVR indicating the level/cadre of health workers allowed to administer the product and level of health facility to which the product will be supplied.
  - training needs of health workers i.e., on quantification, inventory reporting, good storage & dispensing practices.
  - specific product characteristics (shelf-life, storage requirements, packaging) and quality assurance requirements.

The combination of recommendations and activities proposed under this assignment will facilitate decision-making for Population Council on the introduction of PVRs in Nigeria.

- **Share-Net willingness to pay (WTP) for condoms study in Kenya:** this assessment will assist in determining the size of the private sector market for male and female condoms in Kenya. A study is being conducted on consumers’ WTP, to help understand the economic factors that may determine uptake and use of condoms, and inform the value that people attach to the benefits of a specific contraceptive, especially their willingness and intentions to purchase at various hypothetical prices. With these results, condom manufacturers would have tangible evidence to base the next steps into designing specific strategies leading to growth of the commercial sector, and thus overall market growth for male and female condoms.

- **UNFPA Botswana condom market research:** i+solutions was commissioned by the UNFPA country office in Botswana and the Ministry of Health to conduct an assessment to measure condom (male and female) access, utilization and willingness to pay (WTP). The results of this study were fed into the development of a strategy on condom branding and positioning. The main findings, together with the branding strategy and new condom packaging designs, will be presented to UNFPA/MoH Botswana during a stakeholder meeting planned for Q1 2017.

- **GIZ:** i+solutions conducted an assessment of the supply chain system in Uzbekistan and to map the flow of commodities and information for different public health programs at different levels of the health system. The methodology consisted of desk review supplemented by a one-week country-level assessment during which key informant interviews and field visits to selected health facilities were conducted. With the overall objective of developing a comprehensive plan for strengthening SCM of health commodities, all aspects of SCM functions were investigated.
Procurement Support

• As an independent organization, i+solutions is often asked to support Ministries of Health and other parties with procurement of medicines and related commodities. In the past few years, we have procured HIV medicines and supplies for the government of Morocco. This is an ongoing assignment and results in continued savings of over EUR 200,000.

• Similar activities are performed with Croix Rouge (International Red Cross). i+solutions has been successful in initiating emergency procurement of ARVs for Congo Brazzaville and Ukraine and has achieved a delivery time of less than 3 weeks, thus ensuring a continuous supply of commodities.

• Emergency procurement was also executed for Sidaction, a French NGO, solutions for an emergency order of ARVs.

• In Papua New Guinea and DRC, i+solutions has provided in-depth and hands on tailor-made training in which support and mentorship in procurement activities were provided to local staff.

• Since 2008 we have facilitated the procurement of DNDi (Drugs for Neglected Diseases). DNDi focuses on the development of new treatments for leishmaniosis, sleeping sickness, chagas disease, malaria, pediatric HIV and helminth infections. DNDi works with three regional disease-specific platforms in Africa and Latin America. i+solutions is a partner in the Leishmaniasis East Africa Platform (LEAP), which covers Ethiopia, Kenya, Sudan and Uganda. For LEAP, i+solutions procures medicines, laboratory materials and other supplies for the clinical trial sites of DNDi’s local partners.
Training

i+solutions provides training services, both online and in the classroom, offering courses on supply chain management of medicines and health products in low and middle income countries (LMICs) that are either comprehensive or tailor-made for specific organizations or communities. The course list grew during 2016 to include eight courses and three short tasters in English, four courses in French, one in Portuguese and one in Spanish. For one of the courses, “Basic Principles of Supply Chain Management for Health Systems”, accreditation was obtained from the Agency for Public Health Education Accreditation (APHEA).

i+academy
Our e-learning platform, www.i+academy.org, grew to 1800 users by the end of 2016 and we delivered over 30 course sessions during the year. The second edition of our scholarship program attracted more than 100 participants for 24 scholarships.

Face-to-face Training:
In 2016, i+solutions trained over 700 students and health professionals in the following countries: Nigeria, Mozambique, South Africa, Guinea, Rwanda, Sudan and the Republic of Congo.

PSM Toolbox
The PSM Toolbox aims to provide information on the available tools in procurement & supply chain management via an online portal: www.psmtoolbox.org. The website facilitates easy access to updated information for health professionals. Both an offline version and a mobile version of the PSM Toolbox are available as well as a video to improve communication and demonstrate how to use the toolbox. In 2016, new strategies were implemented to improve the use of and visibility of PSM Toolbox. By the end of 2016, PSM Toolbox offered almost 700 tools and attracted approximately 9,000 visits from different countries worldwide.

“...The (i+academy) course gives me a broad overview of GMP (Good Manufacturing Practices) and makes sure that I understand the subjects with flow charts and quiz...”

(John, Malaysia)
Partners
Because many health problems require a comprehensive and multi-sector approach with contributions from various disciplines, most donors request programs with a broader scope than SCM alone. We often form partnerships with complementary organizations. Some of the partners we regularly work with include:

- Action Medeor
- Approved Medical Deputising Service (AMDS)
- Cordaid
- Dance4Life
- Health Development and Performance (HDP) Rwanda
- Imperial Health Sciences
- Lovelife
- National Medical Supplies Fund (NMSF)
- Oxfam Novib
- Pathfinder International Mozambique
- Partnership for Supply Chain Management (PFSCM)
- Pharmaceutical Systems Africa
- Rutgers
- SCM Aps
- Sustainable Healthcare International
- Swiss Tropical and Public Health Institute (Swiss TPH)
- United Nations Population Fund (UNFPA)
- University of Benin
- Wings for Aid

Networks
Our organization participates in several networks to meet like-minded organizations and exchange ideas and knowledge. As i+solutions, we are a member of the Executive Committee of the Reproductive Health Supplies Coalition, and also leading the Private Sector Condom Group.

Global Initiatives
i+solutions is involved in a number of global initiatives in the fields of HIV/AIDS, malaria, tuberculosis and reproductive health. A representative of i+solutions is leading the Pediatric ARV Procurement Working Group (PAPWG). This working group was established by The Global Fund and UNITAID in 2011 to reduce the risks of supply disruption to pediatric HIV/AIDS patients. The working group consists of the large procurement agencies and independent buyers such as, UNICEF, CHAI, PAHO, The Global Fund (PPM), PEPFAR (SCMS), Government of Kenya (KEMSA), Government of Ethiopia (PFSA) and others. The combined procurement volumes reach more than 500,000 pediatric patients on an annual basis. We are also part of the expert advisory community of FP2020, a global initiative aimed at having 120 million women on modern contraception by 2020.
Today, one third of the world’s population lacks access to essential medicines. In the poorest parts of Africa and Asia this figure includes half of the population, where over five million children die each year from mostly preventable causes. In these countries, access to medicines is particularly challenging and stock-outs are a frequent occurrence. It’s no coincidence that the majority of deaths in Sub-Saharan Africa occur in the rural areas where often more than 50% of the population live. One of the major challenges in this region is inadequate infrastructure and dysfunctional distribution systems, especially in rural areas.

This is the reality and is what continues to drive us and our plans for the future. After more than ten years in the business of pharmaceutical supply chain management and strengthening health systems, we will continue to apply our experience, knowledge, and track record to develop innovative solutions to improve the availability of health commodities and service to people in need.

We will assess, design, improve and strengthen in-country supply chains by working with our clients to improve their procurement and logistics capabilities and support systems. This means a focus on LMIS and Control Tower visibility, as well as Last Mile service delivery and reverse logistics to reduce medical waste.

Creating meaningful and sustainable impact on health care where it is needed most, requires collaboration not only with recipient countries and international agencies, it also means tapping into best practices and technological innovations from the commercial sector. Private companies are driving down the cost of the supply chain through better on time delivery and track and trace tools. We will continue to work with this important sector to get medical supplies beyond the Last Mile, and bring health care to patients in remote locations.

As part of the Partnership for Supply Chain Management (PFSCM), we will continue to consolidate information and add efficiency and transparency to the procurement and supply of life saving treatments for HIV/AIDS, TB and malaria.

Finally, we will continue to work with our partners and donors to realize our vision where all medical needs are met. We will also remain true to our mission to help vulnerable societies become more resilient and support our staff as we continue find solutions to global health challenges.
Our Organization

Our People
On 31 December 2016, i+solutions employed 56 staff members. While the majority of our workers are based in the Netherlands, our teams in recipient countries have grown in order to implement projects in Burundi, Rwanda, Nigeria and DRC and are expected to continue to increase in the coming year.

Talent Development: i+solutions’ key strength is our professional expertise and the multicultural profile of our staff. To remain a key player in our sector, HR ensures we have the quality of staff needed to meet our goals. In the coming years, we will continue to provide more customized development trajectories for our staff with a focus on trends in global health and supply chain innovation.

Sick Leave: In 2016 i+solutions had a sick leave percentage of 1.13% and a frequency of reporting ill of 1.12, which represents a decline of 37% over 2015.

Staff Representation: The Works Council – the body that represents i+solutions staff met regularly with the Managing Director in 2016 to discuss general business issues, Future Fit, the 2017 Strategic Plan and the new terms of employment.

Future Fit
In 2016, i+solutions embarked on its “Future Fit” program. As the demands and requirements of our clients and donors are changing, this program is intended to ensure that i+solutions is able to meet these changes. With the help of outside experts and with strong support from the Supervisory Board, a new organizational blueprint was developed and is now being implemented.

Management Team
- Luuk Jan Boon until February 2017 – Managing Director
- Jos Kea – Chief Executive Officer (a.i.)
- Wesley Kreft – Director Business Development and Innovation
- Denise Lapoutre – Manager Training, Consultancy and Projects
- Dominic Farrugia – Manager PPM
- Indira Rombley – Human Resources Manager
- Arthur Zuijderduijn – Finance Manager

Countries
- Armenia
- Benin
- Bhutan
- Curaçao
- France
- India
- Ireland
- Italy
- Malta
- NL
- Rep. of China
- Russia
- Rwanda
- Saudi Arabia
- Spain
- Sweden
- Trinidad and Tobago
- Uganda
- UK
- Ukraine
- USA

Gender
- 38 Female
- 18 Male
Report from the Supervisory Board

Roles and Responsibilities
The Supervisory Board’s duties include supervising the Management Team; providing the Management Team with solicited and unsolicited advice, and granting permission whenever the Foundation’s Articles of Association so require. It safeguards the interests of the Foundation and its stakeholders and takes these into account in all deliberations. The Supervisory Board of i+solutions consists of five members and has two committees, an Audit committee and a Remuneration committee. The detailed roles and responsibilities of the Supervisory Board are described in the Articles of Association 2015.

Meetings and Activities
During 2016, the Supervisory Board held seven meetings in the presence of the CEO. The agenda included subjects such as the Foundation’s strategy, its financial position, the results of the different projects, management changes and the internal risk and control systems. The external auditor attended the meeting in which the annual financial results and the Annual Report were discussed. Also in 2016, special attention was given to strategy development, the culture and the organizational structure of the Foundation. The loss of a large project and the upcoming re-bid of another large project raised the question as to whether the Foundation was indeed fit for the future. With the support of organizational development consultant, Berenschot a new organizational blueprint was developed in close consultation with management, the Supervisory Board and the Works Council. This new structure and the implementation process were appropriately named Future Fit.

Also in relation to Future Fit, the Supervisory Board met twice with the Works Council. The Board members value their meetings with the Works Council as open and constructive. Other topics discussed were regionalisation, the salary structure and the 2017 year-plan. In the meeting of 12 April 2016, Mrs. Maya Mungra was appointed as a member of the Supervisory Board in succession to Mr. Perry Heijne. In the same meeting, the members of the Audit and Remuneration Committees were selected and confirmed.
Committees
The committees of the Supervisory Board enable the body to organize its work efficiently and comprise the Audit Committee and the Remuneration Committee.

The Audit Committee consists of Mrs. Maya Mungra and Mr. Michel Jacobs. This committee met three times in 2016 and discussed with the CEO and the Manager of Finance - business development, the annual plan, financial statements and risk management. The committee also reviewed and discussed the 2016 Financial Statements and the Management Letter in the presence of the external auditor.

The Remuneration Committee, consists of Mr. Guus Eskens (chair) and Mr. Kees Ruijgrok. This committee met several times during the year to assess the official job description of the CEO and to initiate the search for a successor when Mr Luuk Jan Boon elected to resign his position. Early in 2017, the Supervisory Board appointed Mr. Jos Kea as CEO ad interim, pending the appointment of a successor.

Sincerely,

G.T.F. Eskens
Chairman

<table>
<thead>
<tr>
<th>Supervisory Board members</th>
<th>Date Joined</th>
<th>Audit Committee</th>
<th>Remuneration Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guus Eskens (chair)</td>
<td>14-05-2008</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Kees Ruijgrok</td>
<td>10-12-2012</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Peter van Rooijen</td>
<td>10-12-2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michel Jacobs</td>
<td>10-06-2015</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Maya Mungra</td>
<td>13-04-2016</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>
2016 showed a lower level of activity compared with the year before, as the winding down of the SCMS project could not be fully compensated by new projects. In combination with some one-off expenses related to the Future Fit process, this has caused the net result to be also lower. Despite this, our financial base remains solid and we are fully able to maintain activities and implement our strategy and innovation agenda for the next years.

Turnover

Turnover less than expected due to the winding down of the SCMS project not fully compensated by other projects.

Operating result

A faster decline of the SCMS project than expected and the utilization of the appropriate reserve. Increase in other assignments, including the NSCIP (Nigeria) project.

Transfer to IplusANBI

Since 2014 i+solutions has been donating a substantial part of its operating result to Stichting IplusANBI, a separate foundation that strives for better access to healthcare in developing countries in Africa and Asia. For 2016 the same policy is followed.

Guaranteed capital

Financial stability

With a solvency of 22%, a strong liquidity position and a guaranteed capital of 53% of our balance sheet total, our financial position is stable.

Balance Sheet

+ as of December 31, 2016 (in euros)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible fixed assets</td>
<td>171,236</td>
<td>225,729</td>
</tr>
<tr>
<td>Total fixed assets</td>
<td>171,236</td>
<td>225,729</td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work in progress</td>
<td>137,732</td>
<td>34,059</td>
</tr>
<tr>
<td>Debtors</td>
<td>1,171,481</td>
<td>994,150</td>
</tr>
<tr>
<td>Other receivables and prepaid expenses</td>
<td>258,662</td>
<td>198,668</td>
</tr>
<tr>
<td>Cash at banks and in hand</td>
<td>3,461,986</td>
<td>4,122,596</td>
</tr>
<tr>
<td>Total current assets</td>
<td>5,029,861</td>
<td>5,349,473</td>
</tr>
<tr>
<td>Total assets</td>
<td>5,201,097</td>
<td>5,575,202</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUITY AND LIABILITIES</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General reserve</td>
<td>1,122,169</td>
<td>1,164,457</td>
</tr>
<tr>
<td>Appropriated reserve</td>
<td>81,227</td>
<td>186,928</td>
</tr>
<tr>
<td>Long term liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subordinated loans</td>
<td>1,501,809</td>
<td>1,570,000</td>
</tr>
<tr>
<td>Guaranteed capital</td>
<td>2,705,205</td>
<td>2,921,385</td>
</tr>
<tr>
<td>Provisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred tax liabilities</td>
<td>23,847</td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>804,952</td>
<td>509,897</td>
</tr>
<tr>
<td>Taxes and social securities</td>
<td>134,551</td>
<td>190,912</td>
</tr>
<tr>
<td>Accruals</td>
<td>499,677</td>
<td>676,514</td>
</tr>
<tr>
<td>Prepayments</td>
<td>1,032,865</td>
<td>1,276,494</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td>2,472,046</td>
<td>2,653,817</td>
</tr>
<tr>
<td>Total equity and liabilities</td>
<td>5,201,097</td>
<td>5,575,202</td>
</tr>
</tbody>
</table>
### Profit and Loss Account

**for the year ended December 31, 2016 (in euros)**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover</td>
<td>7,715,447</td>
<td>9,371,824</td>
</tr>
<tr>
<td>Changes in work in progress</td>
<td>15,794</td>
<td>2,226</td>
</tr>
<tr>
<td><strong>Net turnover</strong></td>
<td>7,731,241</td>
<td>9,374,050</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project expenses</td>
<td>2,902,564</td>
<td>3,641,139</td>
</tr>
<tr>
<td>Personnel expenses</td>
<td>4,177,093</td>
<td>4,672,552</td>
</tr>
<tr>
<td>Depreciation</td>
<td>73,211</td>
<td>63,430</td>
</tr>
<tr>
<td>Other operating expenses</td>
<td>693,712</td>
<td>613,883</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>7,846,580</td>
<td>8,991,004</td>
</tr>
<tr>
<td><strong>Operating result</strong></td>
<td>-115,339</td>
<td>383,046</td>
</tr>
<tr>
<td>Financial income and expenses</td>
<td>20,215</td>
<td>-81,528</td>
</tr>
<tr>
<td>Transfer to stichting IplusANBI</td>
<td>-29,018</td>
<td>-296,950</td>
</tr>
<tr>
<td><strong>Result before taxation</strong></td>
<td>-124,142</td>
<td>4,568</td>
</tr>
<tr>
<td>Corporate income tax</td>
<td></td>
<td>3,126</td>
</tr>
<tr>
<td>Addition to deferred tax liabilities</td>
<td>23,847</td>
<td></td>
</tr>
<tr>
<td><strong>Net result</strong></td>
<td>-147,989</td>
<td>1,442</td>
</tr>
</tbody>
</table>

### Cash flow Statement

**for the year ended December 31, 2016 (in euros)**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flow from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating result</td>
<td>-115,339</td>
<td>383,046</td>
</tr>
<tr>
<td>Depreciation</td>
<td>73,211</td>
<td>63,430</td>
</tr>
<tr>
<td>Movement in deferred tax liabilities</td>
<td>23,847</td>
<td></td>
</tr>
<tr>
<td><strong>Cash flow operating result</strong></td>
<td>-115,339</td>
<td>383,046</td>
</tr>
<tr>
<td>Financial income and expenses</td>
<td>20,215</td>
<td>-81,528</td>
</tr>
<tr>
<td>Transfer to stichting IplusANBI</td>
<td>-29,018</td>
<td>-296,950</td>
</tr>
<tr>
<td>Corporate tax (including deferred tax)</td>
<td>-23,847</td>
<td>-3,126</td>
</tr>
<tr>
<td><strong>Cash flow from operating activities</strong></td>
<td>-147,989</td>
<td>1,442</td>
</tr>
<tr>
<td><strong>Cash flow from investment activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments in fixed assets</td>
<td>-18,718</td>
<td>-76,095</td>
</tr>
<tr>
<td><strong>Cash flow from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movement long term liabilities</td>
<td>-68,191</td>
<td>0</td>
</tr>
<tr>
<td><strong>Movement in cash at banks</strong></td>
<td>-660,610</td>
<td>-408,411</td>
</tr>
<tr>
<td><strong>Cash at banks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As at January 1</td>
<td>4,122,596</td>
<td>4,531,007</td>
</tr>
<tr>
<td>As at December 31</td>
<td>3,461,986</td>
<td>4,122,596</td>
</tr>
<tr>
<td><strong>Movement in cash at banks</strong></td>
<td>-660,610</td>
<td>-408,411</td>
</tr>
</tbody>
</table>
Notes to the Accounts

Historic background
i+solutions is an independent, international, not-for-profit organization specializing in pharmaceutical supply chain management for low and middle income countries. i+solutions started its activities in 2005 under the name IDA Solutions. In 2009 the trade name was changed into i+solutions, which reflected better our independent position as a global player for procurement and supply Services. In March 2011 the by-laws were changed to further formalize the total independence of i+solutions. The trade name became also the statutory name of the organization and the last remaining link between the IDA Charity Foundation board (ICF) and i+solutions board was dissolved. The 100% owned subsidiary IDA Solutions USA Inc, an organization registered in the United States of America, is included in the accounts of i+solutions.

Accounting principles for balance sheet, profit and loss account and cash flow statement

General accounting principles of valuation and determination of the result:
The financial statements are prepared in conformity with accounting principles generally accepted by the Dutch Accounting Standards Board. Valuation of assets and liabilities and determination of the result takes place under the historical cost convention. Unless stated otherwise, assets and liabilities are valued according to the cost model. Income and expenses are accounted for on accrual basis. Profit is only included when realized on balance sheet date, the percentage of completion method is used. Losses and risks originating before the end of the financial year are taken into account if they have become known before preparation of the financial statements.

Foreign currency:
Assets and liabilities denominated in foreign currency are translated at the exchange rates prevailing on the balance sheet date. Transactions in foreign currency during the financial year are included in the financial statements at transaction rate. Any exchange differences are taken to the profit and loss account.

Tangible fixed assets:
Tangible fixed assets are presented at cost less accumulated amortization and less impairments in value if applicable. Amortization is charged as a fixed percentage of cost. Depreciation is provided from the date an asset comes into use.

Financial fixed assets:
Participating interests in which no significant influence can be exerted are stated at acquisition price and less impairments in value if applicable.

Work in progress:
Work in progress is stated at cost, comprising direct materials and direct hours plus a mark-up to cover overheads. Profits are recognized upon hand-over, unless the duration of a project is more than one year, in which case profit is recognized on the basis of the percentage of completion method.

Receivables:
Upon initial recognition the receivables are included at fair value and then valued at amortized cost. The fair value and amortized cost equal the face value. Any provision for doubtful accounts deemed necessary is deducted. These provisions are determined by individual assessment of the receivables.

Net turnover:
Net turnover represents the amounts invoiced or to be invoiced to third parties in respect of goods provided and services rendered in the financial year net of discounts and turnover taxes. Non-investment subsidies are recognized in the profit and loss account when it is likely that the subsidies concerned will be received.

Corporate tax:
Taxation on profits is calculated on the reported pre-tax profit or loss, taking into account any losses carried forward from previous financial years and tax-exempt items and non-deductible expenses, and using current tax rates.

Deferred tax:
A deferred tax asset or liability will be constituted in case of temporary differences between fiscal and economical valuation.

Principles of the cash flow summary:
The cash flow statement has been prepared using the indirect method. The funds consist of cash at bank and in hand and the current account. Cash flows denominated in foreign currencies have been translated at an estimated average rate. Exchange differences, income and expenditure owing to interest and tax on profits have been included under the cash flow from operating activities.
Specific Notes to the Balance Sheet Items

Fixed assets

Tangible fixed assets

The movements in tangible fixed assets can be specified as follows.

<table>
<thead>
<tr>
<th></th>
<th>Office equipment</th>
<th>ICT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>As at January 1, 2016</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>213,404</td>
<td>380,976</td>
<td>594,380</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>192,609</td>
<td>176,042</td>
<td>368,651</td>
</tr>
<tr>
<td><strong>Book value as at January 1, 2016</strong></td>
<td>20,795</td>
<td>204,934</td>
<td>225,729</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Movements</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Additions</td>
<td>7,903</td>
<td>10,815</td>
<td>18,718</td>
</tr>
<tr>
<td>Disposals</td>
<td>14,767</td>
<td>58,444</td>
<td>73,211</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>-6,864</td>
<td>-47,629</td>
<td>-54,493</td>
</tr>
</tbody>
</table>

| **As at December 31, 2016** |                  |     |       |
| At cost              | 221,307          | 391,791 | 613,098 |
| Accumulated depreciation | 207,376          | 234,846 | 441,862 |
| **Book value as at December 31, 2016** | 13,931          | 157,305 | 171,236 |

The depreciation percentage used for tangible fixed assets (office equipment and ICT) is 20%.

Current assets

All receivables are due within one year.

Work in progress

The work in progress consists of hours and project costs which have not been invoiced yet.

Debtors

No provision for bad debts was needed in 2015 and 2016. The increase in 2016 is caused by the growth in activities of the Nigerian Supply Chain Integration Project (NSCIP) compared to 2015.

Work in progress

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work in progress</td>
<td>137,732</td>
<td>34,059</td>
</tr>
</tbody>
</table>

Other receivables and prepaid expenses

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value added tax</td>
<td>26,063</td>
<td>38,940</td>
</tr>
<tr>
<td>Pension premium</td>
<td>541</td>
<td>27,783</td>
</tr>
<tr>
<td>Other receivables and prepaid expenses</td>
<td>232,058</td>
<td>131,945</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>258,662</td>
<td>198,668</td>
</tr>
</tbody>
</table>

The other receivables mainly consist of amounts from the SCMS and NSCIP projects for the year 2016 and before to receive in 2017. The prepaid expenses are costs for 2017, like contribution fees, insurances and rent, which are paid in 2016. These costs will be taken into account in 2017.
Cash at bank and in hand
From cash at bank EUR 79,342 is not freely disposable due to guarantee given for rent and a deposit serving as a bid bond.

Equity

<table>
<thead>
<tr>
<th>General reserve</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>As at January 1</td>
<td>1,164,457</td>
<td>1,149,943</td>
</tr>
<tr>
<td>Appropriated profit for the financial year</td>
<td>-42,288</td>
<td>14,514</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appropriated reserve</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>As at January 1</td>
<td>186,928</td>
<td>200,000</td>
</tr>
<tr>
<td>Utilizations</td>
<td>-105,701</td>
<td>-13,072</td>
</tr>
</tbody>
</table>

As at December 31

The appropriated reserve is to be used for innovative projects.

Long term liabilities

Subordinated loans
The interest rate for this loan has been fixed at 0% as per 1 January 2016, with a maturity date of 31 December 2034. Repayment during this period is due in the circumstance that the guaranteed capital of i+solutions, excluding the subordinated loan is, in two consecutive years, more than 50% of the total equity and liabilities. i+solutions considers the equity of the Stichting IplusANBI as a part of the 50% repayment criterion. At the end of 2016 this percentage, together with the equity of Stichting IplusANBI, is 27% (2015: 26%).

In the case of reorganization due to loss of specific contracts/engagements the loan can be used to finance the cost with approval of the lender. Due to the loss of the SCMS assignment an amount of EUR 68,191 has been approved by the lender for compensation of the costs.

<table>
<thead>
<tr>
<th>Subordinated loans</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>As at January 1</td>
<td>1,570,000</td>
<td>1,570,000</td>
</tr>
<tr>
<td>Utilization for reorganization</td>
<td>-68,191</td>
<td>-</td>
</tr>
</tbody>
</table>

As at December 31

<table>
<thead>
<tr>
<th>Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred tax liabilities</td>
</tr>
</tbody>
</table>

In 2016 the organization has decided to incorporate the differences between the taxable and economical valuation. This correction concerns the years 2014, 2015 and 2016.
Current liabilities

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taxes and social securities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages taxes and social security charges</td>
<td>131,425</td>
<td>187,786</td>
</tr>
<tr>
<td>Corporate profit tax</td>
<td>3,126</td>
<td>3,126</td>
</tr>
<tr>
<td><strong>134,551</strong></td>
<td>190,912</td>
<td></td>
</tr>
</tbody>
</table>

Prepayments

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other prepayments</strong></td>
<td>1,032,865</td>
<td>1,276,494</td>
</tr>
</tbody>
</table>

The prepayments have decreased mainly because of the near ending (Q1 2017) of the UAFC project.

Accruals

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Holiday allowance and days</strong></td>
<td>256,712</td>
<td>253,705</td>
</tr>
<tr>
<td><strong>Accrued expenses</strong></td>
<td>213,947</td>
<td>125,859</td>
</tr>
<tr>
<td><strong>Donation to stichting IplusANBI</strong></td>
<td>29,018</td>
<td>296,950</td>
</tr>
<tr>
<td><strong>499,677</strong></td>
<td>676,514</td>
<td></td>
</tr>
</tbody>
</table>

Contingent liabilities

Office lease
The office lease is contracted till December 2018, an additional space is temporarily rented with a notice period of 3 months. Rent expenses in the Netherlands amount to EUR 125,257 excluding VAT per year for 2017.

Car lease
In 2014 the organization entered in to a contract with a car leasing company. An amount of EUR 9,491 is due within one year, within 5 years EUR 26,496.
## Specific Notes to the Profit and Loss

### Net turnover

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement services</td>
<td>4,274,411</td>
<td>5,465,051</td>
</tr>
<tr>
<td>Consultancy &amp; projects</td>
<td>3,221,702</td>
<td>3,738,996</td>
</tr>
<tr>
<td>Training</td>
<td>219,334</td>
<td>167,241</td>
</tr>
<tr>
<td>Others/Changes in work in progress</td>
<td>15,794</td>
<td>2,762</td>
</tr>
<tr>
<td></td>
<td>7,731,241</td>
<td>9,374,050</td>
</tr>
</tbody>
</table>

### Personnel expenses

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages</td>
<td>3,165,332</td>
<td>3,486,876</td>
</tr>
<tr>
<td>Social security premiums</td>
<td>643,791</td>
<td>722,183</td>
</tr>
<tr>
<td>Other personnel expenses</td>
<td>367,970</td>
<td>463,493</td>
</tr>
<tr>
<td></td>
<td>4,177,093</td>
<td>4,672,552</td>
</tr>
</tbody>
</table>

Included in the social security premiums is EUR 168,084 for pension premiums (2015: EUR 185,085).

### Employees

During the year 2016 the Foundation had an average number of employees (FTE) of 60 (2015: 65).

### Other operating expenses

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing expenses</td>
<td>202,242</td>
<td>205,288</td>
</tr>
<tr>
<td>Acquisition expenses</td>
<td>128,301</td>
<td>63,028</td>
</tr>
<tr>
<td>Office expenses</td>
<td>363,169</td>
<td>345,567</td>
</tr>
<tr>
<td></td>
<td>693,712</td>
<td>613,883</td>
</tr>
</tbody>
</table>

In 2016 the organization decided to change the presentation format of turnover and project expenses in order to improve the clarity of the composition of the turnover.
Financial income and expenses

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange differences</td>
<td>350</td>
<td>-80,752</td>
</tr>
<tr>
<td>Interest income and expenses</td>
<td>19,865</td>
<td>-776</td>
</tr>
<tr>
<td></td>
<td>20,215</td>
<td>-81,528</td>
</tr>
</tbody>
</table>

Taxation

An amount of EUR 29,018 being 100% of the taxable profit of EUR 29,018, will be transferred to the Stichting IplusANBI, which will lead to a taxation of EUR 0 for the year 2016. The correction in 2016 of the deferred tax results in an addition to the deferred tax liabilities of EUR 23,847.

Other Information

Appropriation of profit

The result for the year 2016 amounting to EUR -147,989 (2015: EUR 1,442) will be deducted from the general reserve for an amount of EUR 42,288. The appropriated reserves will be decreased by EUR 105,701, due to expenditures on innovation in 2016. The annual accounts reflect this proposal.
Independent Auditor’s report

To: the Supervisory Board of Stichting Iplussolutions, Woerden.

A. Report on the audit of the financial statements 2016 included in the annual report

Our opinion
We have audited the financial statements 2016 of Stichting Iplussolutions based in Woerden.

In our opinion the accompanying financial statements give a true and fair view of the financial position of Stichting Iplussolutions as at 31 December 2016 and of its result for 2016 in accordance with Part 9 of Book 2 of the Dutch Civil Code.

The financial statements comprise:
1. the balance sheet as at 31 December 2016;
2. the profit and loss account over 2016; and
3. the notes comprising a summary of the accounting policies and other explanatory information.

Basis for our opinion
We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing. Our responsibilities under those standards are further described in the ‘Our responsibilities for the audit of the financial statements’ section of our report.

We are independent of Stichting Iplussolutions in accordance with the Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten (VIO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in the Netherlands. Furthermore we have complied with the Verordening gedrags- en beroepsregels accountants (VGBA, Dutch Code of Ethics).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

B. Report on the other information included in the annual report

In addition to the financial statements and our auditor’s report thereon, the annual report contains other information that consists of:
- the management board’s report;
- other information as required by Part 9 of Book 2 of the Dutch Civil Code;

Based on the following procedures performed, we conclude that the other information:
- is consistent with the financial statements and does not contain material misstatements;
- contains the information as required by Part 9 of Book 2 of the Dutch Civil Code.

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing these procedures, we comply with the requirements of Part 9 of Book 2 of the Dutch Civil Code and the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements.

Management is responsible for the preparation of the management board’s report in accordance with Part 9 of Book 2 of the Dutch Civil Code and other information as required by Part 9 of Book 2 of the Dutch Civil Code.

C. Description of responsibilities regarding the financial statements

Responsibilities of management for the financial statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with Part 9 of Book 2 of the Dutch Civil Code. Furthermore, management is responsible for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Our responsibilities for the audit of the financial statements
Our objective is to plan and perform the audit assignment in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion. Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.
We have exercised professional judgement and have maintained professional skepticism throughout the audit, in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements.

Our audit included e.g.:

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

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

Amsterdam, 30 May 2017
Dubois & Co.

Signed on original by:
A.P. Buteijn RA
Introduction
Whereas i+solutions’ business is driven by implementing donor-supported supply chain management (“SCM”) projects, the IplusANBI will be used to attract funding to address other challenges faced by communities whose citizens suffer from inadequate access to medicines and health commodities. Funding is sourced from i+solutions, as well as external donors and sponsors, and is used to finance activities and projects executed by i+solutions. These activities are fully aligned with the core objectives of i+solutions and are focused on the following three areas:

1. Financial support for individuals and organizations in developing countries for training and capacity building.
2. Investment in capacity building programs via local representation in key project areas. This makes it easier for i+solutions to collaborate with decision makers in selected countries.
3. Innovative projects with lasting impact on health supply chain systems. One such challenge is finding a sustainable solution for the ‘Last Mile’. IplusANBI will work with key knowledge and innovation partners to conduct research in this area.

In 2016, the following activities were implemented by IplusANBI:

Non-communicable diseases (NCD’s): Also known as chronic diseases, NCD’s are a major challenge due to their adverse social, economic and public health impact at all levels of society, particularly devastating in poor and vulnerable populations. They include cancers, cardiovascular and respiratory diseases, as well as diabetes, and are accountable for 75% of the deaths in LMIC’s. The global death rate is estimated to be 38 million each year. To guide our approach in this area, i+solutions is using the analysis and targets outlined in the Global Action Plan for Prevention and Control of Non-communicable Diseases 2013-2020.

Our activities in 2016 focused on the following areas:
• Prioritize the global objectives and look for ways to integrate NCDs prevention and control into different SCM vertical programs (HIV/AIDS, TB).
• Select pilot country(ies) and NCD’s for the programs.
• Conduct analysis of selected NCDs in the pilot country(ies).
• Identify and engage with different key actors with particular focus in selected pilot country(ies).
• Develop a costed action plan for further implementation.

Total amount spent: €49,710

Training through the i+academy: Training is one way to that ensure we do not only bring the pills, but also bring skills to empower local communities to maintain efficient pharmaceutical supply chains. ANBI funding provides this service by helping us diversify our training offer in various languages, and subsidizing access to our training courses to those who need it most. The following activities were carried out by the i+academy in 2016:

• Course translations: The course ‘Basic Principles of Supply Chain Management for Health Systems’ was translated to Spanish to include participants and organizations in Latin America. ‘Quality Assurance in Supply Chain Management of Medicines’ was translated to French to respond to demands from clients in the Great Lakes region. Also because of demand, our course ‘Procurement of Medicines and Medical Supplies’ was also made available in French.
• 24 scholarships were awarded, from a total of 102 individual applications.

Total amount spent: €60,212

Capacity Building:

Technical Assistance to the Ministry of Health in Rwanda on Sexual Reproductive Health.
As a result of the successful implementation of the Sexual Reproductive Health for the Next Generation (SRH Next) project in Rwanda, Burundi and DRC, i+solutions is pursuing a number of initiatives aimed at improving continuous availability of family planning products. Under this project, approval was received to maintain presence and co-finance projects with the Ministry of Health in Rwanda. Initial focus has been expanded beyond Rwanda, because of the needs of the government of Burundi to upscale the intervention under SRH Next Generation to the national level; to improve continuous availability of family planning commodities across all districts, and the imminent needs to improve last mile availability in North and South Kivu through UNFPA in Goma DRC. Activities for 2016 have been carried out in conjunction with UNFPA and focus on upscaling the activities developed under the SRH Next program. They are divided into three main areas as outlined below:

An agreement with UNFPA to support the MoH of Burundi in analysing needs and establishing reliable IT support to manage stock movement data and train staff. Expand the intervention zones in the DRC from 4 to 11 districts in the province of North and South Kivu through a project entitled C3 “Commodities, Chain and Care” An innovative project in Rwanda has been developed jointly with the Ministry of Health to upscale the SRH Next Generation project to national level. This involves the introduction of an electronic Logistic Management Information System to be implemented by the Government of Rwanda.

Total amount spent: €34,000
Sustainability:
Sustainability in the pharmaceutical supply chain seems to be mainly a priority in the commercial sector, however after farming, aviation and transportation – the pharmaceutical industry is one of the main contributors to the earth’s carbon footprint. For us at i+ solutions, it is important to minimize the environmental impact of our mission to improve the supply of medicines to all corners of the world. It is therefore our responsibility as a large-scale buyer of generic medicines to invest part of our ANBI funds in sustainability and recycling initiatives. We will continue to use our experience and conduct research so we can assist more beneficiary countries minimize the environmental impact of their health supply chain.

Our activities in 2016 focused on the following area:
- Training workshops for the Ministries of Health in Rwanda and Morocco on proper disposal and waste management practices.

Total amount spent: €23,745

Health Systems Strengthening through Supply Chain Technical Assistance in Kenya and neighbouring countries.
Kenya is a regional leader in East-Africa because of its high ICT and private sector capacity. It is an example of a country transitioning from traditional aid into a more balanced public-private health care system. Additionally, it’s geographical location provides access to countries such as Tanzania, Uganda and Rwanda. i+solutions intends to use this country’s strategic position as a springboard to address some of the health challenges in the region through health systems strengthening and Supply chain Technical Assistance.

Activities in 2016, focused on finding ways to establish a presence in this region and build long-term partnerships with like minded organizations, both local and international. Discussions were also held on Procurement and Warehousing for FBOs in Uganda and being part of an EPN network. Meetings were held with the following organizations. Medical Access Uganda Ltd, Joint Medical Stores, Ecumenical Pharmaceutical Network, Kenya (Regional Office), PSI Kenya (Regional Office), AMREF Kenya (Regional Office), Medical Stores Department (MSD) Tanzania, Mission for Essential Medicines and Supplies (MEMs) TZ, Action Medeor, GF Principal Recipient TZ (Winna Shango) and Health Systems Consult LTD TZ. An additional activity which was carried out is the improvement of access to condoms through Private Market Development.

Total amount spent: €45,405

In 2016 the stichting IplusANBI (foundation) received a donation of EUR 296,950 in addition to this, the foundation received an amount of EUR 493 due to interest for the year 2016. In 2016, the expenditures were EUR 220,482, of which EUR 5,712 was spent on financial management. The year 2016 ended with a positive result of EUR 76,961. The equity of the foundation has increased due to this result, from EUR 163,459 at 31 December 2015 to EUR 240,429 at the end of 2016. It is to be expected that the foundation will receive a donation of EUR 29,018 in 2017 from their current sole funder Stichting iplussolutions. The expense budget for 2017 is set at EUR 265,000. The available funds on the bank accounts (liquid affairs) at the end of 2016 amount to EUR 258,045.
**Balance Sheet**
+ as of December 31, 2016 (in euros)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other receivables</td>
<td>74</td>
<td>247</td>
</tr>
<tr>
<td>Cash at banks and in hand</td>
<td>258,045</td>
<td>187,029</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>258,119</td>
<td>187,276</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUITY AND LIABILITIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td>240,429</td>
<td>163,468</td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other liabilities</td>
<td>17,690</td>
<td>23,808</td>
</tr>
<tr>
<td><strong>Total equity and liabilities</strong></td>
<td>258,119</td>
<td>187,276</td>
</tr>
</tbody>
</table>

**Profit and Loss**
for the year ended December 31, 2016 (in euros)

<table>
<thead>
<tr>
<th>Income</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution from iplussolutions</td>
<td>296,950</td>
<td>186,720</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel expenses</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other expenses</td>
<td>220,482</td>
<td>23,364</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>220,482</td>
<td>23,364</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating result</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial income and expenses</td>
<td>493</td>
<td>600</td>
</tr>
<tr>
<td><strong>Result</strong></td>
<td>76,961</td>
<td>163,956</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appropriation of result</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Addition to/deduction of equity</td>
<td>76,961</td>
<td>163,956</td>
</tr>
<tr>
<td><strong>Result</strong></td>
<td>76,961</td>
<td>163,956</td>
</tr>
</tbody>
</table>

The result is processed as follows:
Other Information

At the start of 2017, the Supervisory Board appointed Jos H.J. Kea as Interim CEO to replace the former Managing Director, Luuk Jan Boon.

Appropriation of Results

The executive board proposes to add the balance of EUR 76,961 accrued in the reporting year to the equity of the Foundation. This proposal is already reflected in the financial statements.

Stichting IplusANBI

Supervisory Board

G.T.F. Eskens residing at Rotterdam - The Netherlands
C.J. Ruijgrok residing at Delft - The Netherlands
D.P. van Rooijen residing at Bergen - The Netherlands
M.A. Jacobs residing at Oegstgeest - The Netherlands
M.S. Mungra residing at Amsterdam - The Netherlands

Executive Board

J.H.J. Kea residing at Loosdrecht - The Netherlands,
Chief Executive Officer, ad interim
Headquarters
Polanerbaan 11
3447 GN Woerden
The Netherlands

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