

Feature:
Mobile Clinic in Lebanon

Report:
Global Health

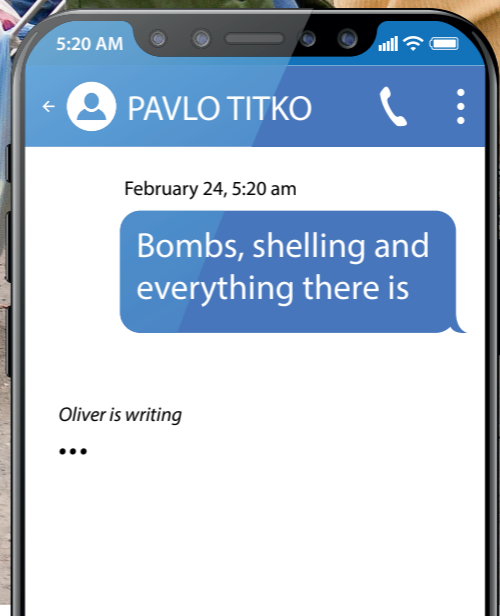
Interview:
Emergency Response Haiti

Report



**Malteser
International**
Order of Malta Worldwide Relief

Turning point in Europe War in Ukraine



The war in Ukraine has caused unimaginable suffering and forced millions of people to flee. Malteser International (MI) and the worldwide Order of Malta family stand firmly by the side of those affected.

◀ SMS from Pavlo Titko, Head of Malteser Relief Ukraine in Lviv, to Oliver Hochedez, Head of Emergency Relief of MI

◀ Millions of people, mostly women and children, have left the country. People at the Ukrainian border crossing at Krakowetz on their way to Poland.

PHOTO: MALTESER UKRAINE



On the morning of February 24th, the Russian invasion of Ukraine began and tanks rolled towards Kiev. Millions of refugees – especially women and children – made their way to western Ukraine and neighboring European countries in the days and weeks that followed. MI was there from day one: It is the largest and most complex emergency relief operation since the 2004 tsunami.

“In 30 years of working with the Order of Malta we have come to know and appreciate their values. And we don’t want to simply give up these values now,” said Pavlo Titko, head of Malteser Ukraine (the Relief Service of the Order of Malta in Ukraine), in the first days after the Russian attacks began. The shock over the massive outbreak of violence in his country ran deep.

The MI headquarters in Cologne had been observing the tense situation in Ukraine with increasing concern for months. Since 2015, MI and Malteser Ukraine have been working together on psychosocial support for displaced persons in the border regions in the east of the country. Already in October of last year there had been talks about what to

do in case of a Russian attack. “With the Order of Malta Relief Organizations in the border countries, we prepared emergency plans, discussed the worst-case scenario and talked to donors and national partners – but we did not want to believe in an invasion of such magnitude until the very end,” reports Oliver Hochedez, Head of Emergency Response at MI.

Gigantic task: the coordination

“After the first reports of an attack, we set up a crisis team to be able to act as quickly as possible. Then our phones were ringing off the hook: we were literally overrun with requests and offers of help. The coordination effort was gigantic,” says Hochedez. At the same time, the first relief measures had to be set in motion. “The challenge was initially to set up the logistics for transports to Ukraine, to look for Ukrainian drivers, as international haulage companies no longer went to Ukraine for security reasons, and to find storage areas near the border.” On top of that, there was the emotional strain that everyone felt every day: “When you see the pictures on TV of a 40-kilometer military convoy rolling towards Kiev, you naturally worry about the people there, about our colleagues, our partners.”



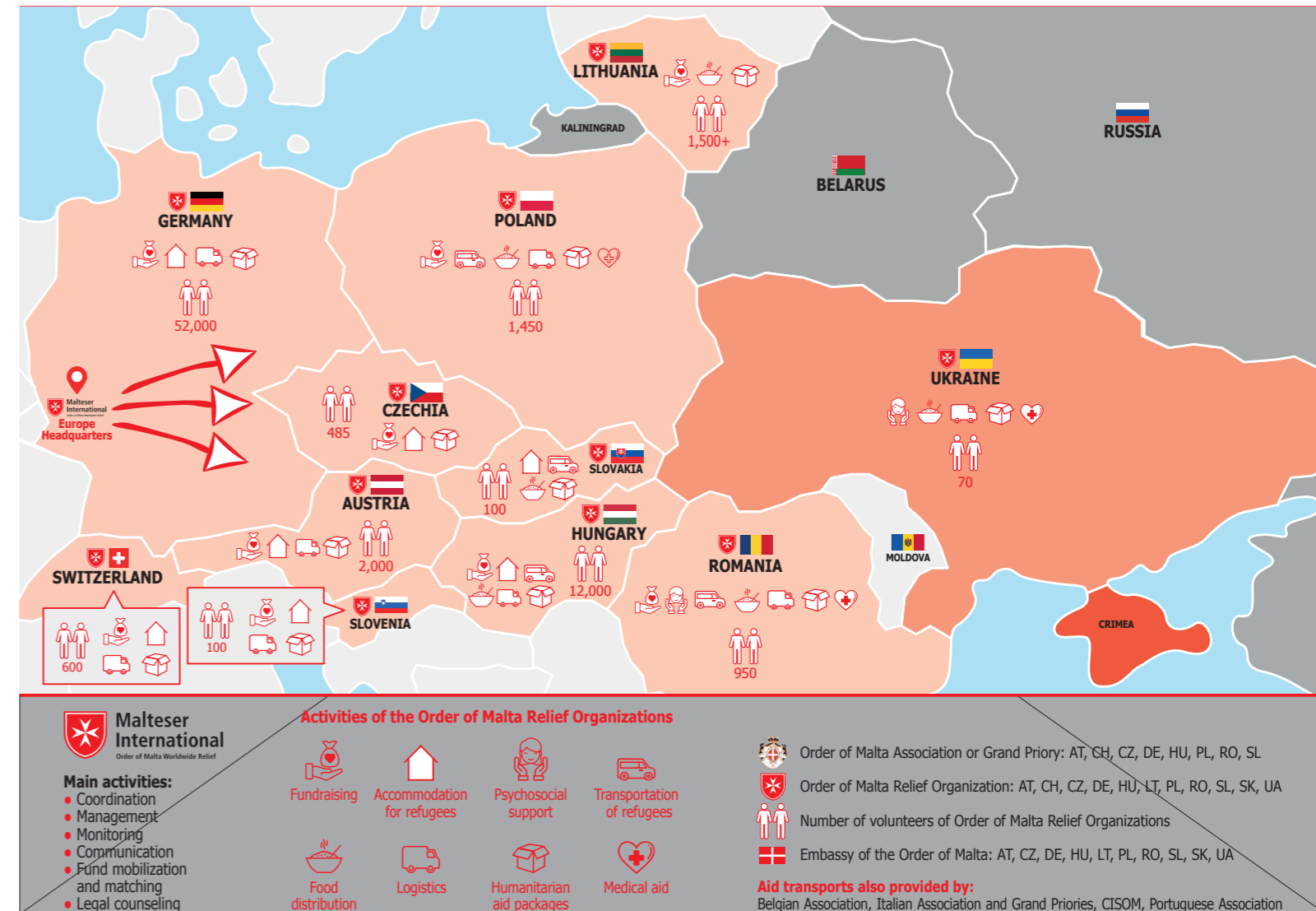
“In 30 years of working with the Order of Malta we have come to know and appreciate their values. And we don’t want to simply give up these values now.”

Pavlo Titko – Head of Malteser Ukraine

▲▲ Warm drinks and meals: Volunteers of Malteser Ukraine provide food for refugees at the train station in Lviv.
PHOTO: MALTESER UKRAINE

▲ Pavlo Titko, Head of Malteser Ukraine

Overview of MI's assistance in Ukraine and neighboring countries



SOURCE: MI

Thanks to the existing structures of the Order of Malta Relief Organizations in Eastern Europe and the strong networks, aid for the people on the run could be quickly set in motion: The first relief supplies reached Western Ukraine only a few days after the beginning of the war. Since then, help has been continuously rolling into the country. In the first three months after the beginning of the war, more than 3,700 tons of relief supplies from Germany alone were sent to Ukraine. At the borders, the Order of Malta Relief Organizations in Poland, Romania, Hungary and Slovakia set up contact points for the arriving people, provided medical care, further transport and accommodations for the refugees.

Support from around the world

In the first weeks, MI sent coordinators to Poland, Slovakia and Romania to support the local forces in the organization, as well as a mobile medical unit and an emergency medical team to Poland. In Ukraine itself, Malteser Ukraine and MI especially took care of the many mostly highly traumatized war refugees in the west of the country. The ongoing projects for the people in the east of the country could partly be continued online. In addition, Malteser Ukraine continues to offer courses in first aid, takes care of emergency shelters for refugees and delivers relief supplies to more than 50 Ukrainian cities, mainly in the east of the country.

The people in Ukraine receive support from the Order of Malta: donations and offers of help come from everywhere. Through the smooth cooperation with the embassies of the Order of Malta, a humanitarian corridor was obtained very quickly. “How our help will continue depends very much on the war. This is no ordinary emergency relief operation. We will need a very long breath and we will have to keep adapting to new situations. In any case, we will continue to stand firmly by the side of the people in Ukraine and accompany them for as long as our help is needed,” says Hochedez.

▶ External Link to Malteser International aid to Ukraine

Our work in 2021

35

project countries

140

projects worldwide

951

people worked for MI worldwide

3,300,000

people benefited from our help

Focus of our program approaches:



People-Centeredness



Localization



One Health



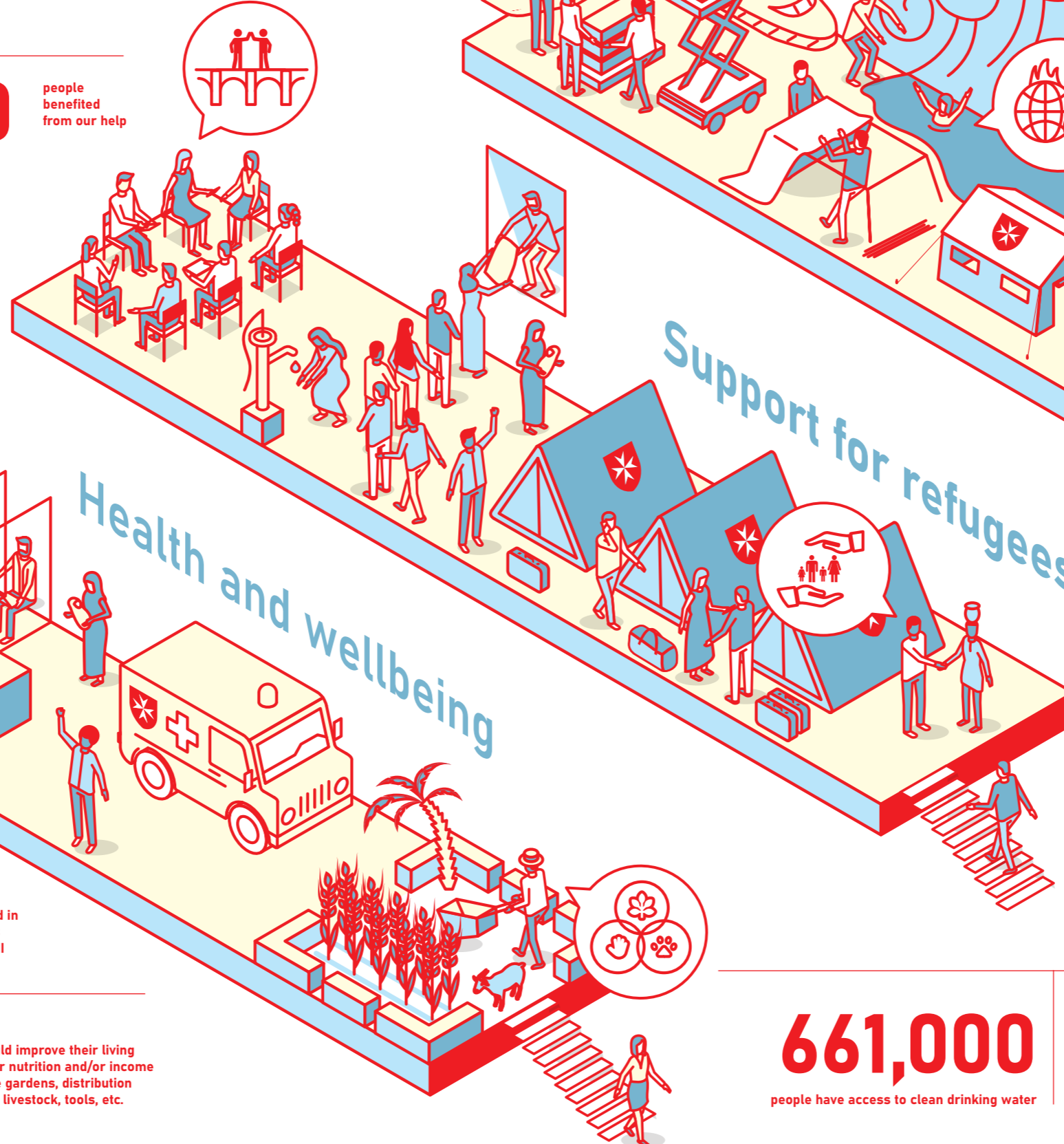
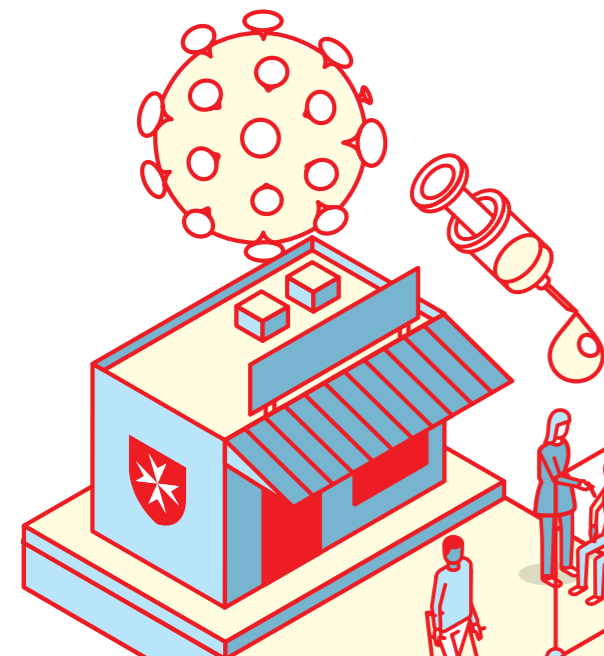
Protection, Mainstreaming and Safeguarding



Environment



Humanitarian, Development and Peace



Emergency aid

Support for refugees

Health and wellbeing

612

health facilities worldwide supported by MI

2.1 MM

patients treated in health facilities supported by MI

187,000

people that could improve their living conditions, their nutrition and/or income thanks to home gardens, distribution of seeds, small livestock, tools, etc.

305,000

people received aid packages (e.g. food or hygiene packages)

49,000

people received emergency aid through cash assistance or vouchers

50 %

program funding delivered by local partners

661,000

people have access to clean drinking water

87.4 MM

program volume in 2021

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TEXT AND PHOTOGRAPHY: TOBIAS SCHREINER

On the road with the Mobile Medical Unit in Lebanon

On the way to the Beeka Plain: MI's mobile clinic serves patients in remote regions of Lebanon.

For many people in Lebanon, mobile clinics are the only access to medical care.

Eighteen, nineteen, twenty.” With nimble fingers, Lamise is checking the packages of medicines one last time before departure: painkillers, antihypertensives, anti-allergics, medicine for respiratory diseases and more. Enough medication for around 100 patients to last for almost three weeks. Last summer, at the height of Lebanon’s economic crisis to date the local currency fell to a record low, and prices in the country skyrocketed. Even the most basic medication became unaffordable for most people in the country, and demand for economic assistance rose. “In July and August, our shelves were mostly empty,” Lamise reports. She nods towards her male colleague Sleiman, who cheerfully carries the large container from the storage room into the Mobile Medical Unit (MMU). This doctor’s practice on wheels is about to depart to treat patients in northeastern Lebanon, providing them with the most necessary medical care. For two days, I am invited to accompany this joint project between MI and the Order of Malta Lebanon as a journalist to learn more about their work and the most pressing issues around medical care in Lebanon.



Four mobile clinics provide care in remote regions in North and South Lebanon

The MMU project was established as “mobile health for Syrian refugees and Lebanese affected by conflict” in 2015 and has then continued to expand since. Demand has only increased. Today, it includes a total of four mobile clinics, each

located in the regions of Akkar (north), Baalbek-Hermel (northeast), Nabatieh, and Tyre (south). The Baalbek-Hermel MMU base is located in Ras Baalbek, in the Beqaa Valley about 120 kilometers from Beirut. Hemmed in by two snow-capped mountain ranges that separate the region from the Mediterranean coast to the west and Syria to the east, the Beqaa Valley runs through most of Lebanon. We are moving around the very north of the country, close to the Syrian border. Many of the Lebanese who live here suffer from desperate poverty. In addition, the region hosts about 339,000 Syrian refugees, most of them in informal camps. Electricity from the state is only provided one to two hours at a maximum. Most people here can neither afford diesel for their private generators, nor the fuel to drive to a doctor’s practice or a hospital in the larger cities of Baalbek or Zahlé, some 40 kilometers away. The only medical care available for most comes from non-governmental organizations, such as the Mobile Medical Unit.



▲▲ The base of the Baalbek-Hermel mobile clinic is about 120 kilometers from Beirut, close to the Syrian border.

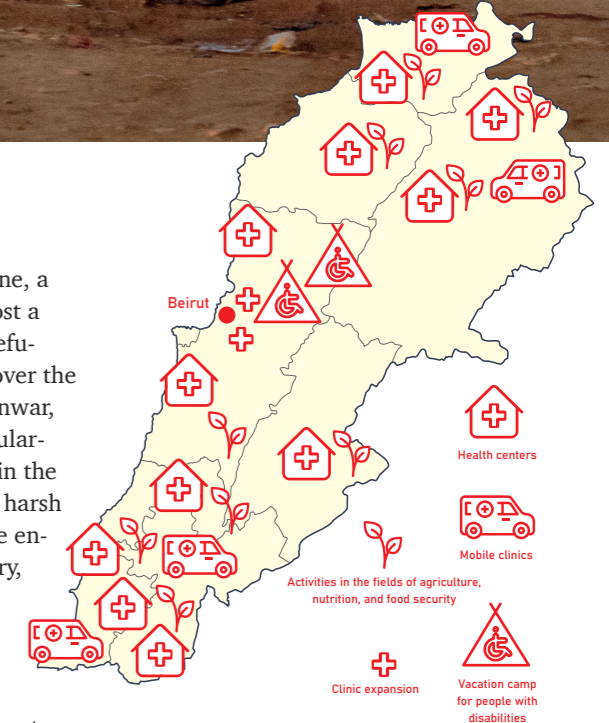
◀◀ Stockpiling medicines: At the start of the working day, hub assistant Kholoud replenishes the mobile clinic’s stocks of medicines.

▲▲ Rough patch: In the Beqaa Valley, the supply situation is inadequate in many areas. Many of the refugees housed in tents had to endure temperatures of minus seven degrees Celsius in January.

▲ In the Muslim village of Nabi Osmane, patients wait patiently for care.

First stop: Nabih Osmane

Today’s destination is Nabih Osmane, a predominantly Shiite village. Almost a third of its 8,000 inhabitants are refugees. This morning, thick fog lies over the fallow fields of the Beqaa Valley. Anwar, the driver of the mobile clinic, regularly has to dodge fist-deep potholes in the road. Winter has been particularly harsh this year. Storm Hiba paralyzed the entire region for two weeks in January, covering Lebanon with a thick layer of snow from 600 meters above sea level. The thermometers in Nabih Osmane showed minus seven degrees Celsius – a disaster for the refugees living in tents and the many Lebanese who are currently sitting in bitterly cold houses without electricity. Today, as we reach Nabi Osmane, it is fortunately warmer, and even some rays of sunlight tentatively pierce the thick fog. It is the first time since the heavy winter storm that the mobile clinic stops here. In order to cover all villages and regions of the valley, the clinic uses a rotational system, visiting each location for one day at a time in a two-week cycle. During storm Hiba two weeks ago, only 41 patients made it to the clinic’s location in the center of the village, so this time demand is



Our help in Lebanon

28,000 people were served by the Mobile Medical Units in 2021 in the most remote regions of North and South Lebanon.

40,000 In addition to the mobile health care, MI supports the development of local health structures in a 4-year project. Part of the project is the modernization of eleven health centers and the establishment of a training center for medical staff in Beirut. Last year, nearly 40,000 patients could already be treated in the health centers supported by MI.

9 To improve the food situation in the country, agricultural actors in 9 locations are supported to be able to maintain production even during the crisis.



and listens in on individual patients to see how they are doing. He is well-connected here and knows most people personally. Since he does this not only in Nabih Osmane, but in the entire region, his two phones never stop ringing.

Medicine for Ali

Elias introduces me to 14-year-old Ali Hassan and his mother Asmahan. They have been coming to the mobile clinic since the project began in Baalbek-Hermel two and a half years ago. Today, they came to have Ali's cold symptoms checked. He has the flu. But not only that: Ali has a mental disability and is hyperactive. His mother, Asmahan, says that for over four months now he has been unable to get the medication he urgently needs. Because of his illnesses, Ali cannot attend a regular school. Until a few months ago, he went to a special center for children with disabilities, but due to rising prices, the family can no longer afford the tuition of 900,000 liras. By comparison, the legal minimum wage in Lebanon, which many nurses, teachers and public sector workers earn, is still around 675,000 liras. On this day, that only converts to about 33 USD a month. Thus, one month of education and care for Ali would cost his family a salary of one and a half months. "Since he doesn't get his medicine anymore, he often gets sick and when he has a fever, he gets



“What matters to us is that everyone here gets the same good care. That’s why the people come to us.”

Elias, Field Coordinator

▲ COVID-19 prevention measure: Driver Touma takes patients' temperatures before letting them enter the mobile clinic.

► Keeps his cool – pediatrician Dr. Hadi can calm even the most nervous children.

this time demand is high. Many people are already waiting impatiently in the parking lot next to the local mosque where the 9-member team is setting up today. They have to provide care for at least a hundred patients today.

Most of the patients coming today are of retirement age or families with children who cannot afford even the most basic medicines such as Vitamin D, Panadol, magnesium and calcium. At the mobile clinic, they receive basic health care and most medications they require. For specialized services and surgeries, patients are referred to primary health care facilities or hospitals free of charge. Social worker Maysam is the first to jump out of the converted Nissan vehicle, which looks like a mix between an ambulance and a school bus. The young Lebanese woman is not letting the big crowd that is gathering around the bus break her composure: "One at a time, please take a number and wait for your turn." She is supported by bus driver Anwar, and Touma, who drives the escort car. The two drivers distribute masks and disinfectants, take patient's temperatures before they enter, and assign numbers to queueing newcomers.

Well-connected

In the mobile clinic, nurses Lamise and Sleiman treat the first patients together with pediatrician Dr. Hadi and field assistant Mariane. Field coordinator Elias, who heads the project in Baalbek-Hermel, kindly keeps the crowd in check

► Like everyone else: While he is often bullied in his neighborhood, Ali is always treated kindly by everyone at the mobile clinic.

▼ 14-year-old Ali and his mother have been coming since the start of the project in Baalbek-Hermel two and a half years ago.

► Taking Ali for a spin: Field coordinator Elias always keeps a promise.



“Why am I different, mom?”

Ali, Patient (14)

epileptic seizures more rapidly," the mother reports. Now the shy boy with the friendly smile sits at home most of the time and gets bored. "He is often hyperactive, suddenly runs out into the street and between cars. The neighbors usually have no understanding of people with disabilities and get annoyed by him," Asmahan explains. "Then the whole neighborhood is in an uproar." Because he is different, Ali is bullied by many kids in the neighborhood.

On rare occasions, when he does get his medicine and calms down, he asks his mother: "Why am I different, mom?" Lebanese society is not yet ready for people like him, Asmahan says, barely able to suppress her tears. But here at the mobile clinic, Ali is a boy like any other. While his mother describes his cold symptoms to the doctor and nurses, the boy scurries around the bus. Pediatrician Dr. Hadi though is not put off by this and manages to



calm the boy with a few caring words and a firm handshake. Outside, field coordinator Elias takes Ali for a walk and even drives the boy home in the mobile clinic's escort car after the doctor's visit. "I promised to drive him home if he behaves. And you must keep a promise," Elias shouts out of the roaring car as he speeds over the parking lot.

► Social worker Maysam (left) and field assistant Mariane, the youngest team member. She wants to open her own practice in Lebanon in the future.

▼ "Aaaah": 10-year-old Syrian girl Manal has a speech impediment and needs therapy.

▼▼ The work bonds them together: "We go hiking, camping and barbecuing together; we're like a family," says Mariane (center).



Giving back to the community

In the mobile clinic, Mariane, the team's field assistant, is examining 10-year-old Manal, daughter of a Syrian family in the Beqaa Valley that survives only from the support of non-governmental organizations. Manal has a lisp and needs speech therapy. "Unfortunately, we don't have time to give her therapy here. But I can refer her to a speech therapist for that," Mariane says. For Mariane, 23, working at the mobile clinic is her dream job. She is the newest member of the team and has only been there for just under six months. She is the only one among her fellow students who found a job just two months after graduation. Almost all her friends are currently unemployed; most of them are trying to leave Lebanon somehow. Not an option for Mariane: "Leaving my home, family and friends is not worth it to me." The field assistant wants to continue working with children in Lebanon. Her dream: to open her own practice or even clinic here sometime in the future. "I see that there is a great need for this. I want to give back to my community."

Many of her friends have already left the country. Almost every household in Lebanon today has at least one empty bedroom where a brother, cousin,

daughter, or grandchild once slept and who left the country in recent years for better opportunities. As this has been the case for many of Mariane's friends, these departures have left her with deep emotional wounds. "But fortunately, I have made new friends here at the mobile clinic," she says, pointing at nurses Lamise and Sleiman. The team gets along so well that they even spend time together after work. "We go hiking, camping and barbecuing together; we're like family. It feels like we've

known each other for ten years, not just five months." The fact that the work in the MMU creates strong bonds between the team comes as no surprise to me. Every day, the group cares for more than 100 patients in a very confined practice. An enormous achievement.

Tensions never quite disappear

In the afternoon, the team drives back to the base in Ras Baalbek. The sunset tints the Beqaa Valley in deep orange. Before closing time, the team cleans the mobile



◀ On its way to other villages: the mobile clinic comes back every two weeks.



clinic, checks the medical equipment and reorders medication. Tomorrow morning, the journey continues. Just seven kilometers to the south is the predominantly Christian village of Fakeha. The tensions between Christians and Muslims, Lebanese and Syrians have never completely disappeared since the civil war in Lebanon. It is within this complicated social fabric that the mobile clinic team moves day by day. "We are aware of it, of course, but none of that affects us in our daily lives," Elias says.

"What matters to us is that everyone here gets the same good care. That's why the people come to us." And so, the mobile clinic rolls out again the

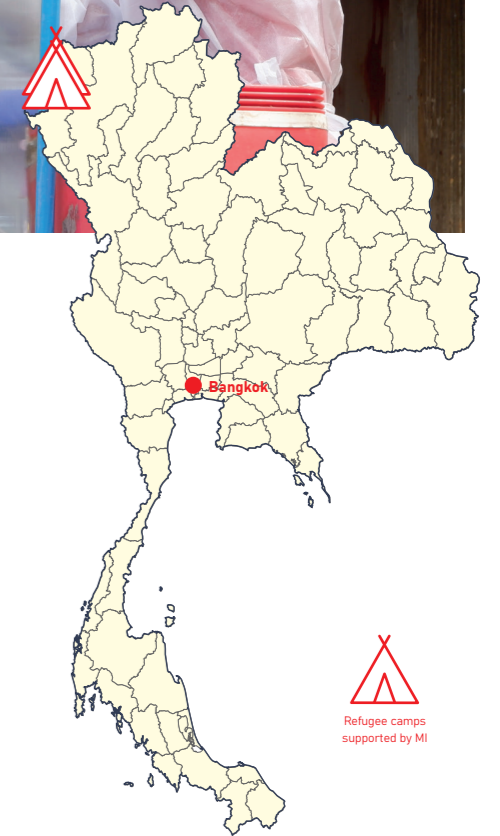
next morning. One of the few visible differences between Fakeha and Nabih Osmane is the church that is standing in the center of town, instead of a mosque. The elderly ladies who line up here for their medicine and check-up do not wear headscarves, but crosses around their necks. But their problems here are the exact same: poverty, no electricity, and practically no medical care. I am learning today that despite everything, everyone in the Beqaa still says "Alhamdulillah" (in English: "Thank God") despite the crisis – whether they are Christians, Muslims, Syrians or Lebanese.

Mobile aid worldwide

- + In the Democratic Republic of Congo and Colombia, we also use mobile units to bring medical aid to people in remote, hard-to-reach regions.
- + In Myanmar, India (as part of our COVID-19 aid) and Bangladesh, mobile teams visit patients at home, providing medical advice and health prevention.
- + After the outbreak of war in Ukraine, a mobile medical unit supported the care of refugees at the Ukrainian border.

► External link to [Malteser International in Lebanon](#)

Thinking about health globally



◀ Since August 2021, MI has been supporting the COVID-19 vaccination campaign in the Thai refugee camps on the border with Myanmar.

▲ Patients with mild symptoms can be treated in the isolation wards set up by MI. Severe cases are transported to nearby hospitals by specially equipped vehicles.

▲▲ New arrivals and visitors are tested and isolated if necessary.

Our aid in Thailand

849 Total number of positive COVID-19 cases (in the period 7/8/2021–4/17/2022).

> 19,000 patients treated in the health facilities supported by MI.

Prevention measures against the spread of COVID-19 are now integrated as standard in all MI health projects. The challenge now is to learn from the experience and improve the health situation of people in our project countries in the long run.

“We can only protect ourselves if we keep the whole world in mind. Otherwise, the coronavirus – or any other virus – will keep spreading around the world,” says Cordula Wasser, the Head

of the Regional Department Asia at MI.

While the initial goal at the beginning of the pandemic was to continue vital relief programs despite lockdowns and restrictions, prevent the spread of the disease by supporting and strengthening health systems and water, sanitation and hygiene (WASH), and alleviate the economic impact of the pandemic on the poorest and most vulnerable through social programs, the goal today is already a step further. “The challenges we faced were similar

around the world. We therefore developed global solutions and guidelines to combat the pandemic, adapting and implementing them while considering the respective local conditions together with our teams on the ground and partner organizations,” says Wasser. Many of the measures developed are now integrated standards in MI’s health projects worldwide.

Thailand: Strict measures prevent spread in refugee camps

One example is MI’s aid in Thailand: In the

province of Mae Hong Son, in the north-west of the country, MI supports refugees from neighboring Myanmar in two camps. Up to 19,000 people are housed in cramped conditions – an ideal environment for the spread of the virus. However, except for a major outbreak in November 2021 that led to the temporary closure of both camps, the spread has been largely controlled thanks to strict measures, ranging from the usual hygiene efforts and an entry control for visitors and new arrivals to the

establishment of separate treatment centers for respiratory diseases as well as an isolation ward for COVID-19 cases.

Since August 2021, teams from MI have been vaccinating residents of the camps against COVID-19 with vaccines provided by Thai health authorities. At-risk groups and health workers were among the first to receive the vaccine, followed by adult camp residents and children aged 12 to 17. “The vaccination rate is not yet at the level we would like to reach. There is a lot of prejudice and misinformation

circulating among residents in the camps, which is why awareness raising and community engagement are essential parts of our work on the ground. We are working closely with local authorities to make vaccines more readily available, and will continue to help inform and raise awareness about the need for, and the benefits of, being vaccinated. We are focusing on vulnerable groups like those with chronic health conditions, the elderly, and schoolchildren,” says Per Vogel, Program Coordinator at MI in Thailand.



Our aid in the DR Congo

- 207** health facilities supported by MI in response to COVID-19.
- > 1.4 M.** patients treated in health facilities supported by MI. This includes all inpatients and outpatients treated, as well as people vaccinated against COVID-19.
- 347,500** people with access to clean drinking water provided by MI.

DR Congo: Integration of the population is the key to success

In the Democratic Republic of Congo, raising awareness among the population also plays a central role in health work. Outbreaks of dangerous infectious diseases such as Ebola or even the plague are frequently. Between 2018 and 2020, the country had to deal with the second largest Ebola outbreak in the world. The highly qualified team of MI has gained a lot of experience in dealing with epidemics over the past years.


The core element of successful projects is community integration: “We work according to the People First Impact Method – P-FIM for short – a participatory approach that entails listening to people and letting them take action themselves. This involves using the skills available in

the community to educate them about the risks of COVID-19,” reports Dr. Jean-Paul Uvoyo Ulangi, medical director and health advisor at MI in DR Congo. In the corona pandemic, teams rely on already established community-based approaches and structures. For example, trained health workers from the project areas and community members educated their neighbors about risks, routes of infection and effective protective measures – at doorsteps, via flyers, information posters and local radio broadcasts.

This community-based work has clear advantages in dealing with epidemics: On the one hand, it helps to gain the trust of the population and dispel rumors by specifically addressing locally circulating fears and concerns. On the other, disease outbreaks in the villages can

be detected and reported at an early stage and thus responded to appropriately – like by spraying insecticide against the carriers of the plague. In exchange with local health workers, MI has developed strategies and crisis response plans for this purpose. In addition, supplies of medicines, medical equipment, and a mobile medical isolation ward for the rapid isolation of epidemic cases have been provided.

In October 2021, MI was honored with the “Else Kröner Fresenius Prize for Medical Development Cooperation”, a recognition for the work of Dr. Uvoyo Ulangi and his team. The prize money will primarily be used in the country to strengthen the health system and prepare for future epidemics.

 [More information on health](#)

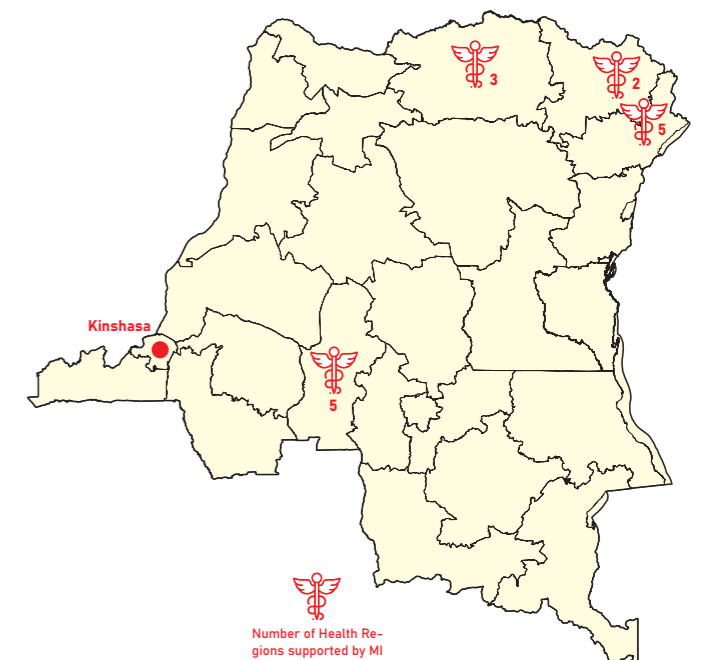
◀◀ The core element of successful projects is community integration: joint measures and messages are developed in group discussions.

▲ If outbreaks are detected at an early stage, preventive measures can be introduced: For example, insecticides are sprayed against the plague pathogen.

▲◀ Radio is an important communication channel in the DR Congo. MI informs in its own programs about important prevention measures.

▲► Recognition for the work of Dr. Uvoyo Ulangi and his team: In October 2021, the pandemic prevention project was awarded the “Else Kröner Fresenius Prize for Medical Development Cooperation.”

PHOTOS: NYOKABI KAHURA



One Health in practice

Preventing the emergence of new zoonoses

Issues such as climate protection, nature conservation, agriculture and nutrition must be tackled together to a greater extent in the future. Current programs will be expanded to include interdisciplinary project components.

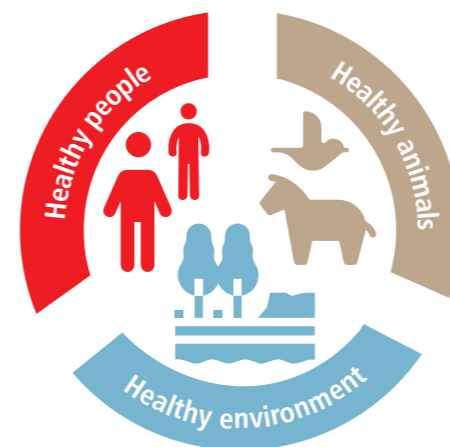
Epidemics must be fought and prevented where people, animals and the environment meet. 75 percent of emerging infectious diseases originate from human contact with animals,” says Roland Hansen, Head of the Regional Department Africa at MI. That is why MI is increasingly focusing on the One Health approach (see box at the right) to prevent and control so-called zoonoses – infectious diseases that can be transmitted from animals to humans. In the DR Congo, a working group – including veterinarians, ecologists, environmentalists, agronomists, health workers, hygiene and sanitation experts, teachers, and representatives of communities and civil society – concentrates on how greater collaboration can improve the detection and prevention of disease transmission between humans and animals.

The first results are immediately being incorporated into the project work of MI: In the provinces of Bas Uélé and Ituri in the DR Congo, as well as in the prefecture of Mbomou in the Central African Republic, ongoing pandemic prevention programs have been expanded

to include measures in the areas of animal health, environmental protection, food and nutrition security, and agriculture. For example, hygiene at food markets and slaughterhouses is being improved, and alternatives of hunting wild animals such as fish farming or livestock keeping are being promoted. The programs are aimed in particular at preventing and containing schistosomiasis (a worm disease), rabies, plague, brucellosis, monkeypox and Ebola.

“Climate change means that the habitats of humans and animals has become more restricted, and that contact between animals and humans is becoming more frequent. During droughts, for example, the risk of such zoonoses increases due to the joint use of the few remaining water points and the hygiene problems that arise as a result. In addition, the immune systems of people and animals weakened by hunger and thirst are less resistant. It is crucial that issues such as climate protection, nature conservation, agriculture and nutrition are tackled together to a greater extent in the future to sustainably improve global health,” says Hansen.

One Health Approach:



The One Health approach is based on the understanding of human health, animal health and the environment as an interconnected system. Actors from human medicine, veterinary medicine and the environment work together across disciplines to improve global health and reduce the risk of zoonotic diseases with epidemic potential, neglected tropical diseases and antimicrobial resistance.

More Information
on the
one health-approach

Combating Zoonoses Using the Example of Rift Valley Fever (RVF)



PHOTO: PETER PAULS

A guest post by Dr. Bernard Bett, Senior Scientist, Animal and Human Health, at the International Livestock Research Institute (ILRI, Kenya) and Team Leader of the One Health Research, Education and Outreach Centre in Africa (OHRECA).

One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) are closely linked and interdependent (source: The One Health High Level Panel). These approaches are being used to address antimicrobial resistance, food safety and emerging and neglected zoonotic diseases that are considered as the most important and complex health challenges of the 21st century. Similar health problems caused by malnutrition, environmental pollution and other neglected tropical diseases are slowly being incorporated under the One Health umbrella.

In practice, the implementation procedures of the One Health approach can be adapted to specific situations or health challenges. In this context, collaboration between different actors concerned with the health of people, animals and the shared environment is central. Studies show that it is more efficient to combat zoonotic diseases at the animal level before they spread to humans. In this

context, consistent implementation of the One Health approach enables early detection and control of the disease as well as efficient use of resources, helping to develop effective solutions for epidemic control. We describe ways in which One Health approach can be used to control Rift Valley fever (RVF) (see also box on p. 22).

Finding individual cases to prevent epidemics: Better surveillance through interdisciplinary teams

Continuous systematic observation, analysis, interpretation, and reporting of health and epidemiological data (surveillance) of the RVF virus is the basic requirement for early detection of isolated cases of the disease in humans or animals.

The surveillance protocols that have been developed for RVF throughout the sub-Saharan region are largely founded on One Health principles.

RVF forecasting tools utilize climate data that have been processed by climate scientists. They highlight seasons and geographical regions with a heightened risk of outbreaks. Information generated from these tools can be used by public and

animal health professionals to sensitize local communities to report RVF-like syndromes based on pre-defined case definition. The case definition includes a list of clinical signs like stormy abortion in livestock, or fever and jaundice in people. When symptoms such as these or cases are reported, surveillance teams respond and involve laboratories to confirm diagnoses. One Health enhances communication, coordination and integration of information on the disease to facilitate early detection and control.

For a better prediction of RVF, experts from other disciplines that are not currently involved in surveillance, such as ecology or land-use, should be engaged. Research has shown that land-use change, such as the conversion of rangelands into crop irrigation schemes and the development of dams, increases the risk of RVF by providing standing water masses for mosquito development.

Controlling outbreaks and mitigating their consequences

RVF can be controlled using multiple interventions, including mosquito control, livestock vaccination, and quarantine.

► During droughts the risk of zoonoses increases due to the joint use of the few remaining water points and the hygiene problems that arise as a result.

PHOTO: PACIDA



Rift Valley Fever (RVF)

RVF is caused by a virus transmitted by many species of mosquitoes and can affect humans as well as livestock and wildlife. First discovered in the early 20th century in Kenya's "Rift Valley" in Kenya, it has since spread throughout sub-Saharan Africa.

People become infected through mosquito bites, or when they come into contact with infected blood during the slaughter of sick animals, for example. Consumption of infected animal products can also lead to infection. The disease causes flu-like symptoms, and in rare cases there is a fatal inflammation of the meninges. So far, there are no therapeutic options.

RVF is particularly problematic for animal herds; in young animals, the disease is fatal in about 70 percent of the animals, and miscarriages frequently occur. Epidemics of RVF occur in certain ecosystems after prolonged rains and floods, where mosquitoes multiply to high populations, increasing transmission of the virus.

Livestock vaccination has been found to be the most effective control measure compared to the others. Still, a successful containment of the disease requires integrated approaches that incorporate non-pharmaceutical interventions such as risk communication. None of the available control measures can be successful on their own. Again, the One Health approach supports coordination, collaboration, and communication among sectors, professionals, and stakeholders to ensure that control strategies are targeted and resources used efficiently. For example, veterinarians implementing livestock vaccination, will need the support of livestock owners and traders to take up vaccines, avail animals for vaccination and implement quarantine measures that are imposed to prevent the disease from being disseminated in various locations. Moreover, vaccination of livestock will minimize RVF risk in humans, sustain livestock production and safeguard livelihoods of a large number of livestock owners and traders.

However, more needs to be done to effectively prevent epidemics in the future. For example, Communication agents should step in to sensitize people on the preventative measures that should be used to limit human exposure. Policy makers play an important role in all these stages by setting up regulations and contingency funds that are needed to support interventions. Like other zoonotic diseases, RVF outbreaks cause a lot of anxiety given the huge health and socio-economic burden they cause. Interventions that are usually implemented should also include

those that manage uncertainty and livelihood losses. Therefore, in addition to containing the outbreak, measures should always be taken to mitigate economic uncertainty and help manage the psychological stresses associated with the disease.

Improve cross-sector research, foster institutional collaboration

To find new insights into the origins of the disease, its risk factors, and its health and socioeconomic impacts, and to develop new technologies to monitor and control the disease, it is particularly important that research on RVF also involves experts and stakeholders from different sectors and disciplines. A wide range of professionals should be engaged in research partnerships given the complex transmission patterns of the disease. Key among these are entomologists, virologists, epidemiologists, agricultural economists, gender scientists, meteorologists, and ecologists.

More work is needed to address institutional or disciplinary barriers that prevent establishment of practicable One Health partnerships. A common problem, for example, is that the different stakeholders do not have joined budgets but must work with their separate budgets, which makes partnerships on an equal footing difficult. It is therefore particularly important to also demonstrate the financial benefits for the various stakeholders. It would also be helpful to evaluate existing One Health measures to highlight the benefits of these partnerships. In this way, the insights gained could help stakeholders to strengthen their collaboration or identify gaps that should be closed.

Our Partners

Together with our local partners, we were able to make a difference in 2021. We would like to thank you for the cooperation:

Region Africa

Amref Health Africa
 AAPU: Association of Ambulance Professionals Uganda
 Benedictine Fathers
 CAAMENIHU: Centrale d'Achat et d'Approvisionnement en Médicaments Essentiels du Nord-Ituri et du Haut-Uélé
 CAFOMI: Care and Assistance for Forced Migrants
 Caritas Bamenda und Buea
 Caritas Nebbi
 Catholic University of South Sudan, Campus Wau
 CBM: Christian Blind Mission
 Centre pour Handicapés Physiques "Shirika la Umoja"
 Department of Public Utilities South Sudan
 Don Bosco Vocational Training Institute, Wau
 ECO: Ecological Christian Organization Uganda
 EMK Foundation
 EUP FASS: Etablissement d'Utilité Publique – Fonds d'Achat de Services de Santé Fracarita D.R. Congo
 Fondation Stamm
 GTO: German Toilet Organization
 IBSF: Impact Building Solutions Foundation
 Kakuma Mission Hospital
 KCEMT: Kenya Council of Emergency Medical Technicians
 KHF: Kenya Healthcare Federation
 Kulika Uganda
 Lubaga Hospital, Uganda
 Mary Help Association
 NUWODU: National Union of Women with Disabilities of Uganda
 Nsamizi
 PACIDA: Pastoralist Community Initiative Development and Assistance
 Rhema Care Integrated Development Centre
 Suubi Lyaffe
 TVRA: The Victim Relief Alliance
 UN MONUSCO: Mission de l'Organisation des Nations unies pour la stabilisation en République démocratique du Congo
 UCMB: Uganda Catholic Medical Bureau
 UPA: Ugandan Physiotherapist Association
 WHO: World Health Organization
 Yei Civil Hospital

Region Americas

ABIUDEA: Asociación de Biólogos de la Universidad del Atlántico
 AHAAMES: Association Haitienne d'Assistance Agricole, Médicale, Educative & Sociale
 ArchCare
 Every Child Counts
 IPSI Anashwaya: Anashwaya Institución Prestadora de Salud Indígena
 Malteser Peru
 Order of Malta American Association
 Order of Malta Colombia
 Order of Malta Guatemala
 Order of Malta Mexico
 Order of Malta Venezuela
 PENAH: Pépinière des Enfants pour l'Avenir d'Haïti
 PDPC: Programa de Desarrollo y Paz del Cesar
 RRHCIPROG: Rassemblement des Rapatriés Haïtiens et des Citoyens Progressistes
 SAHEP: Sociedad Amigos del Hospital de Especialidades Pediátricas
 UJEDCOCIS: Union des Jeunes pour le Développement durable de la commune de Cité Soleil
 Universidad del Magdalena

Region Asia

AFAD: Association For Alternative Development
 BPHW: Backpackers Health Worker Team
 CDD: Centre for Disability in Development
 CERA: Community Empowerment and Resilience Association
 CHAI: Catholic Health Association India
 COAST Foundation
 FLD: Farmer Livelihood Development
 GK: Gonoshasthaya Kendra
 GLAD: Green Life Alliance for Development
 GREEN: Grassroots Empowerment and Ecosystem Nurturing
 HI: Humanity and Inclusion
 KDN: Karen Development Network
 KDHW: Karen Department of Health and Welfare
 KOSHISH: National Mental Health Self-help Organization
 MHDO: Myanmar Heart Development Organisation
 MILL: Myanmar Independent Living Initiative
 Mukti Foundation
 Order of Malta Philippines
 PDI-Kintha: Peace and Development Initiative
 PHALS: Programme For Helpless and Lagged Societies
 PKPA: Pusat Kajian dan Perlindungan Anak
 ProVision
 REC: Rakhine Ethnic Congress
 RSDC: Rural Self-reliance Development Centre
 SMDO: Sopyay Myanmar Development Organisation
 SSK: Sahbhagi Shikshan Kendra
 Union Aid
 Unnati: Organisation for Development Education
 YEU: Yakkum Emergency Unit

Region Europe

Bauern helfen Bauern
 CKFBiH: Crveni križ Federacije BiH
 Malteser Albania
 Malteser Croatia
 Malteser Hilfsdienst Deutschland
 Malteser Ukraine
 Mental Health Service
 Words Help

Region Middle East

DAMA: Doctors Aid Medical Activities
 Directorate of Health Dohuk
 HIHFAD: Hand in Hand for Aid and Development
 IDA: Independent Doctors Association
 Local Rehabilitation Committees
 Mercy Hands for Humanitarian Aid
 Order of Malta Lebanon
 PFO: Peace and Freedom Organization
 Samaritans Purse
 TOF: The Orient Face
 UPP: Un Ponte Per
 WFBH: Women for Better Healthy Life
 WRO: Women Rehabilitation Organization

This time, it's also the loss of culture



◀ Great destruction: The department of Nippes was hit particularly hard by the earthquake in August 2021. MI has the main focus of its projects here.

▲ Yolette Etienne works as a MI program coordinator and has experienced the two devastating earthquakes in Haiti.

PHOTOS: DANIE DUVAL

After the severe earthquake in August 2021: An interview with Yolette Etienne, Program Coordinator at MI in Haiti.

On August 14, 2021, another massive earthquake struck the Caribbean nation of Haiti. The MI team, which has been working with local partner organizations in Haiti since 2010, was on the ground to help in the crisis region in the very first days. Yolette Etienne has now lived and worked through both of Haiti's most violent and damaging earthquakes in recent history. And still, "tragedy", "misfortune" and "catastrophe", are not words you will find in her lexicon. Driven by deeply personal experiences, she has channeled them into her work as a humanitarian expert, and now as MI Americas' Country Coordinator in Haiti. Sara Villoresi, Communications Officer at MI Americas in New York spoke with her about humanitarian aid in Haiti and her personal experiences.

Villoresi: The department of Nippes, where MI has been working for many years, was particularly hard hit by the earthquake in August 2021. How was MI able to help?

In particular, many medical facilities had been destroyed and there were many injured. Therefore, in the first emergency phase, we initially provided this working medical facilities with consumables and medicines and supported particularly needy people such as women, elderly people and people with disabilities with the distribution of water, food, protective tarpaulins and cash.

We then focused more on education, access to clean drinking water, continued support for medical centers and cash

distributions, and comprehensive psychological support for people in affected rural areas and school children. We have already been able to organize psychosocial activities for more than 4,000 students and teachers in 26 schools in three districts. In the communities, we have been able to reach more than 40,000 people with our services. In the meantime, almost half of the destroyed or damaged schools have been rebuilt, and children in the affected areas can go back to school.

Villoresi: You were in Haiti during the 2010 earthquake. How is this earthquake different?

Yes, I was here. The main difference is

location: in 2010, Port-au-Prince (Haiti's capital) was the epicenter, now the epicenter was in the rural areas in the south. The size, impact, and loss of life in 2010 was enormous, we were all overwhelmed at the national and international level. We didn't know where to start.

This time, it's not only about human loss, it's also about cultural loss. Many churches and monuments of our patrimony were lost. Beyond their symbolic and spiritual importance for the population, these could have generated income through tourism, but now, all of this is lost.



▲ The medical facilities can be easily recognized in Haiti by their green and white color. Many were severely destroyed in the earthquake.

In 2010, there was a feeling of invasion of international organizations. Everyone was doing whatever they wanted, completely marginalizing the population of Haiti, the government of Haiti, and local organizations. Now, there seems to be a change, at least in how we discuss aid in Haiti. We seem to have understood that it's better to leave space for local organizations. However, these coordination efforts are already waning again, and we must continue to work on this.

Villoresi: As you mention, there has been much criticism about the way aid has been handled in Haiti. Are cash distributions – a rising trend in humanitarian aid – the best way to get aid directly to the Haitian people?

For me, cash, in and of itself, is not a solution. But cash as a component of good programming is a dignified way to aid the people whom we serve. It also makes economic sense.

If we accompany people and show them how to invest this cash to make it work for them in a sustainable way, we can help them regain their livelihoods, which is fundamentally why we're here.

The first cash distribution we did in the earthquake's immediate aftermath was symbolic in quantity. But it showed the population that we trust them to know what they, as individuals, need better than we do. It also makes economic sense for Haitian markets, many of which (in Les Cayes, Jérémie, and Miragoane) remained intact. By giving them limited cash instead of large food distributions, we are sustaining these local markets.

The important thing is transparency, access, and accountability. From the very beginning, we made sure everyone

was aware of the criteria we were using to distribute aid: that we were going to focus on women, the elderly, and those with disabilities. Another difference is that we're bringing the cash to them. Many NGOs will set up their distributions in larger cities, making it more difficult and dangerous for those who live in rural areas to access this aid. When we localize, we work with the local authorities who give us the list of recipients in their municipality. But while we respect them and their knowledge, we're also aware of how rampant corruption is at this level. To increase accountability, we're the ones distributing the cash with our local partners AHAAMES, and we make sure all the criteria are respected. We've also built relationships with the local population over many years, we know their situations.

Villoresi: I imagine the insecurity in Haiti has an impact on humanitarian efforts overall. How has it affected our work particularly regarding cash distributions?

The short answer is yes, it's certainly an issue, and we need to step up our security efforts. We do this, for example, by working more in home offices to minimize commutes, or by using humanitarian flights instead of traveling overland to avoid gang-controlled areas.

Gangs have the power to limit our movement, they attack convoys and aid workers. Our general feeling is that the government and the police are not in control of this insecurity, so we cannot rely on them for assistance. While gang violence is normally concentrated in urban areas, we've witnessed a rise in insecurity in rural areas, which is a concerning trend. A lot of cash has been distributed in the most affected regions,

which has created a positive dynamic. Unfortunately, exchanges with the capital are more or less blocked due to the difficult security situation, which significantly reduces the positive effects.

Villoresi: To close, I wanted to touch on something more personal. In the early days of the emergency, our team had created an internal group chat to coordinate our efforts and share information. At one point, Yvette mentioned that one of the 2,200 casualties of the earthquake was one of her dearest friends, a priest named Emile Beldor. In the heat of things, we quickly moved onto logistical and security tasks, but I hadn't forgotten about that message and wanted to follow up. This is your home, these are your friends, your family. How are you coping?

It was the same thing in 2010. In 2010, I lost my mother in the earthquake, as well as kids I considered my own. It was very painful, and the only way I found to overcome such things was by supporting others. If you don't have that, I don't think you can deal with this kind of situation, and it's the same thing now.

The friend I lost in this most recent earthquake was a friend I'd known for over 40 years. He was a priest, completely dedicated to the population. And if he was alive, he would have been the first to support hundreds, thousands of people, too. That's also it, every single life is important. I could not attend his funeral because I need to do my job. It's the best way to honor him. That's why I thank MI and appreciate the type of work I do: I get to put all my energy into ensuring we are doing this right.

▶ **More Information on our support in Haiti**

Our Worldwide Emergency Response in 2021



We help people in need during crises such as natural disasters, epidemics or armed conflicts. In 2021, we provided aid in more than 20 emergencies:

- + Emergency aid for refugees in Afghanistan, Iraq, Colombia, Syria, Uganda, and the Central African Republic.
- + Emergency aid following floods in Bangladesh and South Sudan
- + Covid-19 emergency aid in the DR Congo, Kenya, Colombia, Myanmar, Nigeria, Nepal, India, and Venezuela.



▲ Mission planning: Yvette Etienne and team prepare the first emergency measures.

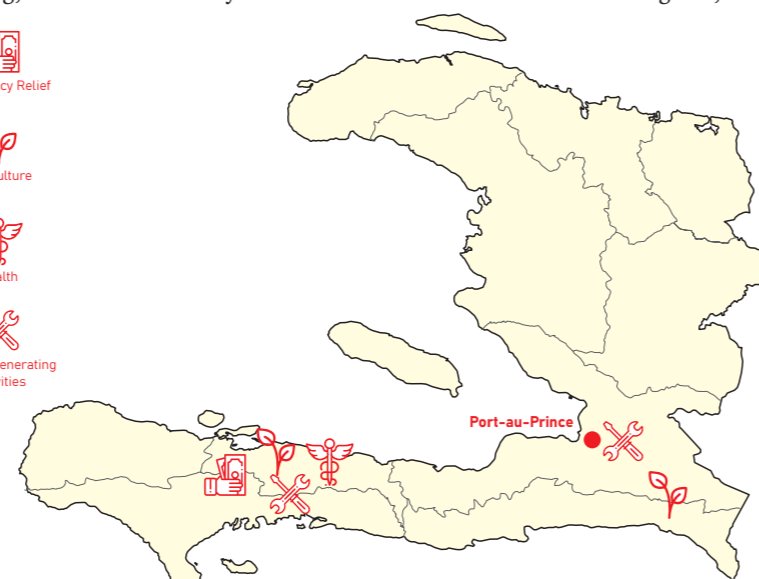
◀ Nicolas Renette (62, right) and her daughter Sandiana have lost their home in the earthquake.

PHOTOS: DANIE DUVAL

Our help in Haiti

- 5** health stations were supported by MI with material and medicine.
- 10,000** people were able to improve their livelihoods in the long term through projects like vegetable gardens or orchards, sheep or goat breeding.
- 3,600** needy people, especially pregnant women, nursing mothers, elderly people and people with disabilities received emergency aid in the form of cash distributions.

-  Emergency Relief
-  Agriculture
-  Health
-  Income-Generating Activities



“Work with refugees and displaced people has been an increasingly prominent part of our activities in recent years – because of increasing need, but also the unique strength we have in this area due to the worldwide network of the Order.”



Thierry Comte de Beaumont-Beynac
– President of MI

“Mindful future 2025”

Three questions to:
Thierry Comte de
Beaumont-Beynac (TBB),
President MI

Strategy MI

and
Clemens Graf von
Mirbach-Harff (CMH),
Secretary General MI



Clemens Graf von Mirbach-Harff –
Secretary General MI

“We as Malteser International have the highest honor to be serving those most in need across the world, and through this are able to learn so much from local organizations (our partners) and local communities. The theme of ‘people-centeredness’ is for me at the heart of our work.”

1 Last year, you carried out an extensive strategy process. What were the key reasons for starting this process?

TBB: Quite simply, we want to be a more effective tool to carry out the mission of the Order of Malta: the preservation of human dignity and the service to the vulnerable and the sick. The continuous crises that we have seen in recent years – from the conflicts in Middle East, to the outbreak of the COVID-19, to the war in the Ukraine – show us that the need for humanitarian aid is great. The Order is both local and global and has a unique contribution to make in alleviating human suffering, including the diplomatic and religious spheres. Malteser International can – and should be – a keystone of this response, and we wanted our strategy to make this clear. Our aid to Ukraine has shown us how effective this approach can be. Faced with

an increasingly volatile world and ever more complex challenges, we want to be able to become more flexible, more independent, and more self-confident as an organization in order to meet these.

CMH: MI has grown hugely over the last few years, and we are proud of what Malteser International can do to serve the poor and the sick. We are now at the stage that we want to ambitiously change our organization – to make it more diverse in funding, more global, more flexible and working more closely with our global network in the Order of Malta. This will help us to both deliver high quality service, that is close to the community and reflects our values. We need to highlight our unique abilities and strengths: our network with the Order of Malta with its diplomatic and operational experts all around the world, our long-standing

partners in the most difficult areas and trusted relationship to million people in need wherever they seek help.

2 In three consecutive workshops, a core team of Malteser International's leadership has developed a total of 15 strategic initiatives. Some of them concern program content, others structure. Where do you see the biggest change for the organization in the next five years?

TBB: In terms of content, health will continue to remain our core focus in keeping with our “hospitalier” DNA. This is where we’re coming from – this is where we want to be best in class. The Coronavirus pandemic has highlighted how important it is to think globally and to think holistically about health and to look for innovative solutions to problems. In the future, we want to position ourselves

even more broadly in this area. Following the “One Health” approach, we also want to engage beyond sector boundaries. Work with refugees and displaced people has been an increasingly prominent part of our activities in recent years – because of increasing need, but also the unique strength we have in this area due to the worldwide network of the Order. We saw again in Ukraine how the aid services of the Order coordinated by MI were able to accompany refugees – in some case, almost along the whole length of their journey in one form or another. Unfortunately, due to political instability, climate change, and the food insecurity that results from both, we expect need to continue to grow in this area and we need to be focused and prepared.

CMH: Technology – especially digital technology – continues to transform lives, and the humanitarian sector is trying to keep

up with the pace of change. This results in increased demands on us as an organization – both from donors and beneficiaries – and presents us with exciting new opportunities. Focus needs to develop a strong fieldwork and lean overhead in our HQs. Leverage remote work, establish networks of experts not only in the NGO world but also reaching out to the innovative approaches in business and trade.

3 Which of these issues are particularly close to your heart?

CMH: We as Malteser International have the highest honor to be serving those most in need across the world, and through this are able to learn so much from local organizations (our partners) and local communities. The theme of “people-centeredness” is for me at the heart of our work. This isn’t just about those communities across the globe, but also the MI staff. I believe that if each

one of us finds our talents and passion, treat each other with respect and honor, we can achieve great things together. I want all of our staff, those we work with and those we seek to serve, to feel touched by our work together and a closeness that goes beyond language, geography, race and religion.

TBB: We respond to a vocation – a calling. Indeed, I would like each individual member of Malteser International to be free to experience and follow that calling. But I also want our organization as a whole – from our structures to our communications, to the way that we do what we do – to resonate with it. This means being in harmony with the teachings and message of the Gospel, working in orchestration with the other international entities of the Order, and letting our actions speak more eloquently than we ever could about what we believe, and about what kind of world we want to see.

2021 Program overview

In 2021, Malteser International worked on more than 140 projects reaching people in need across 35 countries. The regional focus of our work was on the Middle East (44 million USD program funding), Africa (24.6 million USD program funding), Asia (15.9 million USD program funding) and the Americas (9.5 million USD program funding). Health care remains the largest sector of our work, accounting for more than half of the total program funding (50.31 percent).

Europe Detailed program overview: mint.ngo/program-europe-2021

\$1.7_{MM} in program funding | **5** countries | **5** projects

Health | Food and nutrition security | Shelter

Asia Detailed program overview: mint.ngo/program-asia-2021

\$15.9_{MM} in program funding | **10** countries | **45** projects

Health | Water, Sanitation, and Hygiene (WASH) | Food and nutrition security | Strengthening civil society | Livelihood | Disaster risk management and climate change

Americas Detailed program overview: www.orderofmaltarelief.org

\$9.5_{MM} in program funding | **8** countries | **25** projects

Health | Food and nutrition security | Livelihood | Disaster risk management and climate change adaptation | Shelter

Africa Detailed program overview: mint.ngo/program-africa-2021

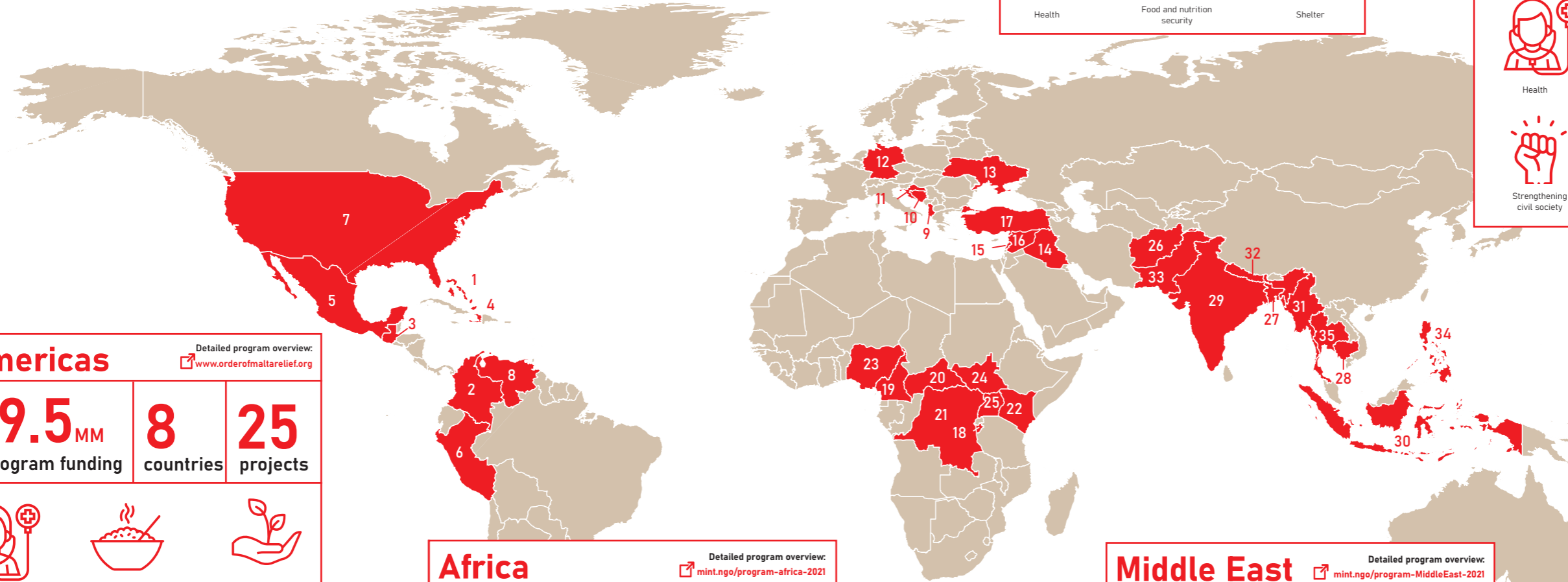
\$24.6_{MM} in program funding | **8** countries | **49** projects

Health | Water, Sanitation, and Hygiene (WASH) | Food and nutrition security | Disaster risk management and climate change adaptation | Livelihood security | Strengthening civil society

Middle East Detailed program overview: mint.ngo/program-MiddleEast-2021

\$44_{MM} in program funding | **4** countries | **16** projects

Health | Water, Sanitation, and Hygiene (WASH) | Food and nutrition security | Strengthening civil society | Livelihood security | Shelter



Project countries in 2021

- | | |
|---------------------------|-------------------------------------|
| Americas | Africa |
| 1 Bahamas | 18 Burundi |
| 2 Colombia | 19 Cameroon |
| 3 Guatemala | 20 Central African Republic |
| 4 Haiti | 21 Democratic Republic of the Congo |
| 5 Mexico | 22 Kenya |
| 6 Peru | 23 Nigeria |
| 7 USA | 24 South Sudan |
| 8 Venezuela | 25 Uganda |
| Europe | Asia |
| 9 Albania | 26 Afghanistan |
| 10 Bosnia and Herzegovina | 27 Bangladesh |
| 11 Croatia | 28 Cambodia |
| 12 Germany | 29 India |
| 13 Ukraine | 30 Indonesia |
| Middle East | 31 Myanmar |
| 14 Iraq | 32 Nepal |
| 15 Lebanon | 33 Pakistan |
| 16 Syria | |
| 17 Turkey | |

MI Regional Headquarters:
Cologne, Germany
New York, USA

Financial overview 2021

Financial development, annual financial statements and structures at a glance

Revenue sources (Consolidated financial statements for 2021)*

Total revenue (in USD)		107,705,058
Germany 73,692,734		
Federal Foreign Office (AA)		43,784,525
- Sub-Grant Christian Blind Mission (CBM)		1,136,840
Federal Ministry for Economic Cooperation and Development (BMZ)		29,844,208
German Agency for International Cooperation (GIZ)		37,981
The State Chancellery of North Rhine-Westphalia		26,019
European Union 6,814,151		
ECHO (Directorate-General for European Civil Protection and Humanitarian Aid Operations)		1,111,738
EuropeAid		4,730,800
Hungary Helps		971,613
United Nations 1,834,831		
International Organization for Migration (IOM)		827,690
United Nations High Commissioner for Refugees (UNHCR)		345,059
United Nations International Children's Emergency Fund (UNICEF)		634,024
World Food Program (WFP)		28,058
USA 3,666,810		
Centers for Disease Control and Prevention (CDC)		39,374
- Sub-Grant International Rescue Committee (IRC)		39,374
U.S. Department of State - The Bureau of Population, Refugees and Migration (BPRM)		3,627,436
- Sub-Grant International Rescue Committee (IRC)		1,090,024
International 300,657		
Asian Venture Philanthropy Network (AVPN)		58,185
- Sub-Grant International Rescue Committee (IRC)		58,185
The Global Fund to Fight Aids, Tuberculosis and Malaria		242,471
- Sub-Grant International Rescue Committee (IRC)		242,471
Total		86,309,182
Revenues from public sector grants amounted to \$86.3 million (\$100.7 million in 2020).		
Donations & International Order of Malta network		
Other revenue		3,441,312
Global Fund for Forgotten People, Order of Malta		76,000
Donations and own funds		7,774,403
Total		11,291,715
Coalitions		
Aktion Deutschland Hilft		4,978,912
Nachbar in Not		64,930
Total		5,043,842
Foundations and other NGOs		
AMREF Health Africa		938,100
Bild hilft e.V.		114,711
Else Kröner-Fresenius-Stiftung		236,550
German Toilet Organization (GTO)		178,401
Mercy Corps		282,024
Save the Children		3,310,543
Total		5,060,320

*Please note that minor differences can arise in rounded amounts and percentages due to commercial rounding of figures.

Total revenue (in millions of USD)

107.7

National and international public grants

86.3

Donations & International Order of Malta network

11.29

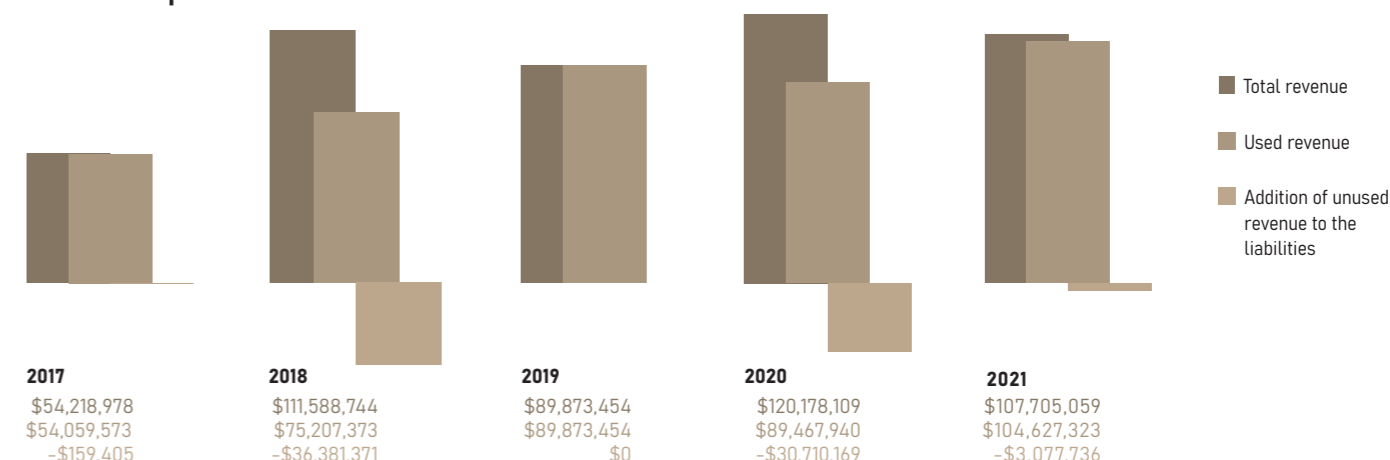
Coalitions

5.04

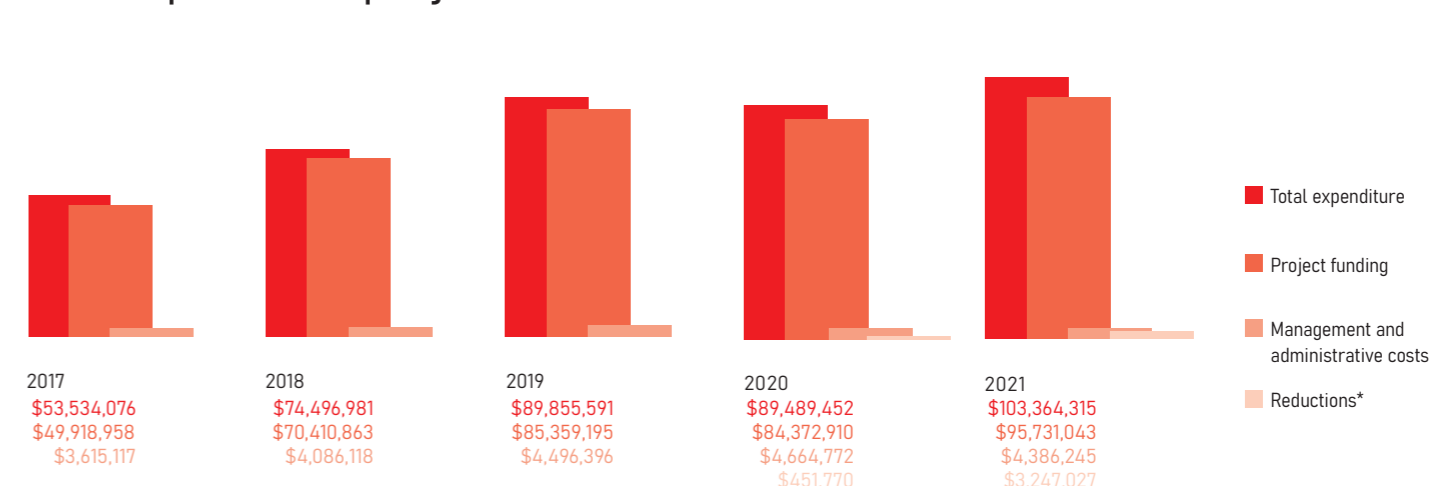
Foundations and other NGOs

5.06

Development of revenue



Development of project volume



2021 financial results: \$1,263,008

*Due to adjustments to donor agreements

We reproduce the financial report of Malteser International e.V., headquartered in Cologne, Malteser International Inc* based in New York, as well as Malteser International Europe as a subdivision of Malteser Hilfsdienst e.V. as of December 31, 2021. The total revenue of \$107.7 million in 2021 decreased by 13.4 percent compared to the previous year (\$120.1 million). This was largely due to the conclusion of a four-year contract to build and strengthen health structures and local agriculture in Lebanon, which was already recorded in 2020 at \$32.4 million.

In 2021, we spent a total of \$103.3 million on our program activities. Funds not applied in a given fiscal year are transferred to liabilities and earmarked

for projects in the following year. Surpluses were transferred to the reserves. Contract adjustments amounted to reductions in project funding totaling \$3.2 million. These adjustments to protect contracts are necessary, if, for example, project components of the project cannot be implemented due to risks such as war, insurgency or epidemics.

Malteser International uses all entrusted funds economically, efficiently and in a goal-oriented manner to fulfill its tasks while working to ensure that administration and management costs remain proportional to the project expenses. At around \$4.3 million, management and administrative costs were slightly below the level of the previous year.

Complete financial facts and figures: [mint.ngo/finances-2021](https://www.mint.ngo/finances-2021)

*Order of Malta Worldwide Relief Malteser International Americas Inc.

Financial statements

Consolidated Balance Sheet as of December 31, 2021

Assets (in USD)	MI Europe Cologne USD	MI Americas Delaware USD	MI e.V. Cologne USD	Elimination of internal transactions USD	MI total 12/31/2021 USD	MI total previous year USD
A. Fixed Assets						
Property, plant and equipment						
Other equipment, operating and office equipment	115,857.52	11,681.69	0.00	0.00	127,539.21	177,543.53
B. Current Assets						
I. Reserves	1,259.98				1,259.98	
II. Receivables and other current assets						
1. Trade receivables	5,658.12	0.00	0.00	0.00	5,658.12	8,900.05
2. Receivables from related corporate entities	1,143,287.24	3,081,233.81	0.00	-3,384,527.99	839,993.07	79,741.32
3. Receivables from Malteser Hilfsdienst e.V. – internal –	915,475.00	0.00	0.00	0.00	915,475.00	7,554,708.79
4. Other assets	105,652,688.07	2,927,383.94	0.00	0.00	108,580,072.01	85,586,711.29
	107,718,368.41	6,008,617.76	0.00	-3,384,527.99	110,342,458.17	93,230,061.46
III. Cash on hand, bank balances, and checks	25,069,432.75	596,811.33	218,136.45	0.00	25,884,380.53	26,493,993.93
	132,787,801.16	6,605,429.09	218,136.45	-3,384,527.99	136,225,578.74	119,724,055.39
C. Prepaid expenses	137,981.23	9,469.54	0.00	0.00	147,450.77	193,306.66
	133,041,639.91	6,626,580.32	218,136.45	-3,384,527.99	136,501,828.69	120,094,905.58
Equity and liabilities						
A. Equity						
I. Consolidated equity	6,334,425.37	446,109.57	114,898.22	0.00	6,895,433.15	6,868,111.88
II. Accumulated translation difference in equity	0.00	0.00	0.00	-160,092.25	-160,092.25	48,373.01
III. Profit/loss for the period	894,457.10	373,290.95	-4,740.17	0.00	1,263,007.88	-22,274.71
	7,228,882.46	819,400.52	113,706.15	-160,092.25	7,998,348.79	6,894,210.18
B. Provisions – other provisions	2,049,908.32	0.00	21,990.20	0.00	2,071,898.52	2,420,099.48
C. Liabilities						
1. Trade payables	1,274,551.12	18,753.54	0.00	0.00	1,293,304.66	1,716,728.36
2. Liabilities to affiliated companies	542.07	0.00	0.00	0.00	542.07	2,528.20
3. Liabilities to other long-term investees and investors	0.00	0.00	0.00	0.00	0.00	0.00
4. Liabilities to related corporate entities	2,926,922.03	214,724.71	82,789.00	-3,224,435.74	0.00	1,801.32
5. Liabilities to Malteser Hilfsdienst e.V. – internal –	77,180.68	0.00	0.00	0.00	77,180.68	464,283.05
6. Liabilities related to earmarked allocations	82,352,274.84	5,572,975.51	0.00	0.00	87,925,250.35	84,575,796.84
7. Other liabilities	37,131,378.38	726.04	3,199.20	0.00	37,135,303.62	24,019,458.12
	123,762,849.13	5,807,179.80	85,988.20	-3,224,435.74	126,431,581.39	110,780,595.90
	133,041,639.91	6,626,580.32	218,136.45	-3,384,527.99	136,501,828.69	120,094,905.57

Income statement for January 1 through December 31, 2021 (in USD)

	MI Europe Cologne USD	MI Americas Delaware USD	MI e.V. Cologne USD	Consolidation USD	MI total 12/31/2021 USD	MI total previous year USD
1. Revenue	133,637.98	0.00	0.00	0.00	133,637.98	307,634.25
2. Other operating income	102,602,714.89	9,271,228.74	63,865.80	-4,375,791.55	107,562,017.87	124,131,513.10
	102,736,352.87	9,271,228.74	63,865.80	-4,375,791.55	107,695,655.85	124,439,147.36
3. Material costs						
a) Costs for raw materials, consumables, and supplies of purchased merchandise	11,747,032.24	658,461.78	0.00	0.00	12,405,494.02	13,698,053.98
b) Costs of purchased services	5,713,006.65	13,292.70	0.00	0.00	5,726,299.35	5,069,609.87
4. Personnel expenses						
a) Wages and salaries	16,054,560.83	2,042,699.52	0.00	0.00	18,097,260.36	17,596,212.57
b) Personnel expenses and other employee benefits	1,490,608.28	94,395.01	0.00	0.00	1,585,003.29	1,526,425.98
	35,005,208.00	2,808,849.02	0.00	0.00	37,814,057.02	37,890,302.40
Subtotal	67,731,144.87	6,462,379.72	63,865.80	-4,375,791.55	69,881,598.83	86,548,844.96
5. Income from release of liabilities related to earmarked allocations	83,626,387.36	0.00	0.00	0.00	83,626,387.36	82,724,635.75
6. Expenses due to addition to liabilities related to earmarked allocations	82,352,274.84	4,351,848.91	0.00	0.00	86,704,123.74	114,525,604.42
7. Amortization and write-downs of intangible fixed assets and depreciation and write-downs of property, plant and equipment	101,344.66	4,629.01	0.00	0.00	105,973.67	160,177.79
8. Other operating expenses	67,625,654.29	1,730,804.37	68,605.97	-4,375,791.55	65,049,273.07	54,183,386.42
Subtotal	1,278,258.45	375,097.44	-4,740.17	0.00	1,648,615.72	404,312.09
9. Other interest and similar income	9,403.38	0.00	0.00	0.00	9,403.38	7,588.59
10. Interest and similar expenses	80,699.02	0.00	0.00	0.00	80,699.02	19,834.60
11. Results from ordinary activities	1,206,962.81	375,097.44	-4,740.17	0.00	1,577,320.08	392,066.08
12. Other taxes	312,505.71	1,806.50	0.00	0.00	314,312.21	414,342.11
Profit/loss for the period	894,457.10	373,290.95	-4,740.17	0.00	1,263,007.88	-22,276.03

The financial report of Malteser International consists of the financial statements of Malteser International e.V. based in Cologne, Malteser International Inc* based in New York, as well as Malteser International Europe as a subdivision of Malteser Hilfsdienst e.V. Malteser International Europe is a legally dependent subdivision of Malteser Hilfsdienst e.V.

The internal offsets of the three subdivisions have been eliminated in the consolidated financial statements. For the sake of transparency, we prepared the financial statement to reflect the individual balance sheet of the three entities as well as an overall view of Malteser International's accounts.

*Order of Malta Worldwide Relief Malteser International

Notes on the income statement for the fiscal year 2021

The following statements explain the figures presented in the consolidated profit and loss statement of Malteser International

1. The activities of Malteser International are generally financed by donations or public grants. The sales revenue referred to here as Revenue are of negligible volume.
2. Donations and grants are subsumed into the figure for Other operating income. For the most part, this refers to earmarked donations and grants which must be used for designated projects. These funds come from public donors in Germany, the EU, and other countries as well as from private donors (see also the diagram Revenue Sources on p. 32). They are supplemented by unrestricted donations, which can be used freely without reference to a particular designation.
3. Donations are expended in the course of our work on Material costs such as medical and aid supplies, or payment of building contractors in rehabilitation and reconstruction projects.
4. Furthermore, we require local and international staff to carry out and coordinate our aid projects. These costs can be seen under the item Personnel expenses. This includes a proportion of costs for personnel administration.
5. Our aid projects often have a duration of more than one year. Earmarked donations that cannot be completely used during the course of the relevant fiscal year are included as liabilities related to earmarked allocations. When the project is continued in the following year, this liability is resolved. This leads to the Income from release of liabilities related to earmarked allocations seen in the statement.
6. In the relevant fiscal year, the liability for these unused donations leads to the Expenses due to addition to liabilities related to earmarked allocations.
7. Planned and regular amortization of intangible assets as well as write-downs of property, plant, and equipment are shown here.
8. A number of items are included under Other operating expenses. Among these are, for example, direct project costs, such as support of project partners, vehicle expenses, costs of premises, costs of maintenance and repair; indirect project costs such as communications and coordination as well as IT infrastructure and finance management. In 2021, the share of administrative expenses was less than 10% of total expenditure.
9. Funds that are not needed for aid activities in the short term are deposited for investment. The resulting interest income and yields on securities are recognized as Other interest and similar income.
10. As a rule, interest and similar expenses are the result of project funds not being disbursed in a timely fashion.
11. The results after taxes activities are the pre-tax earnings.
12. Other taxes are most often due to tax legislation in project countries.
13. The difference between expenses and income shown leads to a profit for the year in 2021. Equity increases accordingly.

Auditor's report

The information printed here has been prepared by Malteser International. The financial report audited by PWC can be found at the following link:

mint.ngo/auditorsreport-2021

Malteser International

“For a life in health and dignity”

Who we are

We are the international humanitarian relief agency of the Sovereign Order of Malta. For over 60 years, we have been standing by people affected by poverty, disease, conflict, and disaster – to help them to lead a healthy life with dignity.

What we do

We provide emergency aid in crisis situations such as natural disasters, epidemics and conflicts and support the people who have been hit hardest and suffer most from the effects, for example refugees and displaced people. The health and well-being of the people are the focus of our work.

How we work

Our work is founded on Christian values and humanitarian principles. We reach out to people in need without distinction of race, religion, or political opinion. In 2021, we helped people in need in 35 countries through 140 development and humanitarian aid projects.

Our structure

Malteser International consists of two main offices, running operations and programs. This is Malteser International Europe in Germany (part of Malteser Hilfsdienst e.V.) and Malteser International Americas. Each of these have separate governance structures, which make decisions on the daily operations.

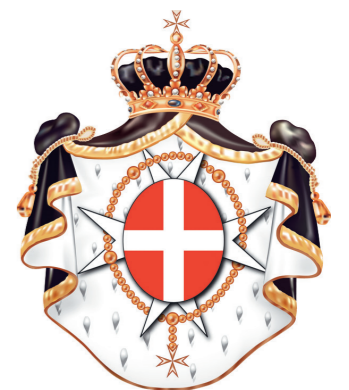
Both organizations are overseen by an international and honorary board consisting of experts from the Order of Malta worldwide, to which the General Secretary of Malteser International reports. The work of the board is supported and approved by 27 Order of Malta Associations worldwide, who also contribute financially to the working of MI.

Malteser International – a work of the Sovereign Order of Malta

More than nine centuries of service to the poor and the sick

The Order of Malta is one of the oldest institutions of the Western world. The lay religious order has 13,500 members all over the globe, bound to the service of Christian charity. The

Order – whose seat is in Rome – has diplomatic relations with 112 states as well as observer status at the United Nations and representing missions at a range of European and international organizations. The Order is neutral, impartial, and apolitical.



Stronger together – Thank you for your support in 2021!



None of the achievements set out in this report would have been possible without our supporters. We would like to give our most sincere thanks to all the institutional and private donors, local and international partners as well as to the associations and organizations of the Order of Malta that made a valuable contribution to providing fast, effective, and sustainable relief for people in need by supporting Malteser International in 2021!

Imprint

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