world medical fund *for* children

Annual report
For Fondation Eagle

2018

"Why we do what we do...."

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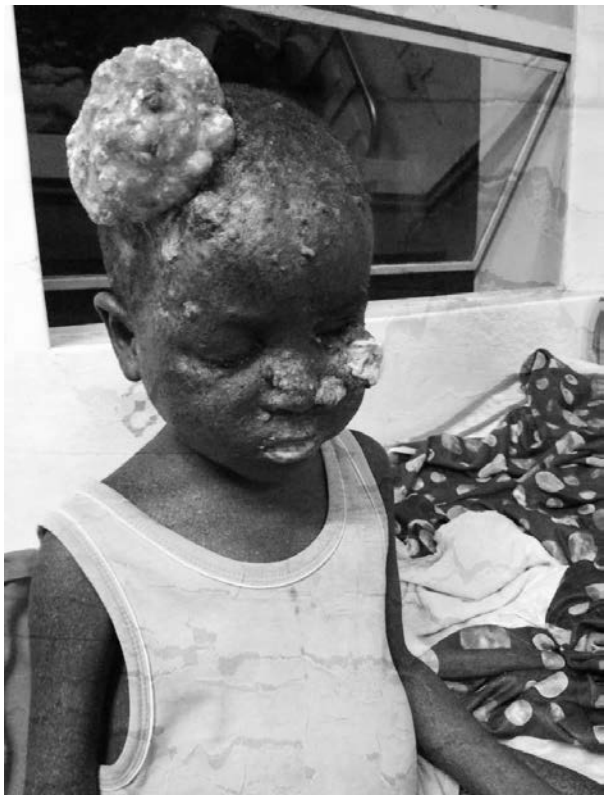
Registered charity number 1063756 in England and Wales and SC046207 in Scotland.

"Why we do what we do...."

It was the grandmother of this seven-year-old boy who brought him to one of our mobile clinic sites in the hope we could help her severely ill grandson. She explained to our clinical team that they lived a long distance from our clinic but had heard of our good work through the traditional authorities.

- The boy was diagnosed as suffering from Xeroderma pigmentosum, a rare DNA disorder that makes him react to sunlight. The advanced squamous cell carcinomas seen here with the loss of sight in his left eye are the direct result of children like him in the remote villages having no access to healthcare.
- This condition must have been obvious for years, it should have been diagnosed and treated years ago.



- We did everything we could to save this child. We took him and his only close relative (his grandmother his parents have long disappeared) to a specialist unit 240km away in Malawi's capital city Lilongwe.
- Whilst under our care he was at last free from pain and had toys to play with, for the first time in his life.
- Sadly, it was too late; despite initially responding well to treatment, this young boy lost his battle.
- Our mobile clinics work where no one else goes; on a daily basis we see the horrors like this that result from children having no access to health care.
- We can't win every battle but we will always be there for the children at the bottom of the pile of humanity like this young boy.
- Representatives of this organisation attended his funeral; the local community as one praised World Medical Fund for trying so hard to help. The Iman gave his special thanks in a speech in which he said "You are the most important organisation in the region for us for you truly make the difference between life and death. We pray you will always be here to save and protect our children…".
- On our December/January monitoring and internal audit visit we went to the specialist unit and met and thanked the oncologist who cared for the boy. The unit is funded by one of the major US pharmaceuticals and carries excellent range of cytotoxic drugs.
- The good news for us was she told us that the unit would be pleased to accept referrals of children suffering with cancer and sickle cell disease that present at our clinics and they would take care of their return transport costs.

That is why we do what we do[1]...

[1] We have converted the image to black and white as many would find it too difficult to view in in colour.

Grant information.

Donor:	Fondation Eagle
Recipient:	World Medical Fund for Children.
Project:	Medicines for Children's Mobile Clinics
Reference:	436 – 033
Date accepted:	27/11/2017
Amount:	£33,600
Location:	Nkhotakota, Malawi.
Timescale:	01/01/2018 – 31/12/2018
Local Currency:	31,920,000Mk (exchange varied from 898Mk to 1,037Mk = £1).
No of beneficiaries:	Estimated 32,000 in 1 year – actual 41,376 in 10 months.

Expenditure:	**Budget:**	**Actual expenditure:**	**Over/under:**
Medicines, diagnostics	**33,600**	**33,852**	**(252)**

(Covering the period January to June 2018).

From CEO Michael Burt

Our sincere thanks to Fondation Eagle for their donation of £33,600 for us to purchase medicines for our children's mobile clinic in 2018.

The pain and suffering of tens of thousands of sick children was eased and many young lives saved as a direct result of this generous donation.

We chose our pharmacy suppliers carefully before each purchase of medicines with quotations requested from Durbin in the U.K., IDA in Europe and a range of Malawian pharmaceutical wholesalers. The order then being placed with due regard to cost, availability and shipping.

Our flagship mobile clinic programme, faced a major challenge in 2018 – an unprecedented and massive increase in demand. Since 2003 we have seen an average increase in the numbers of sick children presenting at our clinics, year on year of around 5%.

In 2018 the number of sick children presenting at our mobile clinics leapt up by over 60%. The reason is the breakdown by the other health service providers leaving us as the vital role as the sole trusted medical facility in the region.

The outcome was we ended up working late in the villages almost every day and used up our 2018 stock of medicines purchased from the Fondation Eagle donation by the end of August. Using our precious financial reserves we bought more medicines, that kept us going until the beginning of November. By then we had treated 41,376 sick children and then for the first time in 15 years we had to cease our mobile clinic operations.

This was not a decision we took lightly for **every day the mobile clinic goes out it saves young lives** but it was forced upon us by cruel, financial reality.

To take the most common condition we treat, malaria for example, a significant number of the dozen or more young children we see in a serious, comatose state at every clinic would die without our intervention.

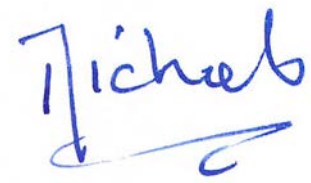
In Malawi we work at Nkhotakota where the need is greatest for it is where there is the highest number of sick children. It is far too hot, it is known locally as “the mosquito coast”, malaria and malnutrition are rife. There are few if any diversions in the region, this makes recruiting clinical staff a major challenge.

One of the factors affecting our medicine costs is whether to prescribe syrup or pills for the very young. There is a significant difference in cost and opinions vary on what is best. Our experience over many years is that the mothers much prefer crushing tablets to measuring doses of syrup because they find it easier to understand and administer. However, a significant number of medical professionals insist on prescribing syrups in line with developed world protocol.

We work for the children who fall sick in the villages far from the tarmac road to try to ensure they do not become just another sad, anonymous statistic in the child mortality tables.

The future? It relies on one thing, if we can raise the funds we will always continue this vital work. Our policy has always been to attempt to meet the ever-increasing demand but in this difficult climate in terms of fund-raising I feel it is time to impose limits on the number of children we treat at each clinic. I have met with our clinicians and discussed with our medical advisers and in 2019 we shall attempt to limit the total number treated to 12,000. This will mean a higher quality of care for we shall carry a portable ultrasound, a haemoglobin measuring machine amongst others vital medical devices. These require up to 15- 20 minutes per patient but give a far higher quality of care.

I sat in on one of our clinics a couple of days ago and in the first hour we saw a child in convulsion who we rushed to hospital, plus cases of internal haemorrhage, congenital syphilis, suspected Burkitt’s Lymphoma that we also referred plus the usual tinea capitis and larva migrans cases and a twelve-year old girl who was pregnant.



Michael Burt, CEO.

2018 Mobile cases treated

Abscess	104
Anaemia	811
Arthritis	225
Asthma	501
Bilharzia	802
Burns	36
Cancer	5
Congenital syphilis	4
Dental Carries	77
Diarrhoea – bloody (Dysentry)	785
Diarrhoea - non bloody	1,560
Ear Infection	1,402
Ear wax	352
Epilepsy	89
Eye Condition - Allergy	640
Eye Condition – Bacterial	1,920
Gastroenteritis	1,802
Heart Abnormalities	17
Infected Sores/ Ulcers	364
Larva migrans	249

Malaria	12,907
Malnutrition	495
Muscular Skeletal pain	375
Mumps	11
Nephrotic Syndrome	49
Oral Candidiasis	280
Oral Sores	123
Respiratory Tract Infections	9,762
Rheumatic Heart Disease	28
Sepsis	361
Skin Condition - Viral	340
Skin condition - Allergy	780
Skin Condition – with Bacterial Infection	631
Skin Condition – with Fungal Infection	1,632
TB Suspects	165
Tinea Capitis	439
Tonsillitis	42
Urinary Tract Infection	362
Worms	849
TOTAL	**41,376**

Financials:
We have worked with a number of pharmaceutical wholesalers over the years, both in-country and those in Europe. The key factors we consider are quality, cost, delivery and reliability. Whilst there are undoubtedly drugs of low quality circulating in Africa, it is our belief that they are the ones sold illegally in markets or the increasing number of medicine shops/clinics run by non-qualified staff that are springing up.

Expenditure on medicines:

Supplier	Currency	Amount	Factor	Conversion to £UK
IDA	€ (Euro)	3,674	1.12	3,280.36
Pharmavet	Mk	12,626,000	980	12,883.67
Pharmavet	Mk	1,320,713	980	1,347.67
Artemis	Mk	2,036,700	980	2,078.27
Pharmavet	Mk	10,096,400	980	10,302.45
Intermed	Mk	1,510,500	950	1,590.00
Pharmavet	Mk	1,619,550	980	1,652.60
Pharmavet	Mk	681,200	950	717.05
			Total	**33,852**

These invoices cover the period January to the 8th June 2018; purchases of medicines after that period were from our limited reserves.

Malaria test; no one likes needles…..

Our nurses running the pharmacy.

How we provide privacy deep in the African bush.

The WMF clinical team headed by CCO Martin Katanga (1st left back row) with the new vehicle funded by Fondation Eagle.