

# 2018 ANNUAL REPORT







# Message from the Chair of the Board of Directors

Dear Friends,

“We are pilgrims on a journey. We are brothers on the road. We are here to help each other walk the mile and bear the load.” When I think about the mission and our shared journey, *The Servant Song*\* echoes through my mind. Its beautiful lyrics remind me that we, as a people, as fellow citizens on the planet, and as Christians, are designed by God to walk together.

This past year we’ve walked with mothers in Kenya and Côte d’Ivoire, providing de-worming treatment and Vitamin A to preschool children to prevent anemia, poor cognitive development and undernourishment. We’ve also worked in those communities to educate mothers about proper sanitation and nutrition. We’ve lifted the burden of poor health from almost 2 million children.

We journeyed in Nigeria, walking with people who had been infected with lymphatic filariasis, commonly called elephantiasis because of the mass swelling of the affected body parts. We helped diagnose the problem, provided preventative medicine and got help for those disabled by the condition.

We continue to walk in Bangladesh with people affected by leprosy, lifting them out of the mire of disease and stigma that make them the poorest of the poor. We do this by arranging micro-financing for small enterprise capital and providing ongoing support as they rebuild their livelihoods. We have helped provide pensions for those who are too old or too sick to work as well as tuition for their children. As a result, over 90% of the people with whom we worked have moved out of ultra poverty!

We have been in hospitals in India—particularly Naini—where we have been walking with patients for months or years as necessary. Recovery from leprosy with grade 2 disabilities is a months-long ordeal. We have ensured that our patients receive counselling, physiotherapy and, if needed, the tools to assist their livelihoods. In so doing, we have prepared our patients to go out and take their own journey towards self-reliance. We are here to help each other, walk the mile and bear the load. May it always be so.

Winston Miller  
Chairman of the Board

\* *The Servant Song*, Richard Gillard, 1976-77 (CCLI Song #72673)

## MESSAGE FROM PETER

# “Are we there yet?”

Another year has closed and the future is before us at effect:hope. And to you reading this Annual Report, thank you. Thank you for investing in our vision for a future where no one is affected by leprosy or another neglected tropical disease (NTD). Today, we’re making strides to accomplish this vision. And, as you’ll see from this report, our 2018 accomplishments tell us how far we’ve come, where we currently are, and the journey that remains.

A world without NTDs is a big goal. It’s not just about ending the disease, it’s also ending the prejudice that people and families with NTDs face; ending long-term disability; working with local governments to improve infrastructure; and ensuring every person has access to healthcare. “It’s a marathon, not a sprint.”

## So: Are we there yet?

### YES: FOR GANGADHAR!

Your adventure with us always begins with people: because the work you invest in always interlaces with the continuum of a person’s precious life. On page 11, you’ll read about a young patient named Gangadhar and how restoring a clawed hand can mean the world to children with leprosy. This bright boy can now continue going to school without fear of being bullied because of the disease.

## IN PROGRESS: VACCINE FIELD TRIALS FOR LEPROSY

When working in research, the journey takes many years. In the case of the vaccine project, it has taken 14 years to reach the point where the vaccine is ready for field trials. In research, our vision, the tenacity of our researchers, and their ability to share with you the milestones they are achieving, are what keep us all moving forward. Turn to pages 8-9 for an overview of our work in research.

## IN OUR VISIONARY PLANS: NO ONE LEFT BEHIND

In 2025, what will life be like for those affected by NTDs?

We envision this response: “We live in community with our neighbours. We are accepted and we care for each other. We have quick access to basic health care and we have moved out of poverty into a life that holds promise for the future. We are no longer identified by our disease, but by who we are and the unique impact we make in our community.”

We are on the way to this vision. We have been running for 127 years and we are rejuvenated and ready for the next leg of the race.

By God’s grace, this is the century when we will exclaim, “Yes: We are there!”

Your servant,

Peter Derrick  
Executive Director

^ When a small patch developed on Anisha’s arm, her mother recognized it right away. Anisha’s older brother Subani had leprosy, so her mother knew it was important to act quickly. Anisha began treatment right away, and her leprosy was fully cured! Today, Anisha lives with no lasting impact of leprosy and is full of hope for her future!

effect:hope is a Christian development organization<sup>1</sup> focused on ending the suffering that neglected tropical diseases<sup>2</sup> cause for the world’s most marginalized people. We are:



Called to love and to seek restoration



Champions of community and collaboration



Called to demonstrate honesty and integrity



Committed to high effectiveness and impact

<sup>1</sup> effect:hope’s legal name is The Leprosy Mission Canada. We are a Christian mission, and classified as a religious order by the Canada Revenue Agency.

<sup>2</sup> Our current areas of focus are leprosy, Buruli ulcer, lymphatic filariasis and soil-transmitted helminths.

Annual Report photo credits:  
Tom Bradley, Kevin Hawley, Melissa Wallace,  
Deb Hopper

## HOW WE WORK

We connect compassionate Canadians with people suffering from leprosy and other diseases that cause disability, isolation and stigma. We do this through programs that transform lives, communities and healthcare systems.

# The Strategy of Hope

They hobble on feet that they cannot feel and reach out with hands that cannot grasp; their bodies are being ravaged by a disease that they cannot—will not and dare not—name. This is the horror of leprosy.

Leprosy, lymphatic filariasis and Buruli ulcer are just three in a group of twenty lesser-known diseases that are endemic to poor areas in tropical and sub-tropical regions. Known as “NTDs” or “neglected tropical diseases,” they infect between 1 and 1.5 billion people every year. Many people become trapped in the cycle of chronic illness, disability and poverty. The human, social and economic cost is huge.

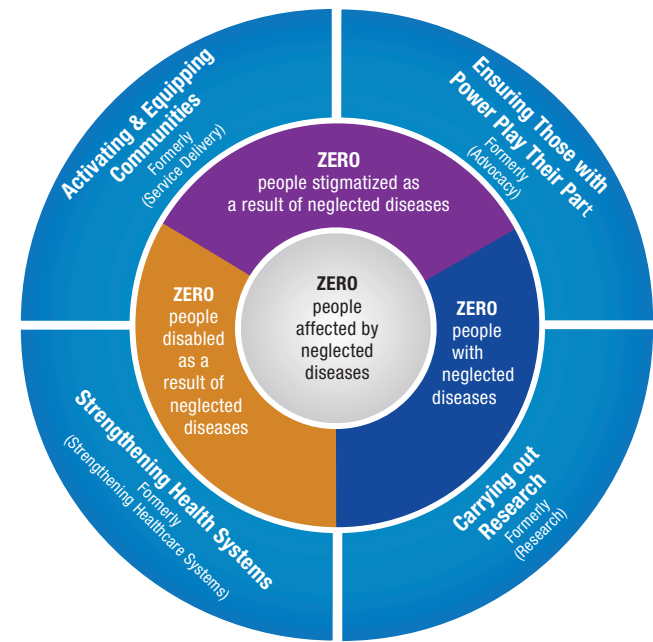
Our goal is simple: to free people from diseases that disable, isolate and impoverish.

In order to do so, effect:hope uses its strategy as a road map towards achieving three “zero target” goals: Zero Transmission, Zero Disability, Zero Stigma.

Within the context of the theory of change effect:hope must:

- 1. invest in work that is a source of healing for persons affected by NTDs,
- 2. be collaborators with our project partners,
- 3. be contributors to the international global health arena,
- 4. be a source of sustained funding for the work.

Every program we take on must fit into our Theory of Change matrix and be aligned with the above Strategic Plan criteria.



We are committed to creating sustainable, transformative change in the lives of the people we serve.

Until then, they will come to us hobbling, numbed, fevered, and traumatized—they will walk away restored and able to clasp the hands of those they love. Together, we are creating the story of hope.

OUR GOAL IS SIMPLE: TO FREE PEOPLE FROM DISEASES THAT DISABLE, ISOLATE AND IMPOVERISH.

# What is Every Child Thrives?

Every Child Thrives is a four-year program with the goal to reduce child morbidity among 1.8 million preschool children in Kenya and Côte d’Ivoire through deworming treatment and Vitamin A supplementation. We have undertaken this program with the financial support of the Government of Canada provided through Global Affairs Canada.

## DID YOU KNOW?

- 500,000 children go blind every year due to Vitamin A deficiency, 250,000 of them will die within one year of losing their sight
- In Kenya, 84% of children under 5 are Vitamin A deficient
- In Côte d’Ivoire, 57% of children under 5 are Vitamin A deficient
- More than two-thirds of children in Kenya and Côte d’Ivoire require treatment for intestinal worms

Vitamin A deficiency can be prevented and treated. Periodic low-cost Vitamin A supplements can reduce child mortality by up to 23%. Integrating this with de-worming can provide children under 5 a better foundation for lifelong health.

## PROGRAM GOALS

Health workers and volunteers travel to schools, homes and community hubs in order to accomplish the following:

- Provide deworming treatment and Vitamin A supplements every six months to children under 5

- Train community health workers and volunteers on distribution
- Ensure program is gender-inclusive and disability-friendly
- Raise awareness of worm infections and Vitamin A deficiency in communities
- 1,086 parent and community leaders receiving education about gender inclusivity and disability equality
- The National Nutrition Program of Côte d’Ivoire adopting a Gender Equality Strategy after seeing the success of effect:hope’s Every Child Thrives program

## PROGRAM OUTPUT AND LONGER-TERM IMPACT

Since 2016, the Every Child Thrives deworming interventions and Vitamin A supplementation have resulted in:

- 1.8 million children receiving deworming treatment and Vitamin A supplements every six months
- 15,432 health workers and volunteers at national, regional and community levels being trained to administer deworming treatment and Vitamin A supplements to all girls and boys under 5 years of age
- 5,506 health workers and volunteers being educated about gender inclusivity and disability equality

The outputs have been almost immediate: but the longer-term impact will be very interesting: if this intervention means that young children will be healthy, and will have enjoyed adequate nutrition by the time they are ready for school at age five, will school enrollment be higher? Will grades be higher too? How will this affect high school enrolment, and ultimately, the number of smart, well-educated graduates entering the workforce? Finally, what will the long-term impact be fifteen years from now on the economies of the states and countries where this program has been working for many years? Watch this spot!



# Money well Spent

In 2018, effect:hope invested over \$4.8 million in the fight against leprosy, lymphatic filariasis and Buruli ulcer. Here are just a few of the achievements you have made possible:

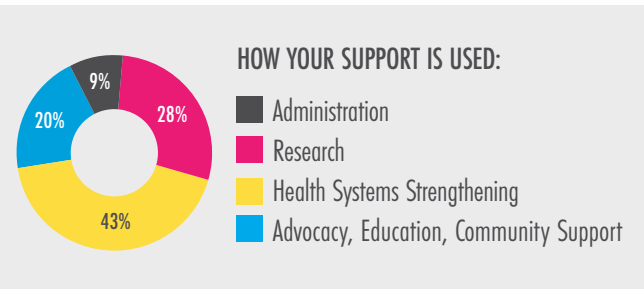
## BANGLADESH

In 2018, effect:hope worked with longtime partners Lepra Bangladesh and The Leprosy Mission International Bangladesh to support several projects. Some highlights:

### Community Level Health Systems Strengthening

We conducted activities in 77 Upazilas (subdistrict healthcare complexes, usually a small regional hospital with 30 beds, basic laboratory services and outpatient care) in 8 districts covering a population of 22 million. To date, the program has achieved all its targets for capacity-building and training for government health staff, TB and Leprosy Control Officers, and community champions.

We engaged and trained 896 community champions to recognize and refer leprosy cases for diagnosis. 341 of the champions are persons affected by leprosy. Those who have been infected are the best advocates for early diagnosis and cure. In the first quarter of 2018, 85 suspected cases of leprosy were referred by people affected by leprosy themselves.



### Gaibandha and Joypurhat Community Based Rehabilitation Program

The infrastructure is in place. In order to help deliver quality community-based rehabilitation, a network of resource delivery had to be created. In 2018, all 12 targeted Upazilas created Federations to help support a network of self-help groups for people with disabilities, especially those affected by leprosy.

### Integrated Leprosy Service – Strengthening Healthcare Systems

With the efforts of this effect:hope-supported project, the government agreed to undertake the running of 10 MDT (multi-drug therapy) centres within government health facilities in Dhaka. This is an important development as, prior to 2018, all MDT centres were operated by NGOs. The government’s undertaking of this work is a giant step toward project sustainability. The next step will be to make the MDT centres functional for leprosy-related complication management.

## INDIA

effect:hope, in partnership with The Leprosy Mission Trust India, supported the good work of the Stanley Browne Laboratory (highlighted on page 8 in this report), The Leprosy Mission Naini Hospital (see pages 10-11), The Premananda Hospital in Kolkata, and with Lepra Society India, in the Sankalp Program.

### The Sankalp Program

Sankalp alleviates the suffering of people affected by both lymphatic filariasis (LF) and leprosy as a combined strategy. The program was able to find 91 new leprosy and 318 new LF cases this year. For these new cases and those living with disease conditions, the project not only offers self-care training, diagnosis and treatment but most importantly, also addresses their mental well-being. 2,095 leprosy-affected individuals and their family members received self-care training through home visits. 2,372 received psychosocial

counselling through home visits to address stress, depression, anxiety, stigma, burden of disease, drug adherence and self-care.

The Sankalp team worked with local musical folk bands to create songs about LF and leprosy. The songs raise awareness of the two diseases and address barriers to early detection. A total of 50 villages were covered in the project district reaching 6,014 people. Music is a better way to reach the local population, especially those who are illiterate.

### The Leprosy Mission Naini Hospital

For an update on TLM Naini, see pages 10-11.

## NIGERIA

effect:hope, in partnership with The Leprosy Mission Nigeria, supported the Integrated NTD Control Program.

The program successfully established a multi-stakeholder steering group at state level for the control of NTDs. This is an effective, sustainable collaboration mechanism to deliver resources to communities in Kwara State.

Through media campaigns, the program has contributed to increased community awareness on recognizing the early signs of NTDs and the recognition and referral of NTD cases. This has led to improved sanitation and hygiene practices in the communities and aims to prevent new NTD infections in the long run.

In total, we taught 405 people about the importance of regular hand-washing and the use of safe water sources to prevent NTD infections.

## GLOBAL

### AIM – Integrated Case Management

The AIM initiative works within health systems to map NTDs and improve access to diagnosis, treatment and care. AIM uses an innovative mapping method, which has been concluded in five countries: Cameroon, Ghana, Myanmar, Nigeria and Sierra Leone; and in Mozambique it is expected to conclude in the next three months. The completed integrated maps helped to provide a visual representation of 33,339 cases of Buruli ulcer, leprosy, lymphatic filariasis, trachoma and yaws. This will guide the deployment of resources for NTD integrated case management.

## YOUR SUPPORT CHANGES LIVES:

-  323,703 people screened for leprosy and other NTDs
-  4,386 new leprosy and other NTD cases found
-  120,183 patients treated
-  3,395 surgeries provided
-  13,041 patients treated through outreach clinics/camps
-  14,567 patients provided with footwear
-  8,060 individuals referred, trained, or supported for economic activities
-  5,471 people participating in self-help groups
-  10,481 NTD-affected individuals and their family members receive self-care training
-  1,781,690 children under 5 years received deworming treatment and Vitamin A
-  22,494 healthcare workers trained
-  2,939 local leaders and community members trained
-  2,463,901 people made aware of leprosy and other NTDs
-  26 research projects

# A Light in the Darkness

effect:hope is determined to support research that will help unravel the mysteries of leprosy transmission, inform operational excellence, find a vaccine that will prevent NTD infection and ease the burden of NTD illness.



**ALM VACCINE PROJECT**  
For the past 14 years we have supported the American Leprosy Mission’s LepVax project. LepVax is now going to human trials, which is very exciting news. This may lead to a vaccine that will prevent leprosy from infecting people.

**R2STOP**  
effect:hope and the Irish Mission to End Leprosy founded the R2STOP Initiative to support research to close the gaps in our understanding of the transmission of leprosy and other Neglected Tropical Diseases (NTDs). In its first call in 2016, R2STOP focused on leprosy, because among the NTDs, the transmission of leprosy is least understood. Of the more than forty concept notes received, the R2STOP Scientific Review Committee approved six projects for funding.

As we approach the end of 2019, most of the six projects will be completed, and reports on the researchers’ findings published. This will mark our first step in the long path to securing the means to break transmission. For more information on R2STOP, consult our website at [www.effecthope.org/research](http://www.effecthope.org/research)

**LRI**  
effect:hope is also a charter member of the Leprosy Research Initiative (LRI), a research-driven collective out of the International Federation of Anti-Leprosy Associations (ILEP). Through LRI we collaborate in contributing to the world’s knowledge base about leprosy and the people it affects.

**STANLEY BROWNE LABORATORY**  
Some of the most extraordinary research being done in NTD/leprosy work is at Stanley Browne Laboratory in Dhaka, India. effect:hope is the largest supporter of this work and it is inspiring to see the determination of these researchers.

The lab is housed on the top floor of The Leprosy Mission Shahdara Hospital, which began as a small clinic in the Tahipur Leprosy Colony—the largest of India’s 800 or so leprosy colonies. It was formally built in 1984 backing onto the Dilshad Leprosy colony home complex. The proximity to both colonies made it an ideal location to conduct leprosy research.

On the top floor of the three-storey hospital, at the end of a darkened hallway is the door to the Stanley Browne Laboratory (SBL). Security is a steel, floor-to-ceiling, accordion style gate, opened during the day and locked at night.

Like most labs, it is quiet; the noise from the busy medical wards below silenced; scientists are studiously going about their work.

IT’S BETTER TO LIGHT A CANDLE THAN TO CURSE THE DARKNESS. — Carl Sagan

In this space, with old computers sitting on even older desks and a bank of marine batteries as power back-up, the SBL team toils with ruthless dedication and determination. Out of this unassuming little lab they conduct both on-site and field research.

The Leprosy Mission Trust India has prioritized their research on transmission, early detection, reactions and neuritis, drug resistance and prevention of disability.

Currently the lab has 12 ongoing projects. They include developing a test for early detection, looking at the association of Vitamin D, exploring the genesis of the evolving antibiotic resistant strains of the bacteria, and (as a part of our R2STOP initiative) looking at transmission factors relating to the human genome.

TLM Trust India’s field-based research explores the areas of clinical, operational and social sciences with 15 field projects in progress.

In 2018, SBL authored 24 articles for prestigious, peer-reviewed medical journals. The staff had the opportunity to submit 2 abstracts on their work for the National Conference on Immunology and Medical Microbiology at Faridabad, Bangalore—a great accomplishment.

Even greater is the impact on patient care—finding secondary treatments for drug-resistant leprosy, exploring reasons behind poor patient compliance with treatment, and working to find ways to detect the disease in its earliest form.

Researchers are producing ground-breaking work at The Stanley Browne Laboratory, and it’s just one of the ways your investment in research is positively impacting future generations.

No matter what the research looks like—whether it’s nasal swabs from patients in a village, assays in a lab, blood samples in a hospital or family health surveys in slums—we are committed to supporting the science to ensure lasting change for leprosy patients, their families and communities. Rather than curse the darkness, we have chosen to light the candles that dispel it.







THE LEPROSY MISSION NAINI HOSPITAL

## Leading the Fight

Last year, over 86,000 people came through the doors of The Leprosy Mission Naini Hospital (TLM Naini) for out-patient care. Each one of these men and women were met with compassion and encouragement. The staff, nurses and doctors are professional and gracious—many of the people coming to the hospital have never experienced such kindness.

At this renowned hospital, patients are expertly cared for with a full range of treatments from diagnosis to treatment, surgery, physiotherapy and extended care after cure.

When 11-year-old Gangadhar Mishra was referred to TLM Naini as a suspected leprosy case, his family knew he would be in good hands. Gangadhar's siblings had both been treated by the hospital for leprosy, so the family had first-hand experience of the excellent care and compassion of the staff at Naini.

Even though Gangadhar had an idea what to expect, he was still worried. We're so glad his father wasted no time in getting his son to Naini for help.

As Gangadhar walked into the busy waiting room, it was crowded with people of all ages. As he looked around, he could see different kinds of symptoms. There were people with gnarled hands, some were on crutches, others looked terrified to even be in the mix. But Gangadhar was quickly reassured as the nurse took all his details and told him the doctor would see him shortly.

Once assessed by the doctor, Gangadhar was diagnosed with leprosy and immediately started Multi-Drug Therapy to cure him of the disease. Gangadhar started

regular physiotherapy and in time, his hand returned to normal.

*"I felt I was getting better," he says. "Now what I say to others [who have leprosy] is that I have taken treatment from Naini Hospital and you also need to get treatment there."*

Today, Gangadhar is studying in Grade 7 at school. In the future, he hopes to become a doctor to demonstrate the compassion he experienced at Naini Hospital.

Our doctors and nurses are experts in leprosy and its treatment. Since 1980, Naini Hospital has been the leader in training medical and paramedical professionals from governments and charitable organizations around the world.

We are ensuring more doctors and caregivers are equipped to quickly diagnose and care for those with leprosy. Through the treatment and follow-up provided through the hospital, we're improving access to healthcare for people affected by NTDs and forming leprosy champions who educate others about the disease.

We hope you'll join us as we continue to support TLM Naini in their efforts to provide renewed hope to people like Gangadhar.

### IN 2018:

303 people underwent reconstructive surgery. 100% showed improved motor function, pinch and grip power.

840 people were treated with physiotherapy. Of those, 338 were provided with special aids for day-to-day function.

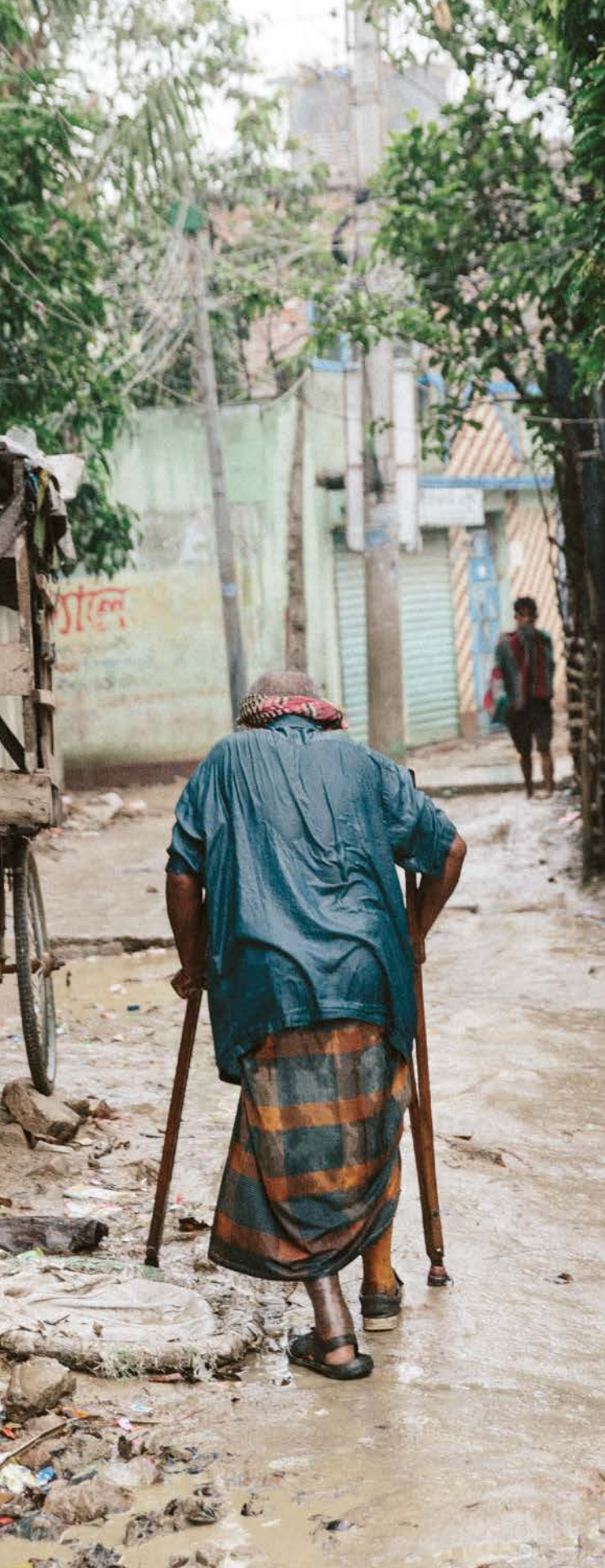


^ Gangadhar shows what his hand looked like before and after treatment

### COMPLETE CARE

- Laboratory
- X-ray
- Physiotherapy
- Occupational Therapy
- Dispensary
- Ophthalmology
- Obstetrics & Gynaecology
- Surgery (re-constructive and general)
- General Medicine
- Footwear
- Orthoses & Prostheses
- Rehabilitation
- Out-patient services
- In-patient care
- Ulcer care
- Reaction and Neuritis treatment
- Mercy Home long-term care facility





PROJECT SPOTLIGHT

# Bangladesh

Do you have enough money to buy a pound of rice for everyone in your house—including you—every day? (A pound of rice in Canada is about \$1.20) If you live in Bangladesh, and you answer “no”, then your household falls into the ultra-poverty category.

Ultra-poverty is the category used to describe people living on resources so far below the poverty line that they cannot meet their basic dietary needs. In Bangladesh, of the 164 million people that call Bangladesh home, one in every four lives in poverty, and 12.9% of the population lives in ultra poverty. Universally, disabled people are at a financial disadvantage; people disabled by leprosy often live so far below the poverty line they are ultra-poor.

Since 2012, extreme natural disasters such as floods, cyclones and tidal bores have become more common, possibly because of climate change. Every year two thirds of the country is flooded, leaving thousands dead and communities cut off from health and other government services.

Floods create the ideal conditions for mosquito propagation. So in addition to the hardships brought on by natural disaster, those already struggling become easy targets for mosquito-borne illnesses such as malaria, filariasis, dengue and West Nile fever. It is estimated that half the country’s population are at risk of being infected with lymphatic filariasis (LF).

Leprosy and LF have been identified by the World Health Organisation as neglected tropical diseases (NTDs). Bangladesh reports almost 4,000 new cases of leprosy every year, 8% of those cases are children. The diagnosis and treatment of leprosy is overseen by the 550 TB-Leprosy Control Assistants which serve as a key part of the National Leprosy Program (NLP).

Currently effect:hope, in partnership with both the Leprosy Mission Bangladesh and Lepra, support five ongoing projects. When you invest in the poor in Bangladesh, you are investing in the people touched by these projects:

- 1. Community Level Health Systems Strengthening
- 2. Gaibandha & Jaypurhat Leprosy Care Project
- 3. North-West Bangladesh Ultra Poverty Initiative Project
- 4. Leprosy Field Research Bangladesh
- 5. Integrated Leprosy Service through Strengthening Health System (ILSH)

These projects focus on all aspects of leprosy care, including managing the after-affects of the disease, like disability. While encouraging participation from all levels of government, we are working at the community level and focussed on rehabilitation and empowerment. These projects are creating huge benefits for people who want to live independent and productive lives, despite long-term disabilities.

Building on these successes our program team is working with our partners in Bangladesh on expanding and improving our outcomes. One of the more innovative elements in these projects lies in the active involvement of the government’s own public health staff, and wherever possible, at every level of the project.

92.5% of the disabled people we worked with were able to lift their families out of ultra poverty. That means that they can say “yes, I can buy a pound of rice.” It’s a solid start on the path to a better future.

**DID YOU KNOW?**

Our work in Bangladesh predates the country itself. Bangladesh became an independent nation in 1971, we have been there since 1926!

OUR PROJECTS HAVE IMPRESSIVE GAINS:

- 60% of the families living in ultra poverty have increased their income by at least 15%
- 80% of graduates are still using their skills one year after graduation
- 75% of graduates report an income increase of 25% or more in the first year.
- 30 people who are elderly and disabled receive monthly support for the first time
- 95% of girls & boys who receive project assistance will successfully pass their annual exams
- 100 children receive education support each year
- 90% of people with leprosy-related anaesthesia on their feet have been ulcer-free for a year
- 100% of families receiving support now have access to clean drinking water
- 92.5% of the disabled people we worked with were able to lift their families out of ultra poverty.

The success of these programs is a direct result of people working together: people in all levels of government, in the communities we serve, and in our program partners—and all of this happens through the generous engagement of our donors.



# Leaving a Legacy of Hope

We're so grateful to the people who choose to make a meaningful difference through their planned gift to effect:hope. When you choose to share your estate or investments, you're sharing your values with the people around you and are able to bring healing and hope to so many.

Please read the testimonies below to see why two of our donors chose to give a legacy gift to effect:hope. We're grateful for Vivian and Bernadette for their generosity and their willingness to share.



^ A planned gift gives patients and their families confidence to know support will be there when they need it most.

### BERNADETTE'S STORY

The disfigured nose, clawed hands and paralyzed legs immediately let me know that this poor man begging on the street corner in Nepal had leprosy. I was horrified. It was not revulsion I felt, but an overwhelming compassion to reach out and fix the situation.

I wanted to give him some money, but my travel companion told me that there were people who take the most disfigured, the people closest to death, and force them to beg on street corners. This poor man was rewarded for his efforts at the end of the day with a small bowl of rice.

In that moment, I felt utterly powerless. There's nothing more disgusting than using a human being for your own gain.

That's when I made it my life's mission to cure leprosy.

And that's why I give what I can to effect:hope, \$25 here and there, and more when I have it, because I know the money will go to help people with leprosy and not some thug on the street. I also try to spread the word and encourage others to make a difference as well.

I can't cure everyone before I die, but I'm content knowing I can keep curing many through a gift in my Will to effect:hope. I won't need my money when I pass on, and my kids don't need all of my money either. But that young person just diagnosed with leprosy who needs the cure? That's someone my money can help.



### VIVIAN'S STORY

I have had a wonderful life. But my life is not going to last forever and lately I've been thinking about how I can share my blessings with others while I can.

About 10 years ago, I learned about the work of effect:hope from one of those commercials on television. I found my heart being drawn to the plight of those boys and girls, men and women who have been afflicted with this terrible disease.

The haunting images on the screen took me back to the stories I had heard time and again about how Jesus cured people of their leprosy. It also struck a chord with my own personal belief that every person should do what they can to alleviate suffering in the world.

I began to give what I could to help people affected by leprosy, and recently I decided to leave the generous inheritance my father bestowed on me to help these people even more.

The money I am leaving in my Will is designated to help with the everyday needs of those leprosy victims who need it most. This was my choice. I asked that the funds be used to help those who live in remote areas, the ones who are really, really poor.

I believe in my heart this is what my father would have wanted. And it's what I want. It makes me happy to know I will be helping in this very meaningful and practical way even after I am gone.

Someone asked me recently, "What would you say to a person who is considering leaving a gift in their last Will and Testament?" My answer is that we should see it as an opportunity to help other people. Our Lord taught us that we are all brothers and sisters and that we are to love one another, as He loves us.

And what is the best way to love? Isn't it to share what we have? At least that's the way I see it.

IF EVERY PERSON REACHES OUT IN LOVE, WE CAN TOUCH THE LIVES OF LEPROSY SUFFERERS AND LET THEM KNOW, "YOU ARE NOT ALONE AND YOU HAVE NOT BEEN FORGOTTEN."



# 2018 Financial Highlights

SUMMARY STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31	2018	2017
<strong>ASSETS</strong>		
Current		
Cash	\$ 1,084,558	\$ 7,898
Accounts receivable and prepaid expenses	228,236	205,624
	<u>1,312,794</u>	<u>213,522</u>
Long-term		
Investments, at market value	1,942,970	1,626,815
Donations receivable from charitable remainder trusts	44,000	44,000
Television production	29,293	60,309
Property and equipment	25,740	153,228
	<u>2,042,003</u>	<u>1,884,352</u>
	<u>\$ 3,354,797</u>	<u>\$ 2,097,874</u>
<strong>LIABILITIES</strong>		
Current		
Accounts payable and accrued liabilities	\$ 196,826	\$ 261,133
Loan payable	400,171	393,993
Due to field programs	413,643	338,315
	<u>1,010,640</u>	<u>993,441</u>
<strong>NET ASSETS</strong>	<u>2,344,157</u>	<u>1,104,433</u>
	<u>\$ 3,354,797</u>	<u>\$ 2,097,874</u>

SUMMARY STATEMENT OF OPERATIONS AND NET ASSETS YEAR ENDED DEC 31	2018	2017
<strong>REVENUE</strong>		
Contributions	\$ 4,781,964	\$ 4,859,114
Legacies	1,581,291	481,397
Designated government grant	916,818	1,285,154
Gain on sale of property and equipment	605,750	-
Institutional funding	201,889	572,506
Investment and other income (loss)	(26,957)	41,943
	<u>8,060,755</u>	<u>7,240,114</u>
<strong>EXPENDITURES</strong>		
Ministry		
Program expenditures		
Strengthening health systems	\$ 1,530,526	\$ 1,978,889
Carrying out research	1,348,296	1,452,904
Designated government expenses	1,067,775	1,223,968
Activating and equipping communities	265,172	600,793
Advocacy, policy and partnership	247,177	243,085
Constituency education	528,973	625,052
International management and consulting	358,012	370,444
	<u>5,345,931</u>	<u>6,495,135</u>
Support services		
Promotion	808,145	947,668
Administration	666,955	722,840
	<u>1,475,100</u>	<u>1,670,508</u>
<strong>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES</strong>	<u>\$ 1,239,724</u>	<u>\$ (925,529)</u>
<strong>NET ASSETS, BEGINNING OF YEAR</strong>	<u>\$ 1,104,433</u>	<u>\$ 2,029,962</u>
<strong>NET ASSETS, END OF YEAR</strong>	<u>\$ 2,344,157</u>	<u>\$ 1,104,433</u>

Complete financial statements for the year ended December 31, 2018, audited by Grant Thornton LLP, are available upon request.



# Independent Auditor’s Report on 2018 Summary Financial Statements

To the Members of The Leprosy Mission Canada  
operating as effect:hope

### OPINION

The summary financial statements, which comprise the summary statement of financial position as at December 31, 2018, and the summary statement of operations and net assets for the year then ended, and related Note 1, are derived from the audited financial statements of The Leprosy Mission Canada (operating as effect:hope) for the year ended December 31, 2018.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, on the basis described in Note 1.

### SUMMARY FINANCIAL STATEMENTS

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of The Leprosy Mission Canada (operating as effect:hope) and the auditor’s report thereon.

### THE AUDITED FINANCIAL STATEMENTS AND OUR REPORT THEREON

We expressed an unmodified audit opinion on those financial statements in our report dated March 26, 2019.

### MANAGEMENT’S RESPONSIBILITY FOR THE SUMMARY FINANCIAL STATEMENTS

Management is responsible for the preparation of the summary financial statements on the basis described in Note 1 to the summary financial statements.

### AUDITOR’S RESPONSIBILITY

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard 810, Engagements to Report on Summary Financial Statements.

*Grant Thornton LLP*

Grant Thornton LLP.  
A Canadian Member of Grant Thornton International Ltd  
Chartered Professional Accountants  
Licensed Public Accountants  
Markham, Canada – March 26, 2019

**Note 1: Criteria for presentation of summary financial statements**  
The information selected by management for presentation in the summary financial statements has been identified as being the most pertinent and useful financial data for circulation to the members of the Mission.

# 2019 and Beyond

The United Nations 2030 Sustainable Development Goals are the blueprint to achieve a better future for every single person on the planet. They address the global challenges we face such as poverty, inequality, climate, environmental degradation, prosperity, peace and justice. Paraphrased, the first six are as follows:

1. No Poverty
2. No Hunger
3. Good Health and Well-Being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation

When you invest in effect:hope, you join in taking up the challenge to make each of these goals a reality.

Canada—our government and all Canadians—cannot reach these goals if we ignore the more than 1 billion people who suffer from neglected tropical diseases. Over the coming years, we see the global community of people active in civil society becoming much more strongly aligned around these sustainable development goals; and with that alignment will come much greater collaboration between effect: hope and organizations with similar values and foci.

Over the next six years, innovation is and will be core to the ethos of effect:hope, and it will continue to characterize our programs of care.

Our current strategic objectives include:

- By 2025 effect:hope is improving the health and well-being of NTD-endemic populations through high-impact integrated programs.
- By 2025, in the countries where we work, effect: hope has collaborated with the national governments and with other partners to achieve the Triple Zero Objectives for those affected by NTDs. These are: Zero Transmission, Zero Disability, Zero Stigma.

- In 2025 effect:hope is engaging policy-makers, investors and implementers by contributing information and insight in the arena of NTDs and global health.

Below is a sampling of the programs that are helping us to achieve these objectives:

### EVERY CHILD THRIVES

In early 2020, we shall be starting the next phase of this innovative program. In preparation, we will be working with Helen Keller International, our new partner in Kenya and Côte d’Ivoire.

### THE POWER OF INTEGRATED THINKING

In both India and Bangladesh, our investment in projects managed by Lepra is revealing how care can be delivered effectively when we focus on both leprosy and lymphatic filariasis simultaneously. Besides good diagnosis and prompt treatment, patients discover that others are also battling chronic conditions that often stigmatize them—and they are able to share ways to cope with their challenges together!

### AMPLIFYING THE VOICES OF THOSE WE SERVE IN THE INTERNATIONAL COMMUNITY

In increasing measure, members of our small staff are working alongside their peers from other organizations in the international community that is focused on global health. We are pleased to have joined the Global Partnership for Zero Leprosy (GPZL), which is financed by ILEP (the International Federation of Anti-Leprosy Associations) and the Novartis Foundation. It will play an important role in reaching the planet’s Zero Target goals. ILEP, the GPZL, and effect:hope are also engaged with the NGO Network for NTDs. Together, these partnerships will help us to accomplish our strategic objectives in the service of those affected.

### ADVOCACY IN CANADA

We are founding members of the Canadian Network for Neglected Tropical Diseases. We strongly believe that Canada has a pivotal role to play in eradicating NTDs, and will work to support the Government of Canada and the Canadian public in embracing that role.





The Leprosy Mission Canada

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info@effecthope.org [www.effecthope.org](http://www.effecthope.org)

### BOARD MEMBERS

- \* Mr Winston Miller, Chair (Stouffville)
- \* Mr Peter Hogg, Vice-Chair (Toronto)
- Mr David Weind, Treasurer (Toronto)
- \* Mr David Bestvater (Toronto)
- Ms Dianne Cabral (Toronto)
- \* Mr Ravi Chandran (Toronto)
- Mr John Humphreys (Seattle)
- Mrs Carol Morris (Toronto)
- Dr David Williams (Stouffville)
- \* Audit Committee

### BANKERS

The Bank of Nova Scotia  
The Royal Bank of Canada

### LEGAL COUNSEL

Miller Thomson LLP

### AUDITORS

Grant Thornton LLP  
(Chartered Accountants)

### LIFE MEMBERS

- |      |                      |
|------|----------------------|
| 1990 | Dr Donald A Gibson   |
| 1998 | Mrs Margaret Brown   |
| 1998 | Dr John Clement      |
| 1998 | Mr David C Greenwood |
| 2004 | Mr David Ogilvie     |
| 2004 | Mrs Nena Ogilvie     |
| 2004 | Ms Kathleen J Scott  |
| 2006 | Mrs Sharol Josephson |
| 2006 | Mr Robert C Screen   |
| 2009 | Mr Herman Woltjer    |

