

# ANNUAL REPORT



Photography: Manon Hoefman

## PREVENTION IS OUR MISSION

Commenced its operations in 2010.  
Incorporated by the Minister of Health under Unicode 1087  
Commercial Register of the Curaçao Chamber of Commerce  
& Industry number 117354.



# 2019





*fundashon* **prevenshon**

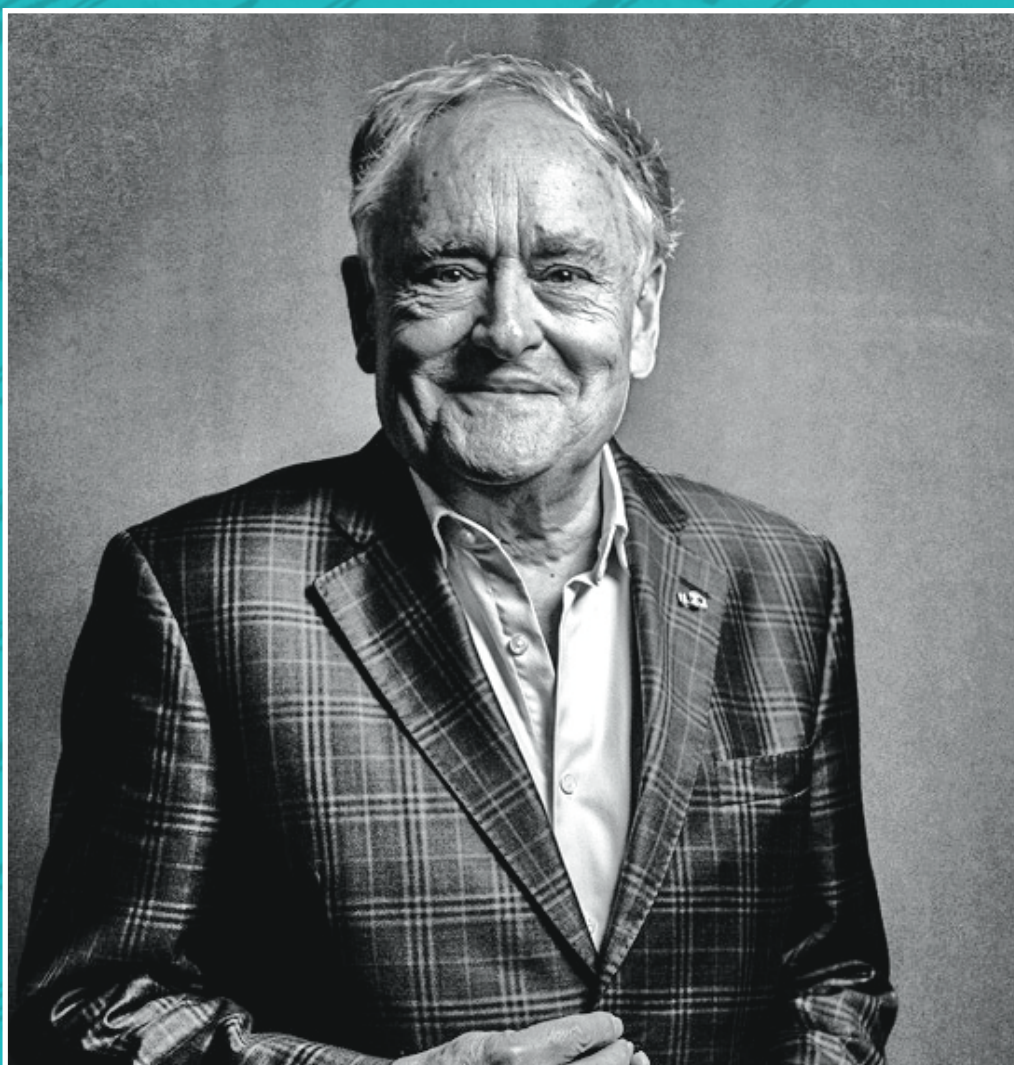


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## FOREWORD



*Prof. Dr. H.M. Pinedo*



Fundashon Prevenshon moved in 2019 from the old location covering 160 m2 at Klipstraat to the new location which is much larger with 900 m2. The new location with a main building and an annex is a monumental building which has been completely renovated by ADPC Land Architects NV.

We are most grateful to the private foundation Fundashon Bon Intenshon, by making available this historic building to Fundashon Prevenshon lease-free for a period of 10 years, to be renewed thereafter. This allowed the Fundashon Prevenshon to establish its Caribbean Prevention Center in the building. The interior offers our clients a relaxing atmosphere, which is most helpful prior to undergoing the procedure. Our movement to the spacious location enables further expansion of the prevention programs and the scientific research. In 2019 we therefore prepared the development of the prevention program for colorectal cancer screening in collaboration with stakeholders, including the medical specialists of the Curaçao Medical Center, General Practitioners and the Sociale Verzekerings Bank (SVB). I thank in particular Dr. Schnog and Dr. Elhage for their support. Patients' perspective is included by involvement of the patient association ROSA. In order to implement the new prevention programs according to high quality standards and to expand our activities both in the field of prevention and research, we have redefined the role of Director Research and Development. We have found dr. Jacqueline Hugtenburg from the Netherlands to fulfil this position from January 1st 2020. Jacqueline Hugtenburg is associate professor at the Amsterdam UMC, location VUmc, and supervises PhD students with research in the field of use of (preventive) medication and development and implementation of tailored intervention programs. We welcome her at the Fundashon Prevenshon!

At the beginning of 2019, I took over the presidency from Raiza Pardo, whom I thank for her great input in the Fundashon Prevenshon. Finally I wish to thank our general director Louise Elstak for her relentless effort and the entire staff for its collaboration during the move. Each of my board members contributed to make it all happen.



## 2. ABOUT FUNDASHON PREVENSHON

### 2.1 HISTORY

*Fundashon Prevenshon was founded on the initiative of late Mr. Lionel Capriles and Professor Dr. H.M. Pinedo December 23rd, 2008. Since its establishment, Fundashon Prevenshon has partnered with the Government, major donators, and organizations to reach its goals. In April 2019, Fundashon Prevenshon moved to the monumental building at the Molenplein. The renovation that has started in 2018, was finished.*

### 2.2 MISSION, VISION, GOAL AND STRATEGY

**Our Mission** is to establish and maintain a center for prevention through screening, early diagnosis and early detection of disease.

**Our Vision** is that the Curaçao community will benefit from the Fundashon screening activities and to live as long as possible in good health.





**Our Goal** is to promote public health at Curaçao by reducing mortality and decreasing presentation of advanced disease, through implementation and continuation of cost-effective organized population-based screening. The screening programs are planned, executed and monitored on the principles of accountability, efficiency, and sustainability.

**Our Strategy** is to provide continuous information and education programs to the population of Curaçao. The awareness meetings are organized with SEFBA throughout the year by various employees of the Fundashon.

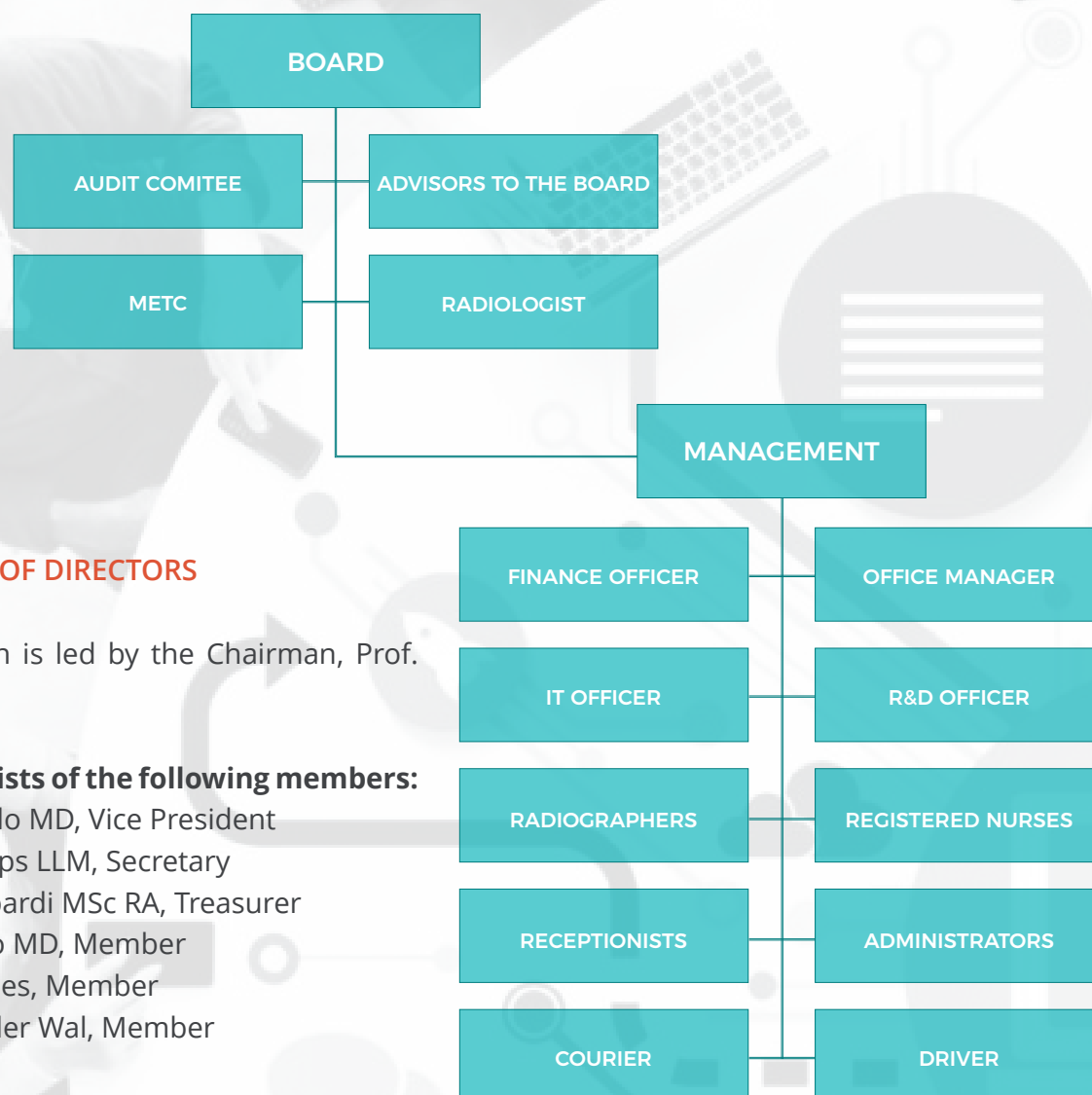
We ensure that the employees work in a professional environment and have their own input.

These strategies are supported and formed as the result of collaboration with our stakeholders. Our stakeholders include the local Government, Organization of General Practitioners, Medical specialists, Benefactors, Princess Wilhelmina Foundation, other health care providers, educators, neighbourhood associations and insurers.

To achieve our objectives we aim to develop and maintain strong collaboration with the neighbourhood associations and key community representatives to guarantee that the community is well-informed and aware of the benefits of screening.



### 3. THE ORGANIZATION



#### 3.1 THE BOARD OF DIRECTORS

The organization is led by the Chairman, Prof. Dr. H. Pinedo.

##### The Board consists of the following members:

- D. Pinedo MD, Vice President
- R. van Eps LLM, Secretary
- K. Lombardi MSc RA, Treasurer
- R. Pardo MD, Member
- L. Capriles, Member
- N. van der Wal, Member

Within the Board, each member has a specific role in the field of medical, legal, financial, client issues and marketing.

##### The role of the Board:

The Board sets policies to guarantee the proper use of funds, effective management of human resources, and provision of quality services according to the mission and vision. The main policy points were set during the first board meeting of the year; the policy document was discussed with the management.

The Board determines and supervises the budget, the multi-year budget policy plan and multi-year policy plan (including the investment plan).

The Board supervises the preparations for the Annual Report and the Annual Account.



The Board maintains good relationship with donors.

The Board establishes the Audit Process.

The Board supervises and advises the management on the implementation of the policies, on the financial reporting and accountability.

The Board informs the Government about the screening activities and new developments and provides insight into the Annual Account.

Professor Pinedo took over Presidentship of the Board from Mrs. Pardo who resigned as President in December 2018 and who remained on the Board as a member.

The Board held a total of 6 meetings, where a number of important matters were discussed to define the direction of the foundation.

**The following matters were discussed during the board meetings:**

- Frequent meetings regarding the preparations for the bowel cancer screening, glaucoma screening and the role in pre-diabetes screening in collaboration with the Association of General Practitioners.
- Mill House (Molenplein) in Otrobanda as the new location.
- Restoration, relocation and the official opening of Mill House.
- Consultation with donors regarding population screening on bowel cancer.
- Consultation and collaboration with Curaçao Medical Center and local gastroenterologists.
- Consultation with both laboratories ADC and MLS.
- Collaboration with gastroenterologist and consultant M. van Haastert from the Netherlands.
- Appointment Dr. J. Hugtenburg PhD as Director Research & Development.

### 3.2 ADVISORS TO THE BOARD

#### 3.2.1. Cervical cancer- and breast cancer screening programs

- I. Gomez Bravio MD Gynecologist has been appointed as advisor to the cervical cancer screening
- L. Hermina MD Radiologist, as advisor to the breast cancer screening.

#### 3.2.2. Medical Ethical Review Committee (METC)

The Board is also assisted and represented by K. Keizer Att at Law, S. Coolen Ph.D and A. Roose MD in medical ethical matters.

#### 3.2.3. Audit Committee

M. Simon MSc and K. Lombardi MSc RA, members of the Audit Committee are involved in all financial issues as well as in the preparation of the annual accounts and participate in consultations with the accountants.

### 3.3 Radiologists

The medical specialists responsible for evaluating the mammograms are:

- Ludwig Hermina, MD
- Nienke Antonides, MD
- Izyo Hooker, MD
- Redina Ljumanovic, MD PhD
- Jo-Ann Tai, MD





### 3.4. MANAGEMENT, STAFF, TEAM MEMBERS & SPECIALISTS

**MANAGEMENT DIRECTOR:** **Louise Elstak**; Carries out the policy by planning within the limits of the budget. Coordinates and supervises the screening programs process and applies new insights in consultation. Continuous consultation with the board, stakeholders and staff.

**FINANCIAL OFFICER:** **Anthon Poulin**; Keeping the accounts, debtors and creditors and salary administration. Setting up Excel sheets to manage data of participation to the cervical cancer and bowel cancer program according to the Protocol.

**ICT OFFICER:** **Darsy Martinus**; maintenance of the network and introducing ICT systems for effective follow up process of screening protocols.

**OFFICE MANAGER:** **Corrie Batelaan**

**ASSISTANT TO THE MANAGER:** **Myrtra Barby**

**REGISTERED NURSES:** **Ethel Bijnoe, Marla Borgschot, Mercedes Richardson, Norinda Scharbaai**

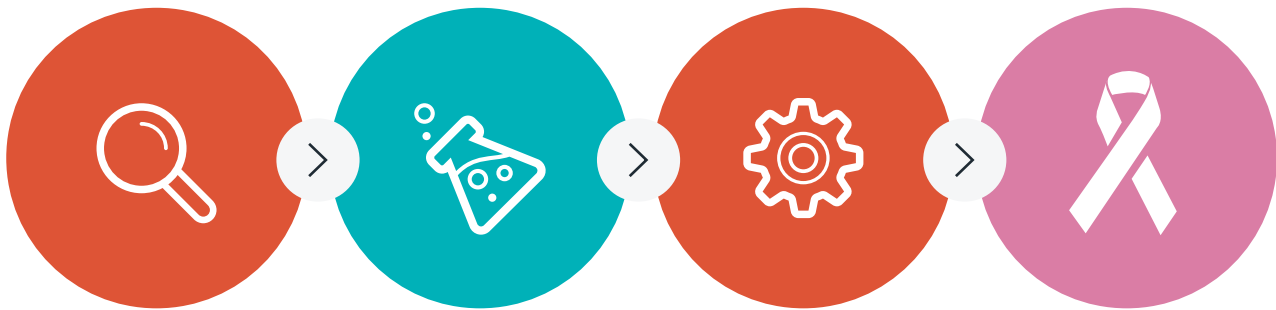
**RADIOGRAPHERS:** ('MBB' Medical Imaging and Radiation Experts)

**Anneke Rhodes-Bennema, Della Djamin-Kromoredjo, Gladys Berkenveld, Jeannette de Lannoy Schloss, Esther Chin-A-Lien**

**ADMINISTRATORS:** **Cristele Sirvania, Janine van Ierland, Meredith Lourencia, Zaida Nicolaas-Davelaar**

**OTHER EMPLOYEES:** **Myrugia de Mey, Urvin Streden and Shirley Janzen.**





## 4. POPULATION SCREENING

*Fundashon Prevenshon is currently responsible for the organization and the execution of two population screening programs in Curaçao.*

*Population screening involves a test being offered to individuals in an eligible group, usually defined by age, as part of an organized program. The target group is scientifically proven to have the most risk and to receive the most health benefit from screening.*

*The **World Health Organization** recently stated in the published document on the Global non-communicable disease reduction action plan (2013-2020) that the prevention of cervical cancer through population-based cervical cancer screening and HPV vaccination, and the prevention of breast cancer through population-based mammography screening linked with timely treatment are the most cost-effective interventions for prevention and control of these types of cancers.*

*With our current population screening programs, Fundashon Prevenshon puts Curaçao ahead most Non-Latin Caribbean countries that lack a well-organized national population-based screening program for breast cancer and cervical cancer, where the target population of the whole country is specifically invited to participate. Most of these countries implement an opportunistic screening, often times people of low social-economic backgrounds or who reside in rural areas do not get screened due to accessibility issues and high costs of screening.*



**Accessibility** to the screening programs is essential. All women and legal residents of Curaçao who have basic insurance and are in the target group will receive an invitation to participate. We offer transportation services free of cost to guarantee that all participants can reach the prevention center or one of our other locations for cervical cancer screening. Additionally, we have a toll free number (0800-1811) to contact our office to make or change an appointment or to inquire for any other questions.

The population screening programs are currently facing a number of challenges. There is currently no national policy on breast cancer- and cervical cancer screening. As a result, general practitioners can refer their patients to other clinics to have their mammogram, followed by an ultrasound. Women who undergo a mammogram at another medical facility often do not return to Fundashon Prevenshon. And the number of women that request a DVD of the X-ray / screening results made by Fundashon Prevenshon, to have an ultrasound done elsewhere, is increasing. Subsequently, Fundashon Prevenshon has no complete overview of the percentage of the target population that is actually being 'screened' with additional ultrasound examination and no guarantee that the screening is being performed according to the screening protocol.

Fundashon Prevenshon has an agreement with the Civil Registry (Kranshi) that provides an annual overview of the personal records database of women in our target groups. This poses a great challenge as a group of women do not receive invitations for various reasons. We are still unaware of the number of women who fall into this group.

#### 4.1 BREAST CANCER SCREENING

The purpose of breast cancer screening is not to prevent breast cancer but to decrease breast cancer mortality by detecting breast cancer as early as possible before any symptoms appear. This is of great concern as breast cancer is the most frequent cancer type among women in Curaçao. Curaçao is very unique in the non-Latin Caribbean, as other countries only offer opportunistic mammograms.

Breast cancer screening is an organized population-based screening program. The target group is women aged 45-75. An invitation letter is sent every two years with the time and date of the appointment. Women who are being treated for a breast-related disease, or who have had a complete mastectomy are excluded from the screening. The breast cancer screening is audited biannually by the Dutch Expert Center for Screening (LRCB) to guarantee the quality of the professionals and equipment and to provide improvement recommendations. LRCB also provides specialized training for the radiographers and radiologists.

Two x-rays of each breast are taken by a radiographer. The x-rays are assessed by two independent radiologists. A third radiologist may also assess the mammograms when a consensus is not reached.



### Data Analysis

The target population in 2019 increased as opposed to the previous years (table 4.1.1). However, the number of invitations has decreased in 2019. The decrease in the number of invitations is attributable to a number of reasons: The de-registrations in 2017 account for the number of women that were not invited in 2019. Additionally, invitation letters that have been sent are returned to us by the postal office due to different reasons, including the following: address does not exist, the person does not reside at the address, unknown resident or person has moved. It is still not possible to get in touch with these women as their contact information is unknown to us. Additionally, women who have been referred to a gynecologist and who are being treated for breast cancer are also not invited.



Since the beginning of the breast cancer screening program in 2010, a total of 66,830 mammograms have been performed. 18,308 women were originally invited to participate in the breast cancer screening program in 2019; 7,424 women participated in the screening resulting in a participation rate of 40.6%. This is a slight decrease in comparison to previous years.

The number of women not participating has slightly increased (52.0%) in comparison to previous years.

Some women will not participate on the day of their appointment and subsequently they may take a long time before contacting us to make a new appointment. However, there is a large group of women who have participated in the two previous rounds but who have not responded to the current invitation. Some women will come back to the screening after skipping one or more screening rounds. In most cases, personal reasons are indicated for not responding to the two-yearly invitation.

	2016	2017	2018	2019
TARGET POPULATION	38,440	39,919	40,250	44,307
NUMBER OF INVITATIONS	20,929	20,984	17,665	18,245
MAMMOGRAMS	8,699	8,630	8,737	7,424
PARTICIPATION RATE (%)	41.6	41.1	44.4	40.7
NON-PARTICIPANTS	1,894	2,107	1,687	1,370
NON-RESPONSE	10,336	10,247	8,141	9,451
NON-RESPONSE RATE (%)	49.4	48.8	46.1	51.8
REFERRALS	393	362	340	298
REFERRAL RATE (%)	4.5	4.2	4.3	4.0
NUMBER OF SCREENING DAYS	260	249	222	236
AVERAGE NUMBER OF SCREENINGS PER DAY	33.2	34.6	35.3	31.5

Table 4.1.1: Primary indicators for the breast cancer screening program (2016-2019)



1,238 women were invited to participate in the screening for the fifth screening round; 951 women (76.8%) responded and participated in the screening.

The **re-attendance** of the group of women who initially participated in the screening program in 2010 is very high, which is a clear motivation to continue getting a mammogram every two years.

A group consisting of 1,688 **45-year-old** women was invited to participate in the screening for the first time. One-third (30.3%) of these women responded to the invitation and had a mammogram taken.

### Referrals

298 women were referred for further analysis at the Outpatient Clinic (Mammapoli) St. Elisabeth Hospital or at another health care facility (referral rate 4.0%). As previously mentioned, a third radiologist will assess the x-rays in case the two radiologists have not been able to reach a consensus. The majority of women who were referred for further testing participated in the screening for the first time (screening round 1).

### Challenges

The number of invitation days is lower compared to previous years due to the movement of the Mammography Selenia device to the new building in July.

As mentioned above, 30.3% of 45-year-old women who are invited to participate in the screening for the first time actually responded and participated in 2019. Unfortunately, we have no contact information other than the home address of the women who did not participate. We are currently exploring alternatives to reach this group in order to increase participation.

We need to shift our focus on women who previously participated in the screening but who have not responded to their invitation. This is a large group of women. We will actively contact these women to make new appointments if they wish to re-attend and to determine the reason for not responding to the invitation.

The focus of our awareness activities will also need to shift to not only to increase the attendance of women who never have participated but also to educate on the benefits of re-attendance.





## 4.2 CERVICAL CANCER SCREENING

Cervical cancer screening is a well-organized screening program. The purpose of the cervical cancer screening program is to prevent cervical cancer by early detection of a pre-cancer condition. The protocol of the cervical cancer screening was composed by Dr. Gomes Bravio, Gynecologist Oncologist. The protocol was approved by the Medical Ethical Committee of the Fundashon.



The target population consists of 48,207 (CBS 2019) women aged 25 to 65 years. An invitation letter is sent to the target group to participate in the cervical cancer screening program. Women who have had a complete hysterectomy, who are currently being treated by a gynecologist, who have not previously had sexual relations and women who are pregnant and up to six-month post-pregnancy are excluded from the screening program. Women aged 65 years or older, who have not had a cytology test in more than 10 years can also participate in the screening.

## Laboratory tests

Women aged 25-29 years only receive cytology testing.

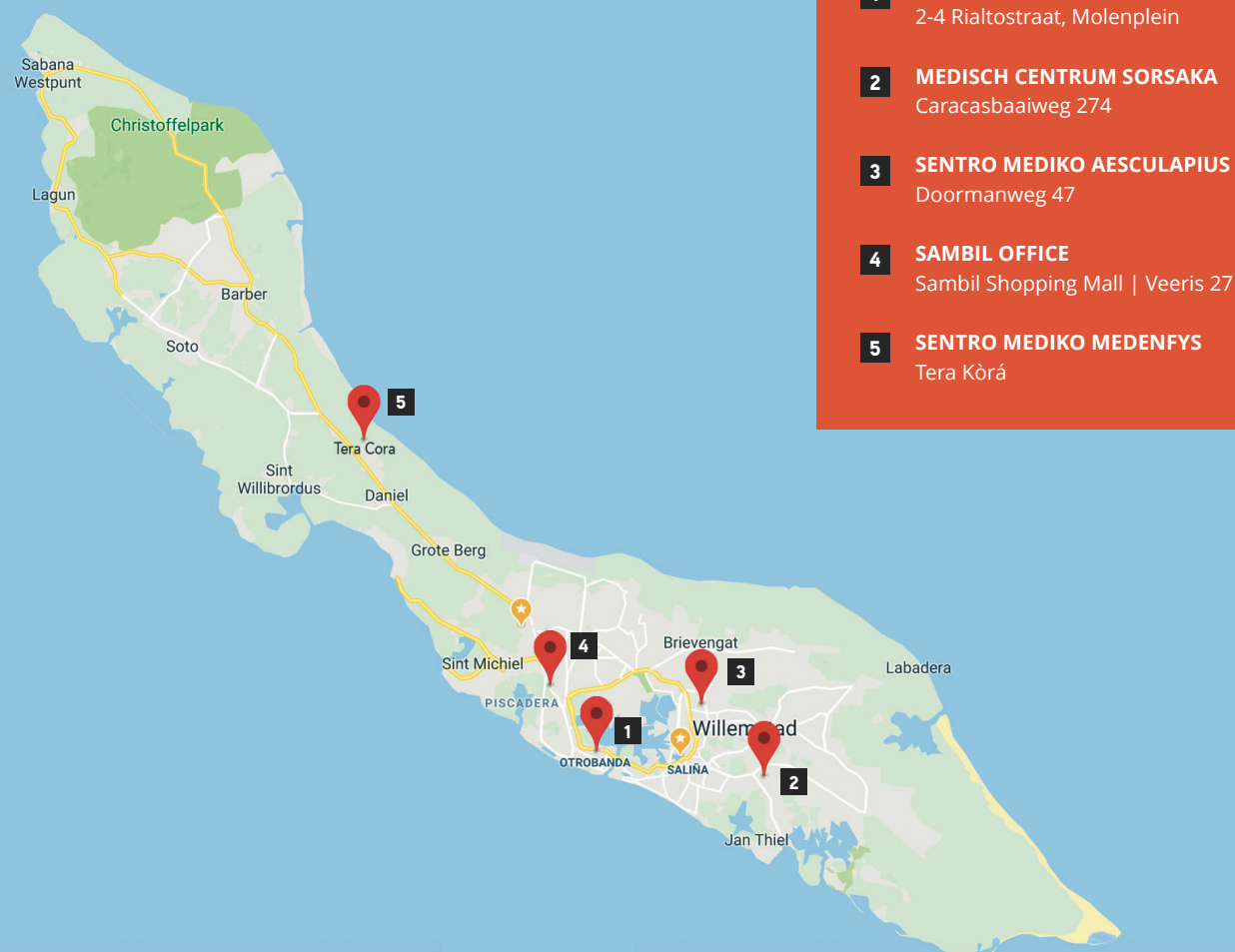
Women over 30 years receive a high-risk HPV (hrHPV) DNA test and cytology testing when hrHPV is detected.

Women aged 25 to 29 years with positive cytology (ASC-US, LSIL) are recalled after 6 months and 12 months.

Women aged 30-65 with a hrHPV positive with a negative cytology (NIN, PAP1) test result are recalled after 12 months as most hrHPV infections are transient and do not require immediate intervention. The follow up based on the test results are described in the Protocol for cervical cancer screening in Curaçao.

## Locations

Fundashon Prevenshon has multiple locations strategically located on the island to accommodate our clients who reside or work in these areas. Our offices are located at Sorsaka Medical Center, Aesculapius Medical Center, Sambil Shopping Mall and since July 2019 our clients on the west side of the island can get screened at the office of the Medical Center Medenfys at Tera Kòrà.



- 1 MAIN OFFICE**  
2-4 Rialtostraat, Molenplein
- 2 MEDISCH CENTRUM SORSAKA**  
Caracasbaaiweg 274
- 3 SENTRO MEDIKO AESCULAPIUS**  
Doormanweg 47
- 4 SAMBIL OFFICE**  
Sambil Shopping Mall | Veeris 27
- 5 SENTRO MEDIKO MEDENFYS**  
Tera Kòrà



## Data Analysis

In 2019 Fundashon Prevenshon sends an *invitation letter* to 7,050 women (table 4.2.1). 3,893 (56.4%) women responded to the invitation and participated in the screening in 2019. The number of invitation letters, participation and participation rate based on age category are shown in table 4.2.2.

	2018	2019
NUMBER OF INVITATIONS	11,765	7,050
TESTS	4,737	3,893
PARTICIPATION RATE (%)	41.2	55.2
NON-RESPONSE	6,754	3,157
NON-RESPONSE RATE (%)	58,8	44,8
REFERRALS	340	385
REFERRAL RATE (%)	7.2	9.9

Table 4.2.1: Primary Indicators for the cervical cancer screening program (2018-2019)

AGE GROUP	INVITATIONS	PARTICIPATION	PARTICIPATION RATE
25 - 29	1,707	449	26.3%
30 - 34	963	551	57.2%
35 - 39	735	516	70.2%
40 - 44	659	457	69.3%
45 - 49	741	537	72.5%
50 - 54	708	458	64.7%
55 - 59	807	447	55.4%
60 - 65	730	366	50.1%
>66	0	112	
<b>TOTAL</b>	<b>7,050</b>	<b>3,893</b>	<b>55.2%</b>

Table 4.2.2: Number of invitations, number of women who responded to the invitation and participation rate for the cervical cancer screening based on age category.

In total 3,893 samples were collected and analyzed in the laboratory in 2019. Table 4.2.3 shows the details of the number of samples that were collected in 2019 based on location and age group.

3,377 (86.7%) samples were collected at the local offices of Fundashon Prevenshon; the majority (76.6%) of the samples were collected at our centrally located main office Mill House in Otrobanda. 516 (13.3%) samples were collected by the General Practitioners and Gynecologists, this is less in comparison to 2018.

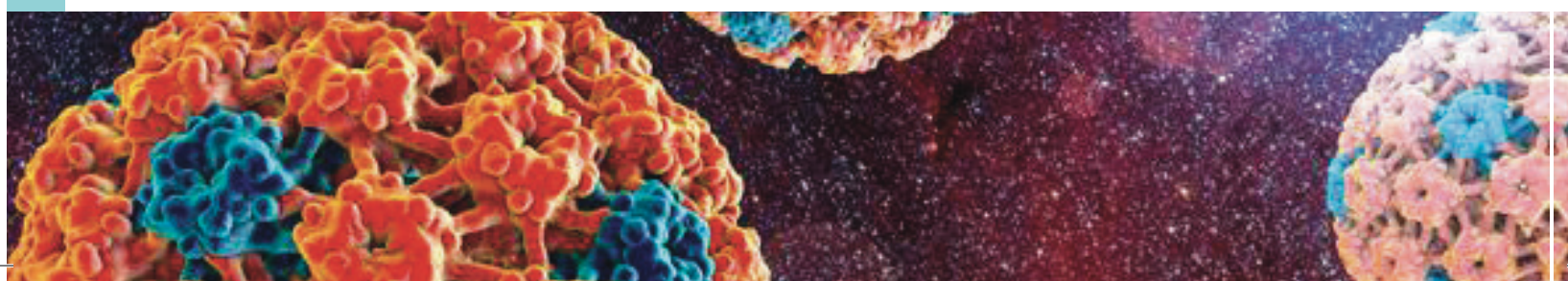
AGE GROUP	AESCLAPIUS	MILL HOUSE	SAMBIL	SORSAKA	TERA KORA	EXTERNAL	TOTAL
25 - 29	20	287	33	36	9	64	449
30 - 34	34	341	31	49	5	91	551
35 - 39	33	284	38	67	4	90	516
40 - 44	13	273	29	59	6	77	457
45 - 49	23	395	23	37	5	54	537
50 - 54	20	334	20	30	7	47	458
55 - 59	30	323	17	30	6	41	447
60 - 65	21	278	16	18	5	28	366
>66	11	73	0	4	0	24	112
<b>TOTAL</b>	<b>205</b>	<b>2,588</b>	<b>207</b>	<b>330</b>	<b>47</b>	<b>516</b>	<b>3,893</b>

Table 4.2.3: Number and rate of women who participated in the cervical cancer screening based on age category.

## Laboratory Results

As mentioned previously, hrHPV is tested in women 30 years and older. hrHPV was detected in 24.4% of women. The hrHPV detection rate was the highest (29.8%) among women in the age group 30-34 years. This is consistent with the results of the data analysis in 2018 (35%). As expected, the hrHPV detection rate decreases with increasing age.

The most recent results of the monitor of the cervical cancer screening in the Netherlands indicate that the youngest women (30-34 years) have an hrHPV detection rate of 21.3%.





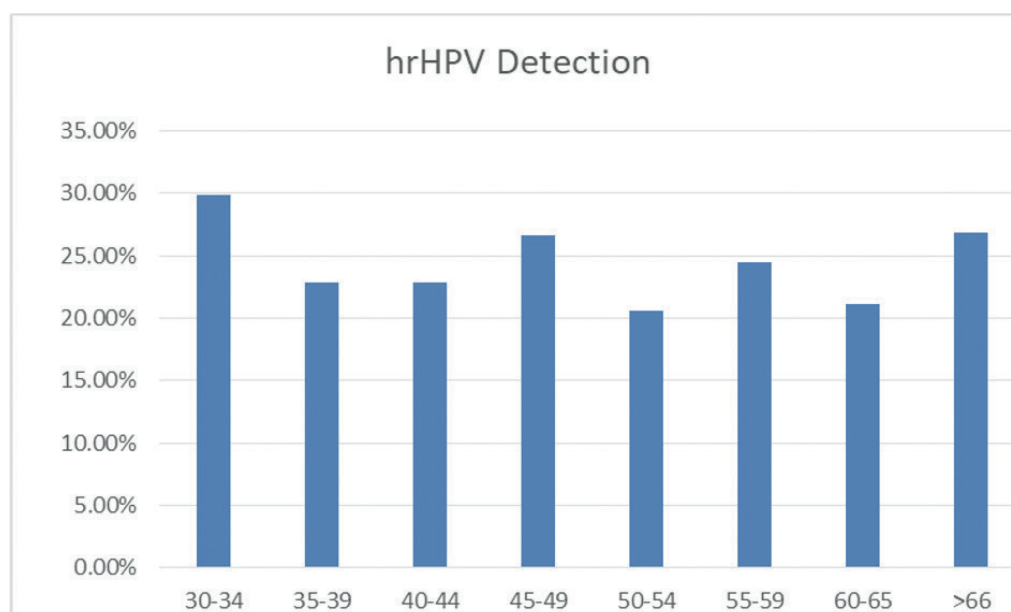
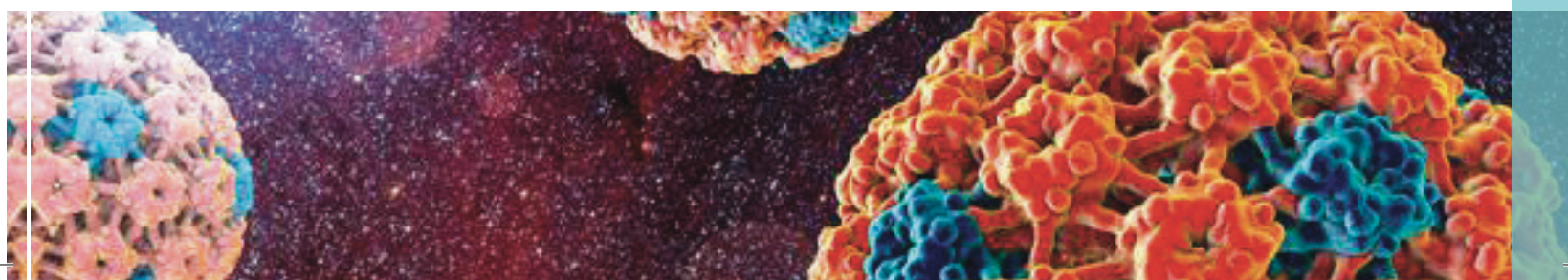


Figure 4.2.1: hrHPV detection in rates per age category

AGE GROUP	NIN	LSIL	ASC-US	HSIL	AGC	INADEQUATE	FALSE
25 - 29	84.0%	3.3%	5.1%	2.4%	0.4%	1.6%	3.1%
30 - 34	81.8%	3.6%	7.6%	4.9%	0.9%	0.4%	0.9%
35 - 39	87.9%	1.9%	5.3%	2.4%	0.0%	1.4%	1.0%
40 - 44	87.7%	2.5%	3.7%	4.3%	0.0%	1.9%	0.0%
45 - 49	85.5%	2.7%	6.4%	1.8%	0.5%	1.8%	1.4%
50 - 54	86.9%	1.9%	4.4%	3.1%	0.0%	3.1%	0.6%
55 - 59	87.6%	0.0%	3.4%	1.7%	1.7%	4.5%	1.1%
60 - 65	93.2%	0.0%	3.0%	0.8%	0.0%	1.5%	1.5%
>66	88.6%	1.4%	1.4%	1.4%	0.0%	5.7%	1.4%
<b>TOTAL</b>	<b>86.1%</b>	<b>2.3%</b>	<b>4.9%</b>	<b>2.7%</b>	<b>0.4%</b>	<b>2.1%</b>	<b>1.5%</b>

Table 4.2.3: Number and rate of women who participated in the cervical cancer screening based on age category.



## PATHOLOGY RECOMMENDATIONS

As mentioned in table 4.2.4, the pathologist will give a recommendation for the follow-up based on the result of the screening, according to our screening protocol.

### Repeat after 3 and 5 years

The majority of the participants (84.0% of women between 25 and 29 years, and 73.0% of HPV negative women) had a normal test result and will receive an invitation after 3 or 5 years.

### “Refer to gynecologist”

The total referral rate in 2019 was 9.9%, this is higher in comparison to 2018 where only 9.4% of all women were referred to a gynecologist. 919 women attended for the secondary test in 2019, 276 (30%) of these women were referred to the gynecologist.

### Incomplete analysis

Incomplete analysis refer to samples that were not analyzed according to the screening protocol. We noted multiple reasons as incomplete data on the laboratory form, no Pap test result or no HPV test result, and missing recommendation. The recommendations will be corrected by the pathologist and send to the General Practitioners.

### Challenges

The current results shown in figure 4.2.2 are received through the Medical Laboratory Services. The results must be known within 3 weeks but cytology testing may have a delay in the pathology department.

### Screening according to the protocol

The current cervical cancer screening guideline does not include women returning to the population screening after treatment. Conversations are on their way with our advisor, Dr. Gomes Bravio to determine the agreements after treatment.

These results are based on the number of samples that were analyzed at Medical Laboratory Services (MLS). We need to take into consideration that these numbers do not provide a complete overview of all women screened in 2019. We noted that samples collected by General Practitioners or gynecologists have also been sent to be analyzed at other laboratories and that samples are not always marked as *population screening (PS)*. Unfortunately, Fundashon Prevenshon is not aware of the number of samples that were collected and sent to other laboratories that do not participate in the cervical cancer screening project.





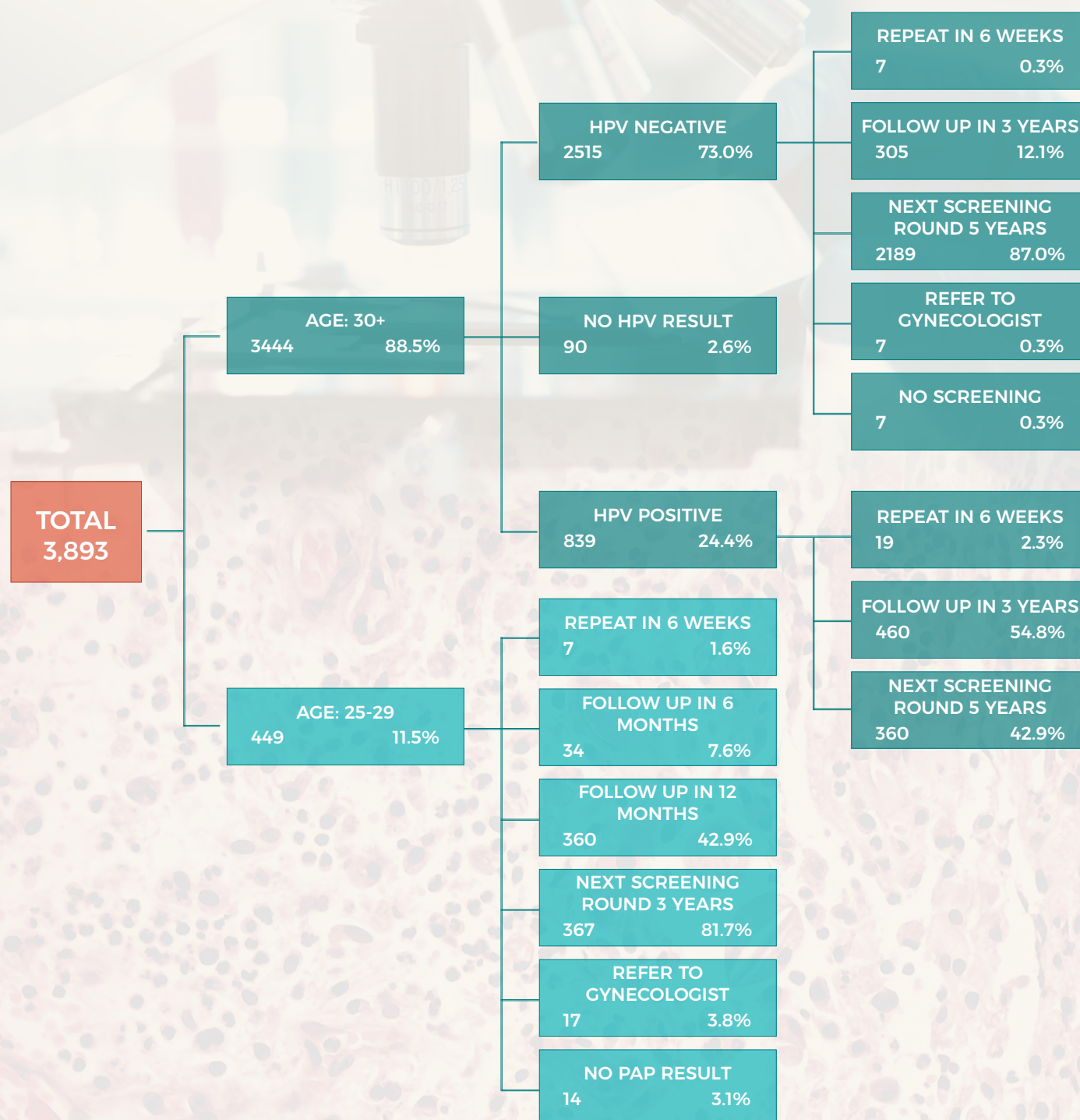


Figure 4.2.2: Number of women who participated in the cervical cancer screening, and follow-up recommendations per age group. "No HPV Result" refers to women whose samples have not been analyzed according to the screening protocol.



## 5. 2019 AT A GLANCE

### 5.1 CORPORATE IDENTITY

In 2019, we continued the development of our marketing plan and we strongly focused to benefit the community.

Our objectives of communication are motivating people, building awareness, promoting screening activities to the target audiences and increasing efficiency in our services.

The prevention center guarantees continuous screening of the current programs according to established guidelines and will coordinate with other partners and professionals on new screening activities for the entire community.

### 5.2 AWARENESS ACTIVITIES

One of the main goals of Fundashon Prevenshon is to raise awareness of prevention. In doing so, Fundashon Prevenshon has consulted board member and PR advisor, Ms. Nancy Guttenberg and went through the focal points of the awareness programs with a view to the relocation to Mill House.

#### The highlights of the main activities of 2019:

- Adjusting the opening 7:30 am to accommodate customers who want to do their screening before working time;
- Ongoing collaboration with SEFBA regarding awareness programs in the neighborhoods. In total Fundashon Prevenshon organized and participated in 63 information sessions, radio and television interviews and health fairs, aiming to increase the awareness of the importance of breast cancer and cervical cancer screening;
- Collaboration with Bliss carnival group and Miss Teenage organization regarding their awareness program topic this year for breast cancer screening;
- Providing information to adult evening education, Walk for Light (Hospice Arco Cavent), Walk Na Pechu Foundation, Walk and Art Auction for the Roses, hotel employees, through life chats, radio and TV programs;
- An inventory is made together with the Tourist Office Curaçao to offer screening to foreign guests during their stay.



### Events:

- Farewell to Lorraine Mercera and Ingrid Cristina-Klooster.
- Lorraine and Ingrid retired this year. Both employees are thanked on behalf of the Board for their contribution to Fundashon. It is a special farewell as both have been employed by Fundashon Prevenshon from the start and have contributed to the growth of the center.
- In February, Rotary representatives made the official handover of the 3D mammography machine at a small reception, followed by the visit in August of Rotary District Governor Trevor Blake to Fundashon's Board. Plans and results of the 3D mammography were exchanged and the new annual goals were discussed.



- ***May 14th, Official opening of the Mill House at Molenplein.***

The new building offers opportunities to expand prevention activities that will benefit the society as a whole. The guests were welcomed at 7 pm by Prof. Pinedo. The Minister of Health, Mrs. Camelia-Römer, officially opened Mill House. After her inspiring speech all guests were given a tour of the 3 floor building by the staff as planned. The reception was held outside in the beautifully decorated parking area.

- ***Open day at Mill House on August 24th.***

The Fundashon invited all residents to visit the new location and provided information about its activities. In view of the interest, there is internal consultation to repeat the open day event more frequently.

- ***Caribbean Medical University.***

At the Caribbean Medical University, Fundashon Prevension contributed to the teaching program on health communication. This was an opportunity to introduce students to the activities of Fundashon Prevension.

- ***Visit of dr. Hugtenburg.***

With the aim to prepare a project aimed at the improvement of a healthy lifestyle for the NWO Funding Round 2019 Caribbean Research, dr. J.G. Hugtenburg from the Amsterdam UMC visited the Fundashon Prevension in October.

To get insight into the background and frequency of health problems, she spoke with a number of stakeholders together with Professor Pinedo and Mrs. Elstak. Meetings were held with medical specialists (J.J. Schnog MD, oncologist, S. Palm MD, eye specialist, N. Ajubi MD, nephrologist), General Practitioners (W. Elhage, MD and C. Calor, MD), the laboratories (H. Genaro, General Director of MLS and Ms. L. Virginia, Interim Director of ADC), the Stichting Rooms Katholiek Centraal Schoolbestuur (R.K.C.S.) (Ms. van Lamoen-Garmers, Director), the President of the Lions Club Curaçao (Mrs. M. Romero, regarding a diabetes project) and Dr. Francis de Lanoy, Rector Magnificus of the University of Curaçao dr. Moises Da Costa Gomez.



To discuss the findings and to elaborate on the solutions for the health problems, in collaboration with Mrs. De Castro, dean of the Faculty of Social Sciences, a well-attended workshop was held at the University of Curaçao dr. Moises Da Costa Gomez.

Unhealthy eating habits and limited exercise were seen as main cause of a variety of chronic diseases as diabetes and cardiovascular disease. Interventions must be co-created with the target group and it was recognized that life style interventions should be targeted to school children, because young children can be influenced in a sustainable way.

Although the NWO committee judged the submitted proposal entitled "The Dutch Caribbean Lifestyle study: towards a healthier lifestyle of young people" as "very good", funding was unfortunately not provided. We will look after other opportunities for our promising ideas.





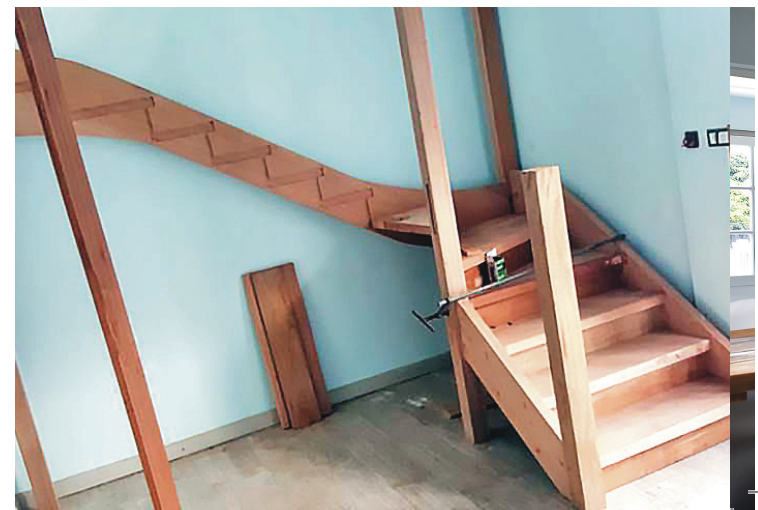
**Amsterdam UMC**  
University Medical Centers



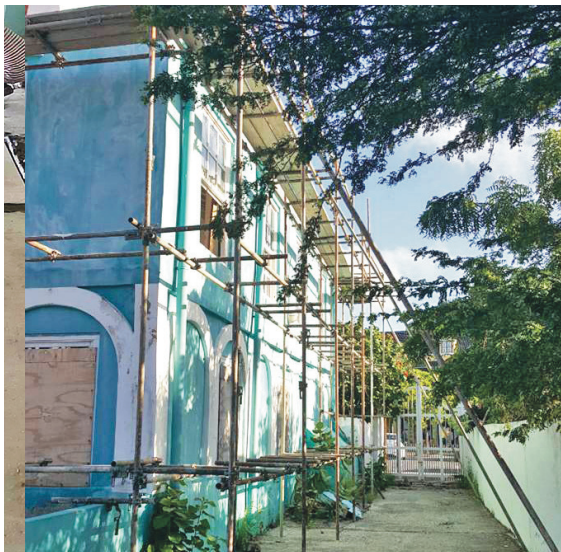




## IMPROVEMENT MILL HOUSE









### 5.3 CONTINUOUS IMPROVEMENTS

In order to guarantee the continuation of the screening activities, we have to keep innovating and applying continuous improvement of our operations.

Privacy is really important to us and we want to make sure that every woman feels comfortable.

This year we offered a 'scarf' for personal accommodation to every client before taking the mammogram.



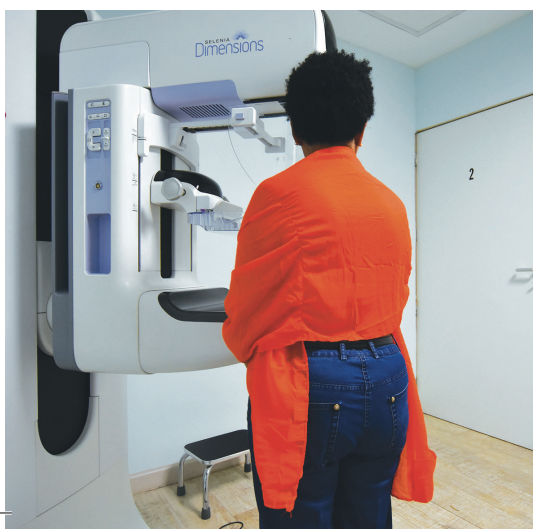
#### 3D mammography

Our first mammography machine was donated by late Mr. Lionel Capriles and has been in use from 2010 to 2018. There was a growing need for a new and improved device to guarantee continuity of the breast cancer screening program as the previous mammography machine malfunctioned on multiple occasions. Fundashon Prevension received a donation from Rotary for the purchase of the new digital 3D mammography device, that produces an imaging test which combines multiple breast X-rays (breast tomosynthesis) to create a three dimensional image intended to reveal the inner architecture of the breast (unlike prior generation mammography systems, which generate 2-dimensional images).

Medimax was in charge of the dismantling of the old mammography machine and the installation of the 3D device including the corresponding software. The physics group of LRCB performed an acceptance test prior to first use, to examine if the system meets the specifications established during the type test. A new doctor station (monitor) compatible with the 3D mammography was also installed.

The radiographers and radiologists received specialized training from Hologic to get acquainted with the new 3D mammography device and software.

Fundashon Prevension is the only organization in the Dutch Caribbean to apply this new technique at this time.





### Cervix Information System (CIS)

CIS is the software that has been designed by RADventure specifically for the cervical cancer screening program on Curaçao. The test version was released to determine whether all functionalities worked appropriately and to detect possible errors.

Our nurses work with the test version to get acquainted with the different features of the new program.

The database from the Civil Registry is updated and includes information of our target population and the screening results from the laboratory, which have been uploaded in the software. In July we switched to the CIS program of Radventure.

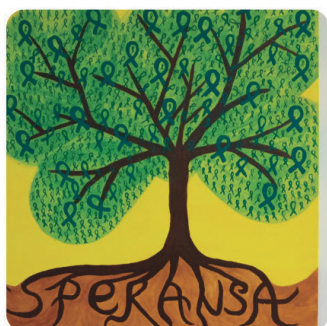
### De-registration process

Fundashon Prevenshon officially introduced the de-registration form, our clients can de-register if they do not wish to participate for one screening round or if they wish to terminate participation indefinitely. Clients who wish to de-register are required to specify the reason from de-registration. Only clients who fill and return this form will be de-registered.

### 5.4 NEW PERMIT APPLICATION

The board applied for the permit from the Ministry of health for the screening of colon cancer and glaucoma. Pre-diabetic screening is in the definition phase and consultation is taking place with local partners and medical authorities regarding the infrastructure of this specific screening program.





A collage of artworks that Fundashon Prevenshon has accepted with gratitude.  
Part of the collection is on loan from one of the founders.



## 6. THANK YOU FOR YOUR SUPPORT

The local and benefactors from abroad will always have a special place in the heart of the Fundashon. The Caribbean Prevention Center “Fundashon Prevenshon” can only exist thanks to the initiatives and continuing support of its benefactors. Our clients know this and we know this. On behalf of all clients we therefore express our gratitude to those who support the Fundashon Prevenshon. Thank you because each day it can be seen what your contributions mean for the health of the Curaçao community.

The growth we are experiencing today is only possible through the contributions of our benefactors who believe in the initiative and support us to develop the early diagnosis and early detection of diseases. We are extremely grateful to them. The Fundashon Prevenshon is also proud of our healthcare professionals, administrative staff and employees running the various screening programs.

We have left Klipstraat after 10 years due to expansion of our activities. In May 2019 we have moved to the former Mill House at Molenplein. This monumental building has been fully restored and its interior is adapted to the needs of Fundashon Prevenshon in 6 months time.

The benefactor who made it possible to offer the screening center a different accommodation and to move to the Mill House had only one goal: To make a special contribution that would benefit the entire community of Curaçao.

Many contributed to the Mill House such as the architect who supervised the renovation, the construction supervisor, the construction workers and the designer of the interior. The Mill House is one of the most beautiful buildings in the Otrobanda district. For over a year, we have received congratulations from every client who visits us for testing, counseling, for screening information and awareness purposes.

In this way we pass the ‘thank you notes’ to the benefactors who have supported Prof. Pinedo and the Board in every possible way. It is more than gratitude, it is a ‘Thank You’ that participation in the various screening programs is open to every resident of Curaçao. We take care of your health together and are grateful for your support.

Special Thanks: Mr. Carlos Tramm (Tramm Imaging).

### The driving forces of the first hour

- Late Mr. Lionel Capriles, founder
- Professor H.M. Pinedo, founder and President of the Board
- Mr. Bernard van Liemt, Project Manager
- Dr. Carmen Coronel, Project Manager and General Director
- Dr. Victor Maduro, radiologist and advisor to the Board

### Government Funding

Fundashon Prevenshon is dependent on the commitment of government funding to effectuate the current screening programs. From 2016 we receive an annual subsidy from the Government of Curaçao. We are grateful to the government for allowing the community of Curaçao to benefit from the existing prevention programs.

### Scientific Research Funding

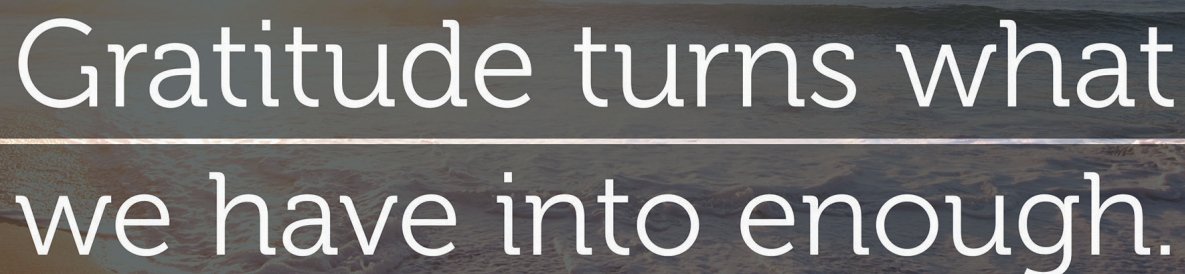
Dr. D. Hooi MD carried out the scientific research into cervical cancer at the VUmc in Amsterdam and is the first PhD graduate at Fundashon Prevenshon. In 2019 the Fundashon Prevenshon prepared the start of a second PhD student in the following year who will investigate the implementation of the new bowel cancer screening program.



# Gratitude

Let us count our joys.  
Life's precious moments  
that beam a sparkle of sunshine  
on our hearts and souls

*Adèle Basheer*



Gratitude turns what  
we have into enough.



## 7. A VISION OF THE FUTURE



As mentioned before, in this annual report continuity and sustainability remain the main focus. The Fundashon has a long-term planning and below two population surveys will be mentioned briefly, which will start in the following year, focusing on innovation and expansion.

In conversation with the stakeholders involved, it is checked whether scientific research will take place prior to the population screening and what the research question will be.

The collaboration with both local universities and universities abroad, offers the Fundashon the opportunity to invite students to conduct a scientific survey.

### 7.1 NEW SCREENING PROGRAMS

#### Bowel cancer screening

Bowel cancer is the most common cancer in Curaçao in men and women. The estimated incidence of bowel cancer in 2015 was 77 of 100,000 people per year. The causes of bowel cancer are varied and lifestyle factors may increase the risk of bowel cancer. However familial risk for bowel cancer and polyps are well known factors. The chance of survival depends on detecting bowel cancer as early as possible, the stage of diagnosis and improved diagnosis and treatment.

Population screening on bowel cancer can occur through conventional colonoscopy or virtual colonoscopy. During the preparatory phase for population screening, discussions take place with the local oncologist, gastroenterologists, and other specialists and the patient association in order to determine the most suitable technique for screening, selection of the target group and to develop the guidelines for screening on bowel cancer in Curaçao.

#### Glaucoma screening

Glaucoma is the third most common disease in Curaçao, with blindness as the most feared outcome. Ethnicity, gender and age are risk factors associated with open-angle glaucoma.


Glaucoma is called “silent viewing thief” because the person generally feels nothing and symptoms occur when the disease is at an advanced stage. Early detection and treatment minimizes the risk of visual impairment.

Family members of a glaucoma patient are eligible to undergo the screening with no minimum age. If the measured pressure is higher than the maximum pressure of 21 mmHg, the family member is referred to an ophthalmologist for further examination and treatment. A database will be kept of all data, including gender, ethnicity, family history of glaucoma and the photo recordings of the fundus.

Conversations with local ophthalmologists are ongoing to develop screening guidelines and they have already agreed to cooperate with this population screening. However, the preparation, start and implementation require careful application of the policy frameworks and available experts.

## 7.2 OTHER IMPROVEMENTS

- Design and launch of a new website;
- Improvement of our activities and services;
- Collaboration with more organizations.



**UNITY IS STRENGTH... WHEN THERE IS  
TEAMWORK AND COLLABORATION, WONDERFUL  
THINGS CAN BE ACHIEVED.**

*- Mattie Stepanek -*





## 8. FINANCIAL OVERVIEW

BALANCE SHEET AS AT 31 DECEMBER 2019



## 8. FINANCIAL OVERVIEW

BALANCE SHEET AS AT 31 DECEMBER 2019

Initialed on behalf of  
Baker Tilly for  
Identification purposes



**Fundashon Prevenshon**

**Curaçao**

**Annual report 2019**

Initialed on behalf of  
Baker Tilly for  
Identification purposes

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1. FINANCIAL STATEMENTS

Initialed on behalf of  
Baker Tilly for  
Identification purposes

**1.1 BALANCE SHEET AS AT 31 DECEMBER 2019**

	<u>2019</u>	<u>2018</u>
	G	G
<b>ASSETS</b>		
<b>FIXED ASSETS</b>		
<b>Tangible fixed assets</b>		
Buildings and land	1 26.767	67.895
Medical devices	1.807.787	1.082.613
Other tangible fixed assets	41.823	32.691
Fixed assets in progress	-	890.565
	<u>1.876.377</u>	<u>2.073.764</u>
<b>CURRENT ASSETS</b>		
<b>Receivables</b>		
Accounts receivable	2 189.458	203.270
Other receivables and current assets	3 123.633	12.939
	<u>313.091</u>	<u>216.209</u>
<b>Cash and cash equivalents</b>	4 2.150.896	1.269.148
	<u>4.340.364</u>	<u>3.559.121</u>



Fundashon Prevenshon, Curaçao

		<u>2019</u>	<u>2018</u>
		G	G
<b>EQUITY AND LIABILITIES</b>			
<b>FOUNDATION'S CAPITAL</b>	5		
		<u>1.860.012</u>	<u>1.270.206</u>
<b>RESERVES FOR SPECIAL PURPOSES</b>	6		
		<u>1.695.448</u>	<u>1.361.164</u>
<b>LONG-TERM LIABILITIES</b>			
Loan Stichting Monumentenfonds Curaçao		<u>-</u>	<u>8.275</u>
<b>SHORT-TERM LIABILITIES</b>			
Short-term portion Loans Stichting Monumentenfonds Curaçao	7	8.356	21.361
Accounts payable		470.271	657.736
Taxes and social security premiums	8	52.541	23.201
Other payables and short term liabilities	9	<u>253.736</u>	<u>217.178</u>
		<u>784.904</u>	<u>919.476</u>
		<u><u>4.340.364</u></u>	<u><u>3.559.121</u></u>

Initialed on behalf of  
Baker Tilly for  
Identification purposes

**1.2 STATEMENT OF BENEFITS AND EXPENDITURE FOR THE YEAR 2019**

		<u>2019</u>	<u>2018</u>
		G	G
<b>Revenues and benefits</b>	<b>10</b>	<b>2.789.711</b>	<b>2.825.481</b>
Salaries and wages	11	1.055.681	978.670
Depreciation of tangible fixed assets	12	209.078	172.702
Housing expenses	13	179.655	146.455
Marketing expenses	14	77.668	351.061
Operational expenses	15	541.281	686.849
General expenses	16	224.974	74.542
<b>Total operating expenses</b>		<b>2.288.337</b>	<b>2.410.279</b>
<b>Operating result</b>		<b>501.374</b>	<b>415.202</b>
Financial income and expense	17	16.833	14.886
<b>Net result after taxation</b>		<b>518.207</b>	<b>430.088</b>



### 1.3 NOTES TO THE FINANCIAL STATEMENTS

#### **General notes**

##### **The most important activities of the entity**

The objective of Fundashon Prevenshon is to promote public health in Curaçao and to reduce mortality through the implementation of periodic population screening.

The Dutch methodology is used as a model for the screenings with adaptations to the local situation. European guidelines for quality assurance are used as quality standard. The aim is to reach a high attendance rate (approximately 80% according to screening programs in other countries). Adequate follow up and treatment of the participants and periodic epidemiological evaluation are major conditions for the screening program.

##### **General accounting principles**

##### **The accounting standards used to prepare the financial statements**

The financial statements have been prepared in accordance with Book 2 of the Curaçao Civil Code and accounting principles generally accepted in the Netherlands. Preparation of financial statements according to these policies requires from management to make estimates and assumptions that may affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities reported in the financial statements and accompanying notes.

##### **Accounting principles**

##### **Property, plant and equipment**

Fixed assets are valued at cost less accumulated depreciation. Depreciation is calculated on the straight line basis over the useful lives of the assets and an eventual residual value has been taken into consideration.

##### **Current assets**

Current assets are stated at face value, unless otherwise stated.

##### **Current liabilities**

Current liabilities are measured at face value, unless otherwise stated.

##### **Accounting principles for determining the result**

Revenues and benefits comprise compensation for treatments by insurers and of subsidies and donations. Compensation for treatments by insurers are recognized as they accrue. Expenses are allocated to the reporting year to which they relate. Expenses are recognized in the income statement on an accrual basis.



## 1.4 NOTES TO THE BALANCE SHEET

## Fixed assets

## 1 Tangible fixed assets

	Buildings and land	Medical devices	Other tangible fixed assets	Fixed assets in progress	Total
	G	G	G	G	G
Balance as at 1 January 2019					
Cost	482.869	1.471.058	214.048	890.565	3.058.540
Accumulated depreciation	(414.974)	(388.445)	(181.251)	-	(984.670)
Accumulated currency translation differences	-	-	(106)	-	(106)
Book value as at 1 January 2019	<u>67.895</u>	<u>1.082.613</u>	<u>32.691</u>	<u>890.565</u>	<u>2.073.764</u>
Movements					
Investments	-	1.005.085	15.083	-	1.020.168
Depreciation	(41.128)	(279.911)	(5.951)	-	(326.990)
Transfer to investments	-	-	-	(890.565)	(890.565)
Balance movements	<u>(41.128)</u>	<u>725.174</u>	<u>9.132</u>	<u>(890.565)</u>	<u>(197.387)</u>
Balance as at 31 December 2019					
Cost	482.868	2.476.035	229.131	-	3.188.034
Accumulated depreciation	(456.101)	(668.248)	(187.308)	-	(1.311.657)
Book value as at 31 December 2019	<u>26.767</u>	<u>1.807.787</u>	<u>41.823</u>	<u>-</u>	<u>1.876.377</u>
Depreciation percentages used	<u>10%</u>	<u>14-20%</u>	<u>20-25%</u>	<u>0%</u>	

- Investments in assets during the year are depreciated at half the annual rate.
- Residual value for the tangible fixed assets excluding building improvements is 10% of the historical cost price.
- The total purchase value of the two donated Selena Dimension mammography medical devices is ANG 1,178,996. The total book value of the two Selena medical devices is ANG 1,018,963 as of December 31, 2019.



**Current assets**

	31-12-2019 G	31-12-2018 G
<b>2 Accounts receivable</b>		
Debtors	174.449	161.923
To be invoiced	20.251	46.589
	<u>194.700</u>	<u>208.512</u>
Provision for bad debts	(5.242)	(5.242)
	<u>189.458</u>	<u>203.270</u>

The provision for doubtful debt relates to an estimated amount of receivables of which management assumes that these will not be collected. The receivables, invoiced according to the realized screening production, relate to both public and private insurance companies. Management is working on preparing production agreements with these institutes.

**Provision for doubtful debtors**

Balance as at 1 January	5.242	7.408
Write off	-	(2.166)
	<u>5.242</u>	<u>5.242</u>

**3 Other receivables and current assets**

Other receivables	28.866	10.819
Prepaid expenses	94.767	2.120
	<u>123.633</u>	<u>12.939</u>

**4 Cash and cash equivalents**

Maduro & Curiël's Bank N.V. - Time deposit	-	1.059.494
Maduro & Curiël's Bank N.V.	2.150.565	209.527
Petty cash	331	127
	<u>2.150.896</u>	<u>1.269.148</u>

**5 Foundation's capital**

Cumulative results	<u>1.860.012</u>	<u>1.270.206</u>
--------------------	------------------	------------------

**Cumulative results**

Balance as at 1 January	1.270.206	1.200.940
Appropriation of result	518.207	430.088
Transfer to appropriated result	71.599	-
Transfer to appropriated result prior year	-	(360.822)
	<u>1.860.012</u>	<u>1.270.206</u>



	31-12-2019 G	31-12-2018 G
<b>6 Reserves for special purposes</b>		
Equalisation reserve	1.018.964	613.081
Appropriated reserve	676.484	748.083
	<u>1.695.448</u>	<u>1.361.164</u>

**Equalisation reserve**

Balance as at 1 January	613.081	387.261
Addition regarding donation	523.793	655.200
Amount released (equal to amortization)	(117.910)	(42.119)
Transfer from equalisation reserve to appropriated reserve	-	(387.261)
Balance as at 31 December	<u>1.018.964</u>	<u>613.081</u>

The equalisation reserve is formed for the donations received for the purchase of a number of assets. The release of the equalisation reserve is equal to the depreciation of the assets donated.

**Appropriated reserve**

Balance as at 1 January	748.083	-
Mutation	(71.599)	360.822
Transfer from equalisation reserve to appropriated reserve	-	387.261
Balance as at 31 December	<u>676.484</u>	<u>748.083</u>

The appropriated reserve is formed to finance the fixed assets (in progress) and future acquisition of fixed assets mainly for Glaucoma research with subsidy received from the government according to the investment budget. The mutation in 2019 comprise the release of the reservation for investments and additions for future acquisitions of fixed assets.

**Short-term liabilities****7 Short-term portion Loans Stichting Monumentenfonds Curaçao**

Interest bearing loan	<u>8.356</u>	<u>21.361</u>
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**8 Taxes and social security premiums**

Social security premiums	42.233	18.597
Wage tax	10.308	4.604
	<u>52.541</u>	<u>23.201</u>

**9 Other payables and short term liabilities**

Payable to Stichting Preventie Fonds	126.418	120.591
Net wages	13.081	4.275
Other payables	93.131	72.107
Vacation payables	21.106	20.205
	<u>253.736</u>	<u>217.178</u>



### Subsequent events

December 2019 saw the first outbreak of the novel coronavirus (COVID-19) in China and has since swept around the world wreaking its havoc and bringing the world to an unprecedented halt to safeguard the lives and health of people anywhere in the world.

On March 17, the government of Curaçao declared a state of emergency to be better equipped to further combat the covid-19 outbreak.

At the moment of the issuance of these financial statements in 2020 the Coronavirus (COVID-19) outbreak has prompted global health concerns which will affect the economy of Curaçao and our organization. We are monitoring the current and potential effects that the Coronavirus outbreak may have but at this moment the effects can't be quantified.

# 1.5 NOTES TO THE STATEMENT OF INCOME AND EXPENSES

	2019	2018
	G	G
<b>10 Revenues and benefits</b>		
Subsidy Government Curacao	1.900.000	1.900.000
Compensation for treatment from insurers	889.711	925.481
	<u>2.789.711</u>	<u>2.825.481</u>

In 2019 the foundation was granted a subsidy by the Government of Curacao for the amount of ANG 1,900,000 (2018: 1,900,000). This subsidy has been granted to cover operational cost regarding:

- Prevention screening of Mammo and Cervix;
- Provision of information regarding prevention;
- Application of methods that stimulate prevention;
- Promotion and performance of research regarding prevention.

As part of the subsidy is granted for research, the Foundation will defer parts of the subsidy of government relating to research once the research plan for 2018-2023 has been finalized by the Board.

## 11 Salaries and wages

Salaries and wages	855.019	786.480
Social security premiums and pension premiums	178.858	152.546
Other personnel expenses	21.804	39.644
	<u>1.055.681</u>	<u>978.670</u>

## Social security premiums and pension premiums

Premium BVZ	67.199	57.687
Premium AOV/AWW	65.195	54.685
Pension premiums	32.165	26.278
Premium ZV/OV	10.113	9.252
Premium AVBZ	4.186	3.804
Premium Cessantia	-	840
	<u>178.858</u>	<u>152.546</u>

The total amount of employees in 2019 was 25 (2018: 23).

## 12 Depreciation of tangible fixed assets

Depreciation of tangible fixed assets	<u>209.078</u>	<u>172.702</u>
---------------------------------------	----------------	----------------



	2019 G	2018 G
<b>Depreciation of tangible fixed assets</b>		
Depreciation costs medical devices	279.911	109.242
Buildings and land	41.128	48.287
Other fixed assets	5.951	6.786
	326.990	164.315
Release equalisation reserve	(117.912)	(42.120)
Book loss depreciation other fixed assets	-	50.507
	<u>209.078</u>	<u>172.702</u>
<b>13 Housing expenses</b>		
Utilities	33.550	36.281
Security	48.984	1.049
Telephone, fax and internet	38.538	35.313
Repair and maintenance	23.938	29.714
Rent	21.220	29.546
Insurance premium	10.149	12.252
Cleaning	2.826	-
Other housing expenses	450	2.300
	<u>179.655</u>	<u>146.455</u>
<b>14 Marketing expenses</b>		
Postage and reminder	67.181	97.514
Representation expenses	5.887	6.096
Advertising expenses	5.710	232.547
Awareness expenses	495	7.884
Glaucoma project start	-	7.425
Donation Cervix project start symposium	(1.605)	(405)
	<u>77.668</u>	<u>351.061</u>
<b>15 Operational expenses</b>		
Screening Cervix	288.808	342.799
Screening fee radiologists	178.176	188.088
Quality monitoring fee	38.148	56.870
Repair and maintenance	36.149	99.092
	<u>541.281</u>	<u>686.849</u>

Fundashon Prevenshon, Curaçao

	<u>2019</u> G	<u>2018</u> G
<b>16 General expenses</b>		
Other general expenses	92.316	8.501
IT Expenses	85.137	41.668
Exchange gains and losses	19.939	(1.834)
Car expenses	14.766	9.571
Bank expenses	4.082	3.754
Office supplies	3.190	3.467
Insurance premium	2.929	1.344
Board expenses	1.703	2.098
Telephone, fax and internet	912	-
Reduction of standing right obligation	-	(9.927)
Accountant expenses	-	15.900
	<u>224.974</u>	<u>74.542</u>

The other general expenses and IT expenses increased with approximately ANG 115.000 in 2019 due to incidental cost as a result of moving to a new location.

**17 Financial income and expense**

Interest and similar income	18.593	18.471
Interest and similar expenses	<u>(1.760)</u>	<u>(3.585)</u>
	<u>16.833</u>	<u>14.886</u>

**Interest and similar income**

Interest deposit	<u>18.593</u>	<u>18.471</u>
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**Interest and similar expenses**

Interest charges interest bearing loan	<u>1.760</u>	<u>3.585</u>
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Photography: Manon Hoefman

# ANNUAL REPORT 2019



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