

Increasing Access and
Bolstering Health Systems
in 70+ Countries P/6

Emergency Preparedness and Response P/24

THE YEAR IN RE- VIEW

FY
20
09

Direct Relief
INTERNATIONAL
healthy people. better world. since 1948.



How We Used Your Support P/34

U.S. Primary Care—Strengthening
the Safety Net for 20 Million Patients
Nationwide P/18

HIV Prevention and Testing P/14

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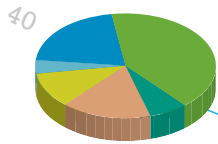
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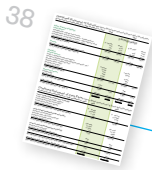
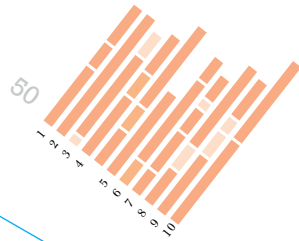
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"Direct Relief is exceptional for its combination of the values and mission of a humanitarian organization with the dynamism and agility of a Silicon Valley startup."

- Bruce Campbell, Longtime supporter





THIS REPORT IS
DEDICATED TO
MOMS.

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Aside from the obvious—no one would exist without someone having become a mom—mothers are the cornerstones of families, communities, economies, and societies worldwide. It's staggering that the World Health Organization estimates a woman dies each minute from complications during pregnancy and childbirth. Pregnancy is often a time of joy and trepidation, but in developing countries, pregnancy is a life-threatening condition, as pregnancy and childbirth are leading causes of death among women of reproductive age. That's why Direct Relief focuses on improving health services for moms and kids, aiming particular effort at threats to women during pregnancy and through delivery.



Direct Relief pushed through a challenging Fiscal Year 2009 and made good progress against strong headwinds, thanks to the tremendous support that you and others provided in exceptionally difficult financial times. Throughout the year, the combination of increasing need for our work and contracting resources available to meet the need presented sobering financial challenges. A good case for

clinics and health centers in all 50 U.S. states.²

Direct Relief has provided \$1 billion in medicines, medical supplies, and equipment since 2000—funded entirely with private support. Our dedicated Board of Directors³ and Advisory Board, in addition to devoting thousands of hours to the organization, also demonstrated tremendous personal generosity through their financial support.

We are pleased to report that all fundraising and administrative expenses incurred during the fiscal year were paid by the Direct Relief Foundation, the supporting organization established to manage bequest proceeds, provide

A MESSAGE

from the **CHAIRMAN** and the **PRESIDENT & CEO**

pessimism existed. But we were—and remain—optimistic as prior-year investments in new systems brought increased efficiencies and precision in conducting our humanitarian programs throughout the United States and around the world. Because of these efforts, Direct Relief was able to step up and expand our help at a critical time.

Direct Relief ended this fiscal year with good momentum, expanded opportunities, greater staff and operational capacity, and deepened insight.

We became the first and only nonprofit organization in the U.S. to be licensed to provide prescription medications in all 50 states, which enabled Direct Relief USA¹ to become the largest nonprofit program in the country helping uninsured, low-income patients obtain needed prescriptions.

As many organizations were forced to contract or even cease operations, our work expanded to 72 countries around the world and 1,100 safety net

financial stability, and finance rapid emergency response and other key initiatives when no other funding exists.

The Foundation is managed by its own Board of Trustees, which is, in turn, controlled and directed by the Board of Direct Relief International, who authorized transfers to enable immediate responses to humanitarian emergencies in Myanmar and Southern California⁴ without jeopardizing other planned activities.

Because fundraising and administrative costs were fully covered by bequest proceeds in the Foundation, 100 percent of all donors' contributions were devoted to supporting our partners with medical resources to increase healthcare access, quality, and affordability so that more people can receive better care. Highlights of our humanitarian work included the largest nonprofit-managed distribution of HIV test kits worldwide to improve



7



10



9



8



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11



13

public health responses,⁵ partnerships to train paraprofessional health workers in Southern Sudan and nurses in India,⁶ and broadening the reach of innovative mobile-medicine activities in Niger⁷ and Bolivia.

Direct Relief has enhanced its commitment to mothers and babies worldwide by helping to ensure their safety, from pregnancy through delivery and postpartum: equipping midwives in 15 countries,⁸ training midwives in Afghanistan⁹ and India, partnering with the African Medical Research and Education Foundation to promote emergency obstetric care in Uganda, and supporting obstetric fistula prevention and care programs¹⁰ across Africa. To further support our assistance programs on the African continent we have also established a wholly owned subsidiary, Direct Relief International South Africa, with headquarters in Johannesburg. In the coming years we expect this new venture to grow substantially as we expand our work in South Africa and become better positioned to serve the surrounding countries.

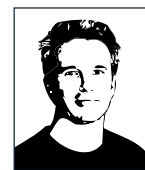
Our efforts to strengthen the healthcare safety net in the U.S. also grew substantially. Direct Relief USA has provided \$180 million in prescription support¹¹ to clinics and health centers nationwide. In addition to becoming the sole U.S. nonprofit licensed to provide prescription medications in all 50 U.S. states,¹² Direct Relief also earned the distinction of being the first and only nonprofit certified by the National Association of Boards of Pharmacy as a Verified Accredited Wholesaler Distributor.

Among the benefits of having sustained our program through seven decades of history¹³ is perspective, including the recognition that we must adapt, improve, and act even as circumstances do not play out as we had planned. Fiscal Year 2009 required us to shift gears, but it was to accelerate, not slow down. We were very pleased that, despite the challenging environment, Direct Relief stepped up and pursued its humanitarian mission even more intensely and in the most efficient, respectful, and productive manner possible. For the many changes that the year presented, a constant was that people whose lives and health are threatened by poverty, disease, or natural disaster need help.

Please accept our heartfelt thanks for your interest and involvement in the work of Direct Relief.

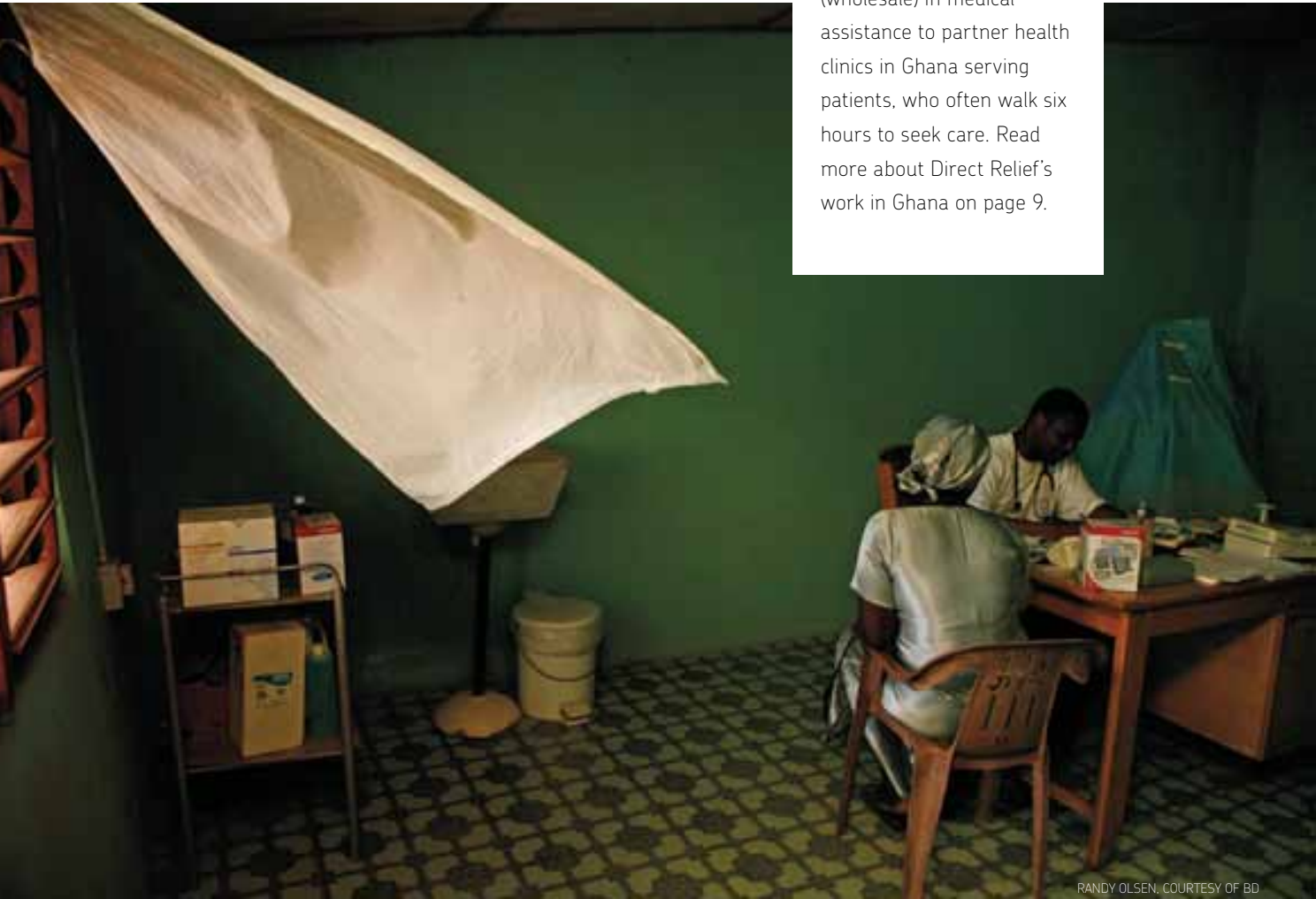


STANLEY C. HATCH,
Chairman



THOMAS TIEHE,
President & CEO

In this rural area of Ghana near Lake Volta, doctors are few and far between. Since 1988, Direct Relief has provided over \$8 million (wholesale) in medical assistance to partner health clinics in Ghana serving patients, who often walk six hours to seek care. Read more about Direct Relief's work in Ghana on page 9.



RANDY OLSEN, COURTESY OF BD



“Robust, scalable systems and innovative analytics make Direct Relief a strong, smart link in the supply chain of essential medicines, supplies, and equipment to otherwise under-resourced healthcare providers facing the world’s most pressing public health dilemmas.”

– Paul Thompson,
Direct Relief International Chief of Programs

Access. Quality. Affordability.

The best health outcomes include three factors: ACCESS, QUALITY, and AFFORDABILITY. Working with our partners in all 50 U.S. states and in 72 countries around the world, we at Direct Relief see examples of excellent care everyday.

Health has intrinsic value for every person.

It is essential for people to learn, work, and make a living. Sick people can't work, and they become poor or stay poor; and people who are poor are at higher risk of getting sick. Access to quality health services is integral to creating positive change for people stuck in this cycle.

Direct Relief's aim is to strengthen fragile health systems that serve people who are poor. We work to ensure that the healthcare professionals in impoverished communities worldwide are able to maintain, expand, and improve health services to people regardless of their ability to pay.

In turn, the people served have a better chance to survive, become healthy, and realize their inherent human potential.

While working to strengthen basic health services in resource-poor regions, Direct Relief focuses on four priority areas: programs serving women and children, health system strengthening, activities that address HIV/AIDS prevention and care, and emergency preparedness and response.

Increasing Access

Many factors limit people's access to care. Scarcity of resources—human, financial, technological, and medical material—and limited access to education and physical proximity to care are among the many challenges. Consider the Liberian family in the Temor Chiefdom of Grand Bassa County who walk ten hours and cross a river in a dugout canoe to get to the nearest hospital in Kakata. Or the Quechuan man in Cochabamba, Bolivia, unaware that his advancing blindness is a result of diabetes. Or the expectant immigrant mother in the Lower Ninth Ward of New Orleans, Louisiana, anxious for prenatal care, but having difficulty understanding her options because of language barriers.



1

The healthcare providers Direct Relief supports in the U.S. and abroad are constantly looking for pragmatic, innovative ways to bridge such obstacles to access. Be it through mobile clinics, telemedicine, or medical training, Direct Relief has worked for 61 years to infuse essential medical resources into in-country health systems so more people can receive better quality care.

In Niger, the NOMAD FOUNDATION has brought health care to nomadic populations by establishing a medical center on a well-traveled migratory route. A Nigerien woman has a one-in-seven lifetime risk of dying in



2

childbirth—the worst reported ratio in the world. At and near the health center, the Tuareg and Wodaabe peoples of the isolated Sahel and Sahara regions can now access essential medicines, patient services, clean water, food, education, and skills training—without compromising their traditional herding cultures.



3

BENI RIVER HEALTH PROJECT



4

The U.S.-based nonprofit TURTLEWILL¹ works with nomads in Niger, Mali, and Ethiopia—populations particularly afflicted by malaria, respiratory infections, and intestinal parasites—by conducting annual medical camps along migratory routes,² providing primary care to over 20,000 people since 2004.

THE BENI RIVER HEALTH PROJECT³ is located in northern Bolivia, at the base of the Andes Mountains where the Amazon jungle begins to wind through one of the poorest and most inaccessible regions of the country. The project operates out of a small office in the town of Rurrenabaque that serves as both a permanent medical clinic and a base camp from which a small boat equipped with medicines and medical supplies traverses the Beni River.⁴ Often for days at a time, clinic staff visit jungle communities



BRETT WILLIAMS

and provide health care and health education to remote populations. Excursions also focus on training community health workers and the installation of biosand water filters for potable water. Direct Relief has supported the project since its inception ten years ago.

In 2005, Direct Relief formed a strategic partnership with MARIE STOPES INTERNATIONAL (MSI), a leading reproductive health service nonprofit organization with facilities serving five million people around the world. Direct Relief now supplies MSI clinics—such as this one, in Kabul, Afghanistan⁵—and outreach programs in 15 countries that assist women and children in Africa, Asia, Latin America, and the Middle East.

In Southwestern India, the AMRITA INSTITUTE OF MEDICAL SCIENCES (AIMS)⁶ operates a cutting-edge telemedicine van to bring care to the many people who are too remote, sick, or poor to get to a hospital. Direct Relief funded the van and provides the medical material for everything from its ongoing health clinics in nearby villages to its broad excursions to the sites of natural disasters and health emergencies

where there is otherwise little access to care. The van has brought state-of-the-art care to more than 30,000 people using live-video conferencing and real-time transmission of medical information to expert medical providers at the AIMS hospital. Earlier this year, a second Direct Relief-funded telemedicine van was provided to another specialty hospital in South India.



DANIEL ROTHENBERG, PHOTOASIA.ORG

THE ABBOTT FUND and Direct Relief's partnership to support the ANGKOR HOSPITAL FOR CHILDREN⁷ in Cambodia, where 45 percent of children are malnourished, provides nutritional products and medical support essential for patients and also established an on-site garden and demonstration kitchen where families learn to grow, prepare, and eat nutritious foods to avoid preventable malnutrition.



MATT MACCALLA

BD + DIRECT RELIEF: Addressing Poverty Through Partnership in Ghana



SERVANE BELLE



SEE THE VIDEO
about King's Medical Center at
DIRECTRELIEF.ORG

Located in West Africa, Ghana has a population of over 23 million. According to the World Health Organization, over 40 percent of the population does not have adequate access to health facilities (within one hour travel) and maternal- and child-mortality rates are high.

Since 2007, Direct Relief and BD have played an active role in improving health care in Ghana through the BD/Direct Relief Volunteer Service Trip (VST). VST provides opportunities for BD associates to strengthen healthcare systems first-hand by working with Direct Relief's local partners—supplying advanced lab diagnostics, training midwives, and upgrading infrastructure, putting health facilities like the King's Medical Center in a stronger position to meet the needs of their communities, where the average wage is just \$1 per day.

"We say an 'ELEPHANT THANK YOU' to express our deep joy, gratitude, and appreciation to Direct Relief and BD for the many mothers and fathers who may rush their children to the King's Village because they are sick or severely malnourished, or even to educate and equip them to make a difference in their lives and communities."

— Pastor Ben Owusu-Sekyere,
Director, King's Village Project

The Safe Delivery Continuum

SUPPORTING MOTHERS AND BABIES WORLDWIDE

A woman dies each minute from complications during pregnancy and childbirth—more than 500,000 each year worldwide. Nearly all—99 percent—of these deaths occur in developing countries. For every woman who dies in childbirth, another 20 to 50 survive but suffer devastating injuries such as obstetric fistula. Children who have lost their mothers are up to 10 more times more likely to die prematurely than those who have not.

While Direct Relief's work aims to expand the quality, availability, and access to health services for all people, a principal focus of this effort is on maternal and child health and, more specifically, interventions that directly address threats to women during pregnancy and childbirth. These interventions include expanding access to care, ensuring safe deliveries through midwife training and kits, addressing complications through emergency obstetric care, restoring health through obstetric fistula repair, and preventing mother-to-child transmission of HIV.

INTERNATIONAL PROGRAMS

BIRTH Only half of women benefit from a skilled attendant at birth, yet this is the most critical period for mother and baby.

POSTPARTUM Fewer than half of new mothers and infants receive any postnatal health care.

Clean, safe delivery with a trained attendant and proper equipment → SEE #1

PREGNANCY Regular check-ups with ultrasounds and prenatal vitamin regimens are considered minimum requirements during pregnancy, yet most of the world's expectant mothers lack access to such care. In recent years, Direct Relief has focused more intensely on expanding and enhancing these health services for pregnant women.

STRENGTHENING HEALTH SYSTEMS AND PRIMARY CARE For more than 60 years, Direct Relief has infused essential medical resources into in-country systems so more people can receive better quality care.

Complications during birth are countered with emergency obstetric care, greatly increasing the safety and survival rates of the mother and baby → SEE #2

Complications that lead to death or injury—such as obstetric fistula → SEE #3—often occur when a trained attendant is not present during delivery, the distance to care is too great, or health centers are not equipped with skilled providers, proper equipment, or emergency medications.

An accessible, reliable, and well-resourced maternal and child health system.

Critical Period

1 Safe Delivery

MIDWIFE TRAINING & KITS

Pregnancy and childbirth are the leading causes of death and disability among women in developing countries. Having a skilled attendant present during delivery is considered the single most critical intervention for ensuring safe motherhood.



Direct Relief is deeply committed to reducing maternal and infant mortality. It supports facilities and organizations that train midwives so that more women have access to prenatal and obstetric care, and more babies are properly cared for during their critical first days. It also helps equip birth attendants with necessary supplies to make use of their life-saving skills.

Midwife Training

Afghanistan has one of the highest maternal mortality rates in the world, but the AFGHAN INSTITUTE OF LEARNING (AIL) is working to reverse that statistic. Founded by Sakena Yacoobi in 1995, AIL provides healthcare services, preschool through university-level education, and training to women and girls at four sites in



Afghanistan. With support from the Abbott Fund and Direct Relief, AIL has operated a successful nurse-midwife training course since 2005.² To date, 77 women have completed their training, with most now employed in clinics and hospitals. Thirty-two students are expected to graduate in 2010.

Trainees study a comprehensive curriculum of medical subjects during the 18-month program and after graduation are able to treat an estimated 11,000 patients a year. Because it is culturally preferred that Afghan women receive health care from a female provider, highly skilled nurse-midwives represent greater access to care and are highly sought after. The Abbott Fund has funded nurse-midwife training programs since 2005; together, Direct Relief and the Abbott Fund have provided AIL with more than \$7 million in cash grants and medical material assistance.

In Maharashtra State, India, PRASAD CHIKITSA provides medical care to a largely indigenous population marginalized by caste and poverty. Midwifery skills traditionally have been passed down through generations, with a traditional

midwife, or *dai*, learning from her grandmother and mother. With Direct Relief's support, PRASAD Chikitsa is providing a two-year part-time training program for dais to improve and expand their skill base. Thanks to funding from the Abbott Fund, 40 women are receiving training through the program.

THE \$50 KIT IS DESIGNED TO HANDLE 100 DELIVERIES, WITH EQUIPMENT THAT IS STERILIZED AFTER EACH USE AND SUPPLIES THAT CAN BE RESTOCKED BY DIRECT RELIEF.

In Afghanistan, where only 14% of births are attended by a skilled healthcare worker and the literacy rate is just 13% for women, Direct Relief and the Abbott Fund have teamed up for five years to support the critical work of the Afghan Institute of Learning in training midwives and educating women and children.



2

Equipped and Ready

Training and equipping midwives saves lives and significantly increases and improves the chance for safe delivery. Based on input from partners in the field, Direct Relief created medical kits to equip midwives. The kits come in two versions: one for traditional midwives working at the village level and another for certified midwives who have completed more advanced training.

The traditional midwife kits are targeted to areas where more than 70 percent of deliveries occur at home and where providers have completed basic birth attendant training programs. The program started in 2006, and, with support from the STEINMETZ FOUNDATION, 694 traditional midwife kits have been provided to midwives in Sumba,¹ Indonesia, and 15 other countries.

Certified midwife kits contain the same contents as traditional midwife kits but include higher-level equipment such as stethoscopes, blood pressure cuffs, and instruments appropriate for either births at home or in a health or maternity center. MILTEX, INC., a division of Integra LifeSciences Corporation, provided critical elements to complete the kits. A total of 30 certified midwife kits were produced and sent to partners in 2008. Kits targeted to partners' needs have helped increase capacity for safe delivery in several regions around the world:

AFRICA Cameroon, Ethiopia, Ghana, Malawi, Uganda, Tanzania

ASIA Afghanistan, China (Tibet), India, Indonesia, Laos, Philippines

LATIN AMERICA + THE CARIBBEAN El Salvador, Haiti, Honduras, Mexico

PACIFIC Fiji

2

Addressing Complications

EMERGENCY OBSTETRIC CARE



In about 15 percent of deliveries worldwide, an unpredictable complication occurs. That's when emergency obstetric care (EmOC), such as a cesarean section, becomes necessary. But for women in developing countries, access to EmOC is very limited, so those who experience complications during delivery will likely suffer debilitating injuries like obstetric fistula or even death. The disability or loss of a mother reduces the survival rates of her other children and affects not just her family but the community at large.

In partnership with African Medical Research and Education Foundation (AMREF), Direct Relief has started a pilot program in Uganda to fight maternal mortality by equipping health facilities and providers so they can offer quality EmOC services.



2

KRISTI BULLOCK

PRINCESS DIANA HEALTH CENTER¹ is a primary health center for residents of Soroti district working to become the EmOC center for the district and a referral center for surrounding districts—a total catchment of three million people. High-risk patients will be sent to Princess Diana in advance of delivery so they can receive surgical intervention immediately if an emergency arises during labor. Nearby, SOROTI REGIONAL REFERRAL

HOSPITAL handles all surgical referrals, from road accidents to C-sections. More than 100 EmOC interventions are performed there each month, but women must travel long distances and wait extensive periods before surgery. Delayed EmOC is often fatal for unborn babies and their mothers.

EmOC is part of a care continuum. Adequate prenatal care supporting the mother and her unborn baby

is paired with careful monitoring before and throughout delivery. At minimum, a midwife is present during delivery. Proper training enables a midwife to provide interventions when complications arise, or to know when to refer a woman on to an EmOC facility. AMREF trains midwives and clinical officers, and Direct Relief sees that these health professionals have the tools they need to support such critical decision-making.

As part of the pilot program, AMREF is improving training and capacity at all facilities in Soroti district to ensure adequate local maternity services. Direct Relief supports AMREF by supplying materials, pharmaceuticals, and equipment. A large consignment of supplies and equipment—including an anesthetic machine, oxygen concentrators, and an ultrasound machine²—will enable the trained staff at Princess Diana to inaugurate EmOC service in the new health center. Direct Relief has also donated nine motorcycles and several computers to AMREF in Soroti to assist in service delivery and evaluation of the project.



KRISTI BULLOCK

Restoring Health & Hope

OBSTETRIC FISTULA PREVENTION AND CARE



ADDIS ABABA FISTULA HOSPITAL

In Ethiopia, Direct Relief provides support to the Addis Ababa Fistula Hospital, the only medical center in the world dedicated exclusively to fistula repair. The hospital is the model institution for obstetric fistula repair and training in Africa, providing free repair services for approximately 2,500 women every year and long-term care for 50 women whose obstetric fistula cannot be repaired.

JFK MEDICAL CENTER

The JFK Medical Center in Monrovia, Liberia, has a ward and operating theater dedicated to fistula repair. The center's multifaceted program focuses on prevention, repair, and rehabilitation/reintegration for fistula patients. The project was launched in 2007, and in its first two years, more than 330 women received fistula repair surgery. Nurses and midwives have been trained to provide quality emergency obstetric care, including safe delivery, and doctors have been trained in management of common obstetric emergency techniques such as cesarean section.

SINCE INCEPTION IN 1974, THE ADDIS ABABA FISTULA HOSPITAL HAS TREATED 30,000 WOMEN FOR FISTULA REPAIR.

Meet Nkwimba

In March, Nkwimba went into labor with her eighth child in her village in Shinyanga District in northern Tanzania. With no bus fare to take her to the nearest hospital, which was far away on very bad roads, she labored at home for several days. As a result of the prolonged labor, Nkwimba suffered significant injury, including nerve damage to her right leg and severe back pain. She also developed two fistulas, leaving her unable to control both her bladder and bowel movements.

Several months later, Nkwimba and her husband were able to afford the trip to the BUGANDO MEDICAL CENTER where she was admitted to the fistula ward. Five months later, one of the fistulas has been repaired successfully and she is able to walk with minimal pain. She is still waiting for the repair of her second fistula due to the long waiting list at the hospital, but she is hopeful about the outcome. The thought of returning to her community healed gives her reason to smile.



Every year, more than a half a million women die during pregnancy and childbirth. For every woman who dies in labor, many more will suffer serious injury if proper obstetrics care is not available in time. This tragedy is most significant in the poorest countries where the risk of death and disability is hundreds of times greater than it is in the developed world.



Worldwide, more than two million women are living with obstetric fistula, 80 percent of whom live in sub-Saharan Africa. Obstetric fistula is a devastating childbirth injury that develops during prolonged labor when adequate medical care is not available. The result is a tear in the birth canal which leaves the woman incontinent and almost always results in stillbirth of the child. Women who develop fistula are often ostracized because of the odor caused by chronic incontinence. The stigma that women with fistula endure adds to the grief already caused by the physical injury and loss of the baby in delivery.

Obstetric fistula is preventable and treatable. When women have access to quality emergency obstetric care, the incidence of maternal death and disability drops significantly. Obstetric fistula repair surgery is a relatively simple procedure, and the success rate of repair on the first attempt can be as high as 90 percent. With funding and donated product from Johnson & Johnson, Direct Relief supports five obstetric fistula repair and prevention programs in Africa. In addition to the three already mentioned, Direct Relief is also working with JAMAA MISSION HOSPITAL in Nairobi, Kenya, and EDNA ADAN UNIVERSITY HOSPITAL in Hargeisa, Somaliland. Through this network, more than 3,500 women receive fistula repair surgeries annually.

Defining the Big Problems

HIV Prevention and Testing

Every day, an estimated 1,000 children are infected with HIV, the virus that causes AIDS. This is a profound human tragedy, the primary cause of which is preventable. Without medical intervention, the chance that a mother will pass along the virus to her child is as high as 40 percent, but with proper testing and therapy, this risk can be nearly eliminated.

A vaccine may someday protect humans against this and other deadly viruses, but for now, aggressive education and prevention campaigns are essential. It is also critical to focus resources on where this infectious disease exists to save those who can transmit it and those who are most likely to contract it. Deciding who to treat requires knowing who is HIV-positive.

In 2008, an estimated 430,000 children were infected with HIV, the

vast majority through mother-to-child transmission. Prevention of mother-to-child transmission (PMTCT) of HIV requires a set of interventions that together can greatly reduce the risk that the infant will acquire the virus. HIV testing and counseling, often referred to as the gateway to care and treatment, is an essential intervention to ensure women have proper care and support to minimize the chance of transmission. While the number of pregnant women in low- and middle-income countries receiving HIV tests has increased in recent years, the large majority of women still do not know their status.

In partnership with Abbott, Direct Relief began distributing free, HIV rapid test kits in 2007. This program, initiated by Abbott in 2002, has donated more than 13 million rapid HIV tests to prevention programs throughout the developing world. Eleven million pregnant women have been tested and over one million of



LINDSEY POLLACZEK

TOP 5 HIV RAPID TEST KIT COUNTRY RECIPIENTS IN 2009

Kenya	976,000
Haiti	520,000
Congo, DR	483,000
Cameroon	415,000
Rwanda	281,000

AN ESTIMATED 390,000 CHILDREN WERE INFECTED WITH HIV IN 2008 IN SUB-SAHARAN AFRICA.

—UNAIDS, 2009

those women tested positive for HIV. Rapid tests have also been provided for more than two million spouses and children of pregnant women who have tested positive.

Sixty-nine developing countries are eligible for the program, including all countries in Africa, where the burden of HIV is heaviest. Direct Relief is working to eliminate barriers to the testing of pregnant women for HIV in countries where mothers and their children face the greatest threat.

The test is quick—results take 15 minutes—and requires no electricity or water, making it ideal for areas that may lack steady access to either resource. If a pregnant woman tests positive for HIV, the healthcare provider can take the



necessary steps to help prevent the baby from being infected with the virus.

In many developing countries, Direct Relief is working closely with ministries of health and other major healthcare networks managing PMTCT programs to distribute the test kits. The Rwandan



Ministry of Health, one of the first to subscribe to the program, has tested more than 1.2 million pregnant women, more than 52,000 of whom have tested HIV-positive.

In 2009, Direct Relief coordinated the distribution of the rapid HIV tests to 54 organizations located in 21 countries, primarily in sub-Saharan Africa. Through this expansive partner network, the diagnostic tests were placed into the hands of trained HIV counselors who see patients at over 9,000 unique testing sites. Through these sites, a reported 2.4 million pregnant women and their spouses and children were tested for HIV.



- ▶ In a village outside of Eldoret, in western Kenya, Florence, an HIV counselor with AMPATH, explains to a young family the importance of HIV testing and tests the couple for the virus using rapid tests donated by Abbott and distributed by Direct Relief.

Scarce resources, increasing demand, and high costs of training often preclude specialists and other healthcare providers from delivering care to the most needed areas. The poorest parts of the world are often compromised by the flight of health professionals in whom training has been invested. But some groups, like the AFRICAN MEDICAL RESEARCH AND EDUCATION FOUNDATION (AMREF), are filling these voids by training paraprofessionals, technicians, community-based educators, and other health workers so that essential care can be provided at lower costs. In many countries, clinical officers provide basic surgical procedures in the absence of a doctor. Trained to assume the role of a physician—providing diagnosis and treatment, conducting

Basic Training for Basic Care

Strengthening Health Systems by Filling Needs

surgical procedures, and educating communities—clinical officers deliver a significant percentage of healthcare services.

In Southern Sudan, the need for trained healthcare providers is great: After almost 20 years of war, it is estimated that there is only one doctor for every 220,000 people. To address this need, Direct Relief sponsors the training of clinical officer students enrolled in a three-year course at the National Health Training Institute in Maridi¹. These students represent all ten of Southern Sudan's states, and the region has retained 99 percent of graduated clinical officers.



◀ In 2009, Direct Relief committed \$192,000 to sponsor 30 clinical officer students at the National Health Training Institute in Maridi, South Sudan, where there is one doctor for every 220,000 people.

In India's southeastern port city of Chennai, Sri Ramakrishna Math runs a Direct Relief-sponsored nurse assistant training program, funded by GSK, that has graduated 1,200 nurse assistants to work in regions suffering from a shortage of professional medical personnel.



PHOTOS THIS PAGE: MATT MACCALLA



In northern Tamil Nadu, India, more than 1,200 formerly disadvantaged young women are now employed in healthcare facilities in regions suffering from a shortage of medical personnel, following graduation from a Direct Relief-supported nursing assistant training program.² In collaboration with SRI RAMAKRISHNA MATH in Chennai,³ the program, funded by GlaxoSmithKline, assists women who have completed their secondary schooling but can't afford to continue their educations. Selected from families of agricultural laborers and fishermen living in rural, low-income areas, the nursing assistants⁴ complete the program with valuable skills, and help build organizational capacity in hospitals and health clinics. The graduates have a 100 percent employment rate, bringing needed financial help to the young women, their families, and home villages.

"If I had to select a single development over the past year that encouraged me most, it would be this. International agencies working in health, the major funding agencies, foundations, and donors now fully understand the absolute necessity of investing in basic health systems and infrastructure. This is a major step forward."

—Dr. Margaret Chan, Director-General
of the World Health Organization



Direct Relief USASM



Strengthening the Safety Net FOR 20 MILLION PATIENTS

Over 46 million people in the U.S. lack health insurance, and that number grows

daily as financial pressures push many more people into a position of needing help. But quietly, every day, more Americans are getting access to the quality, affordable preventive and primary care they need at local nonprofit community clinics and health centers.

Direct Relief USA is supporting more than 1,100 of these clinics in all 50 states. Since 2004, we've provided more than \$180 million in medical assistance to clinics for distribution to their patients who cannot afford their prescriptions. It's a high-impact, low-cost program that has become increasingly important as the economy has faltered.

The expanded commitment to help in the U.S. prompted Direct Relief to build what is now the largest nonprofit program of its kind in the nation. Direct Relief is the first and only nonprofit organization to become a wholesale pharmacy distributor in all 50 states, the District of Columbia, and Puerto Rico. Our network of partner clinics and the information and distribution systems we have built to assist them are also a key platform for focused, efficient response to emergencies, to which low-income communities and people are most vulnerable.

“

Such vital supplies enable our clinic to continue to provide medical supplies to the low-income and medically underserved community, especially at the present time of an ever-deepening healthcare crisis.”

— **Paula Wilson.**

President/CEO, Valley Community Clinic,
North Hollywood, CA



PHOTOS THIS PAGE: MARGARET MOLLOY



SUPPORTING THE SAFETY NET

Direct Relief USA strengthens community clinics and health centers throughout the United States through three programs:

“There’s not a single health center that doesn’t tell me that they have more patients coming in the door any given day than they can possibly handle.”

– **Dan Hawkins**, National Association of Community Health Centers Policy Director, as told to the *Chronicle of Philanthropy*



✓ **SAFETY NET INVENTORY SUPPORT:**
Increasing Access to Medication for Underserved People

✓ **REPLENISHMENT:**
Providing a Reliable, No-Cost Supply of Medication to Clinics

✓ **EMERGENCY PREPAREDNESS AND RESPONSE:**
Building Resource Capacity of Clinics in Times of Crisis

HELP 500,000 Patients WITH Asthma



longtime partners the National Association of Community Health Centers and the National Association of Free Clinics.

“On a daily basis, we work to get donated medicine in the hands of people who need them,” explained Direct Relief USA Director Damon Taugher. “Working with the national clinic and health center associations, Teva Pharmaceutical’s extraordinary donation was aimed at those most vulnerable.”

Harbor Community Clinic in San Pedro sees 1,800 patients each month in the heart of one of the poorest districts in California (over 40 percent of the 15th Congressional District’s children are uninsured—the highest percentage in the

country). Sixty-three percent of Harbor Community’s patients live on less than \$500 per month—well below the federal poverty level. Executive Director Michele Ruple asserts that Harbor Community’s patients deserve the respect of accessing quality health care. “There’s a misconception that the uninsured are not working individuals...they are,” says Ruple. “They often perform some of the most dangerous

essential

services. We are a safety net so these hard-working individuals can maintain their health and get needed medical care.”

Harbor Community treats 600 patients with asthma each month. The clinic received 200 of Teva’s donated inhalers, and Ruple was thrilled with the company’s generosity and Direct Relief’s distribution model. “On behalf of the patients in the Harbor Area as well as our medical staff,” she said, “we thank you for this most generous donation to those in need!”

**YORK COUNTY
COMMUNITY ACTION
CLINIC**
Sanford, ME

“Because we provide care at the homeless shelter, we were thrilled to get the inhalers. Many of these patients have no health insurance—not even Medicaid—and finding resources to buy medicine is a real challenge. Your contribution means a great deal to people who have very, very little. On their behalf, please accept our thanks!”

—BARBARA CRIDER,
Director, Health Services

**ANGELS
COMMUNITY CLINIC**
Murray, KY

“This is a prayer answered. Thank you so very much.”

—RENITA CARTER,
Executive Director

**HEALTH CARE FOR THE
HOMELESS, INC.**
Baltimore, MD

“We very much appreciate the generosity of Teva Pharmaceuticals in helping us serve our very vulnerable and indigent clients.”

—JEFF SINGER, President & CEO

You just lost your job and with it your health insurance. You have asthma—an often chronic condition—and you’ve tried enrolling in an inhaler manufacturer’s patient assistance program, but that requires access to a doctor and now you can’t afford to see one. So what do you do? The local emergency room is an option, but is stretched to capacity by the throngs of others also doing their best to access health care.

Where do you go to get help to manage your asthma?

You, along with millions of other Americans weathering similar circumstances, will most likely leap for the safety net—thousands of community based nonprofit clinics and health centers as your point of access to care. For more than 20 million patients, these clinics and health centers serve as their medical home, and on average 40 percent of these patients have no health insurance.

The national associations that bring these independent healthcare facilities under one umbrella are at the forefront of assisting clinic efforts to reach patients in difficult economic straits. So when Teva Pharmaceuticals, the largest generic pharmaceutical manufacturer in the world, sought Direct Relief USA’s help in distributing 500,000 ProAir® HFA inhalers among patients in need nationwide, Direct Relief gauged clinic demand through



SINCE
FEBRUARY 2009,
DIRECT RELIEF USA
HAS SUPPORTED
MORE THAN 700
CLINICS IN ALL 50 STATES
WITH TEVA’S PROAIR®
INHALERS.

Almost half of uninsured adults with chronic conditions forgo needed medical care or prescription drugs due to cost.

- NATIONAL CENTER FOR HEALTH STATISTICS



A SUCCESS STORY Helping Uninsured Patients with Diabetes

In 2009, Direct Relief USA and BD launched a nationwide program to assist people diagnosed with diabetes who had been affected by the economic crisis. People who are newly unemployed often lack health insurance and access to affordable medical care, making chronic conditions difficult to manage. For those with

23.6 million people, or 7.8% of the U.S. population, has diabetes. - CDC

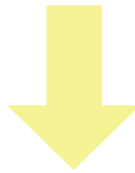
diabetes, this often results in a number of serious, sometimes life-threatening complications. In

an effort to prevent these serious complications, BD teamed up with Direct Relief to distribute five million insulin syringes and pen needles.

Direct Relief distributed a nationwide survey to better understand the need for insulin injection products and to develop an allocation plan for the donation. The 562 clinic and health center respondents spanned all 50 states plus the District of Columbia and Puerto Rico. Results indicated that these clinics provide care to 4.2 million patients, 8.6 percent of whom are uninsured patients with diabetes. Thanks to BD, Direct Relief was able to distribute insulin syringes and pen needles to these clinics, enabling their uninsured patients to receive a three-month supply of the products.

5*
facts

from our nationwide survey of safety net clinics and health centers in all 50 states, Washington D.C., and Puerto Rico**



FOR THE FIRST SIX MONTHS OF 2009 COMPARED TO THOSE OF 2008...

Of the **4.2 million patients** represented by the 562 responding clinics, **nearly half were uninsured**

Patient loads increased 7.9%

Uninsured patient volume increased 9.6%

8.6% of all patients were uninsured and had diabetes

Uninsured patients with diabetes increased 12.9%

*As cited in the New England Journal of Medicine, December 2009

**Nationwide Survey of Patient Volume January-June 2009 compared to January-June 2008: Overall Patients and Patients with Diabetes

Bolstering Preventive & Primary Care

Direct Relief USA's

SAFETY NET INVENTORY SUPPORT

and REPLENISHMENT PROGRAMS

SAFETY NET INVENTORY SUPPORT

Increasing Access to Medication for Underserved People

In 2004, Direct Relief USA launched a program to provide ongoing inventory support to the nation's safety net by increasing access to pharmaceuticals and medical supplies. This support program leverages Direct Relief's partnerships with companies that donate medicine and resources to assist safety net providers care for their low-income, uninsured patients.

To date, more than 1,100 community clinics and health centers across the country have received pharmaceuticals, medical supplies, and other resources from Direct Relief.

In 2009, Direct Relief received support from more than 80 companies. These companies donated more than 400 different medicines—from antibiotics to treat infections, to anti-hypertensives to help patients after suffering a heart attack. These medicines and supplies help keep clinics and their ever-growing patient populations healthy for their communities and families.



“Thanks for assisting us in caring for our homeless, uninsured, and underinsured patients. Direct Relief USA's support allows us to give patients medications and supplies that would otherwise not be available to them.”

- **Dr. Orin Kaufman,**
Medical Director, Project Samaritan Health Services, Damian Family Care Centers, Jamaica, NY

HOW IT WORKS

Direct Relief USA provides ongoing inventory support to safety net clinics for maximum effectiveness and efficiency.

PHARMACEUTICAL MANUFACTURERS
donate medications and medical supplies for targeted distribution to healthcare facilities serving uninsured and underinsured patients.

DIRECT RELIEF USA
→ Conducts outreach to safety net partners to monitor and address resource needs.
→ Offers and distributes no-cost medications and supplies to safety net partners.

→ **COMMUNITY CLINICS AND HEALTH CENTERS**
request and receive needed medications and medical supplies at no cost.

REPLENISHMENT

Providing a Reliable, No-Cost Supply of Medications to Clinics

Direct Relief USA's Replenishment Program is an innovative approach to disbursing pharmaceuticals and medical supplies to community clinics and health centers. Direct Relief has developed partnerships with multiple healthcare manufacturers which donate needed medications and supplies, and leverages these economies of scale to offer these products to safety net clinics through a single source at no cost. The program offers an alternative to navigating myriad individual patient assistance programs (PAP).

The Replenishment Program provides medications at no cost to eligible clinics that meet the enrollment criteria. Once a clinic is enrolled, all program medications dispensed to qualified patients are replenished on a bottle-for-bottle replacement basis, based on the past month's drug usage.

Traditional PAP provide prescription medicines to low-income, uninsured patients and are an essential element of the nation's health safety net. To access these PAP on behalf of their patient population, clinics must interface with each separate pharmaceutical company to become enrolled and receive



requested medications. In a busy and high-volume clinic environment, PAP enrollment requires significant investment of time and administrative functionality that is burdensome to staff. Separate and distinct PAP requirements create an unintended barrier to access of medication and a delay in care.

“

The replenishment program has not only saved the clinic money but offered care and medications to patients who had no other options.”

– **Karen Lamp, M.D.**,
Medical Director,
Venice Family Clinic,
Venice, CA

BENEFITS

Direct Relief USA's Replenishment Program has substantial benefits for patients, safety net partners, healthcare companies, and public health:

FOR PATIENTS

- ✓ Increases access to medicine at the point of care
- ✓ Reduces wait time for prescriptions
- ✓ Improves health outcomes and medication compliance

FOR SAFETY NET CLINICS

- ✓ Improves efficiencies with a single process and point of access
- ✓ Reduces administrative burden and related costs

FOR HEALTHCARE AND PHARMACEUTICAL COMPANIES

- ✓ Reduces administrative burden
- ✓ Improves financial savings
- ✓ Expands benefits from charitable investment

FOR PUBLIC HEALTH

- ✓ Strengthens the safety net
- ✓ Increases access to care
- ✓ Enables more efficient expenditure of scarce resources
- ✓ Improves health outcomes

READ MORE
DIRECTRELIEF.ORG/USA

READY



Preparing clinics along the Gulf Coast for the HURRICANE SEASON

The 2009 hurricane season was mild, with only one making landfall in the U.S. and leaving minimal damage. However, had major storms occurred, Direct Relief's community clinic and health center partners in the Gulf Coast were ready to respond.

Hurricanes pose an annual threat to people living along the Gulf of Mexico, and individuals

who are low-income, have chronic medical conditions, or have limited access to transportation to evacuate are at higher risk for needing medical assistance. In times of emergency, clinics are one of the primary sources of

care for these populations and are under-equipped to handle the large influx of patients. That's why Direct Relief's hurricane preparedness support is focused on these safety net healthcare providers.

“

IN CASE OF EMERGENCY, THE PACKS WOULD HAVE BEEN OPENED AND USED AS THE FIRST LINE OF RELIEF TO PATIENTS SEEKING ASSISTANCE.”

– Catherine Russo, R.Ph.,
Pharmacist, Teche Action Clinic
Family, Franklin, LA

READYING THE SAFETY NET

Based on lessons learned from Hurricanes Katrina, Rita, and others, as well as work with the Texas Blue Ribbon Commission on Emergency Preparedness and Response, Direct Relief developed the hurricane preparedness (“prep”) pack program in 2007 to ensure that safety net clinics in at-risk areas have the resources necessary to offer rapid response in the event of a major storm. The pre-positioning of medical products is critical to ensure that patients' needs are met and that medical professionals are equipped with the tools needed to treat the injured immediately following a disaster.

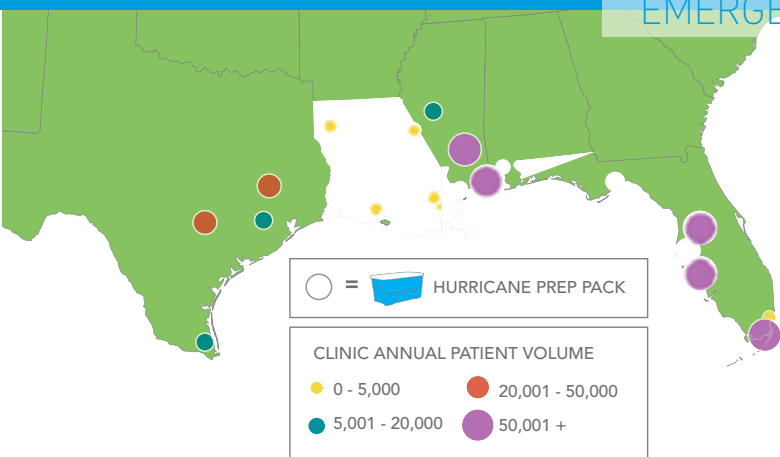
The packs are also designed to be mobile, so that they can be easily transported should a clinic have to evacuate and set up temporary operations off-site. This preparation also enables clinics to treat patients instead of referring them to overburdened hospital emergency rooms.

2009 PREPAREDNESS EFFORTS

Before the hurricane season began, Direct Relief USA delivered 25 hurricane prep packs to partner clinics in Alabama, Florida, Louisiana, Mississippi, Texas, and Puerto Rico. Five additional prep packs were positioned at Direct Relief's warehouse in case a hurricane struck another area.

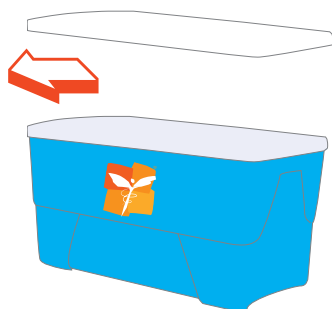
U.S. partner clinics that received prep packs were selected for their location, past experience with emergency response, vulnerability of patient population, and capacity to treat victims during a disaster. At a wholesale value of \$12,000 each and stocked with enough materials to treat 100 patients for three to five days, the packs help providers treat conditions ranging from basic trauma injuries to chronic illnesses.

Any prep pack contents remaining after hurricane season were absorbed into clinic inventories to assure that the resources are utilized and benefit their uninsured patient populations.



PREP PACKS provided to U.S. clinic partners CONTAINED MEDICAL ITEMS TO TREAT 100 PATIENTS FOR 3-5 DAYS:

- ✓ Anti-infection and antibiotic medicines for injection, topical, and oral use
- ✓ Diabetes testing supplies including glucose meters, test strips, and lancets
- ✓ Insulin, insulin syringes, and oral medications for diabetes management
- ✓ Medications to treat hypertension
- ✓ Aspirin, acetaminophen, and other pain-management medicines
- ✓ Inhalers to treat patients with asthma
- ✓ Prescription drugs for the management of behavioral health conditions
- ✓ Emergency epinephrine doses for severe allergic reactions
- ✓ Medications for seizure control
- ✓ Medicines to prevent and treat eye infections
- ✓ Stethoscope, blood pressure cuffs, and exam gloves
- ✓ Gauze and elastic bandages for wound care



Meanwhile, throughout the rest of hurricane alley...

Prepositioned hurricane modules prepare vulnerable Caribbean island nations

In 2009, Direct Relief placed eight hurricane preparedness modules in Haiti, the Dominican Republic, and Jamaica. Larger in scale than the prep packs and tailored to international health needs, the modules include a broad spectrum of medical material aid: water purification supplies, oral rehydration solution, basic medicines, and wound-care supplies.

The modules contain supplies to treat up to 1,000 people for a month for a variety of conditions, a provision that allows time to deliver an additional emergency aid consignment. In Haiti in particular, already poor roads become impassible during a hurricane's flooding rains and mudslides, cutting off humanitarian aid deliveries. With prepositioned materials, healthcare providers have critical supplies on hand during an emergency and patients continue to receive the care they need.

Like the prep packs, a hurricane module's contents can support the ongoing work of healthcare providers and can be readily absorbed into their regular stock if not needed for emergency response. Direct Relief will expand the hurricane module distribution from eight in 2009 to ten in 2010.

EXPANDING READINESS IN 2010

Smart preparation is the best defense when a hurricane strikes. Preliminary forecasts estimate there is a 69 percent probability that a major hurricane (Category 3-4-5) will make landfall in the U.S., and that 15 named storms are expected in 2010.

When an emergency occurs, safety net clinics will be overwhelmed with patients needing care and will rely on the medicines and supplies contained in the hurricane prep packs to help care for them.

To support these providers caring for vulnerable populations in hurricane-prone areas, Direct Relief is expanding the prep pack program to five additional sites in 2010, bringing the total number of participating clinics to 30. If an emergency strikes, resources will be in place to ensure providers have immediate access to medicines and supplies in their greatest time of need.

HURRICANE PREP MODULE
MÓDULO DE PREP PARA HURACÁN
MODIL PARE SIKLÒN

Equipping Medical Reservists Here at Home

Austere Medicine¹ for Local Emergency Response Volunteers



The Santa Barbara County Medical Reserve Corps (MRC) was founded in 2007 to ensure that medical volunteers would be ready and able to help during a public health emergency. Like other MRCs around the country, the Santa Barbara County MRC is completely volunteer and members must provide their own supplies and equipment for use during emergencies.

At the request of the Public Health Department’s Office of Emergency Services, Direct Relief designed and provided 90 members of the Santa Barbara County MRC with custom preparedness kits. The streamlined backpacks start at the basic level for an emergency medical technician, and include more advanced products and supplies for nurses and physicians. Contents include first-aid supplies, medications, and diagnostic tools, and enable MRC members—trained,

credentialed medical personnel—to support the work of first responders when an emergency strikes.

Designed to “grab and go,” the preparedness kits were created with input from other experienced emergency responders, including physicians from the UCLA School of Medicine, the University of Pittsburgh, emergency field physicians from Australian Aid International, and representatives from the Santa Barbara Public Health Department.

■ What is austere medicine?

“It’s a phrase for the practical, universal applicability of care we’re trying to accomplish through the packs—optimizing emergency medicine with the most critical components in the fewest number of moving parts. The packs are streamlined for mobility, but each unit’s versatile medical functionality belies its compact size.”

– Brett Williams,
Direct Relief Director of Emergency Preparedness and Response



“Direct Relief continually meets identified gaps. Without their assistance we would not be able to provide these packs to our medical volunteers and provide this level of preparedness that our community needs.”

– Nancy Lapolla, Director,
Santa Barbara County Public Health Department’s Office of Emergency Services

INFECTION CONTROL

critical in any emergency, particularly hurricanes and floods, during which waterborne illnesses are prevalent

■ N95 PARTICULATE MASKS ■

- EXAM GLOVES
- HAND SANITIZER
- ANTIBIOTICS
- ANTIFUNGAL OINTMENT
- HYDROCORTISONE CREAM

DIAGNOSTICS

to quickly and accurately assess the condition of patients on-scene

■ STETHOSCOPE ■

- BLOOD PRESSURE CUFF
- OPHTHALMOSCOPE
- THERMOMETERS ■

TRAUMA CARE

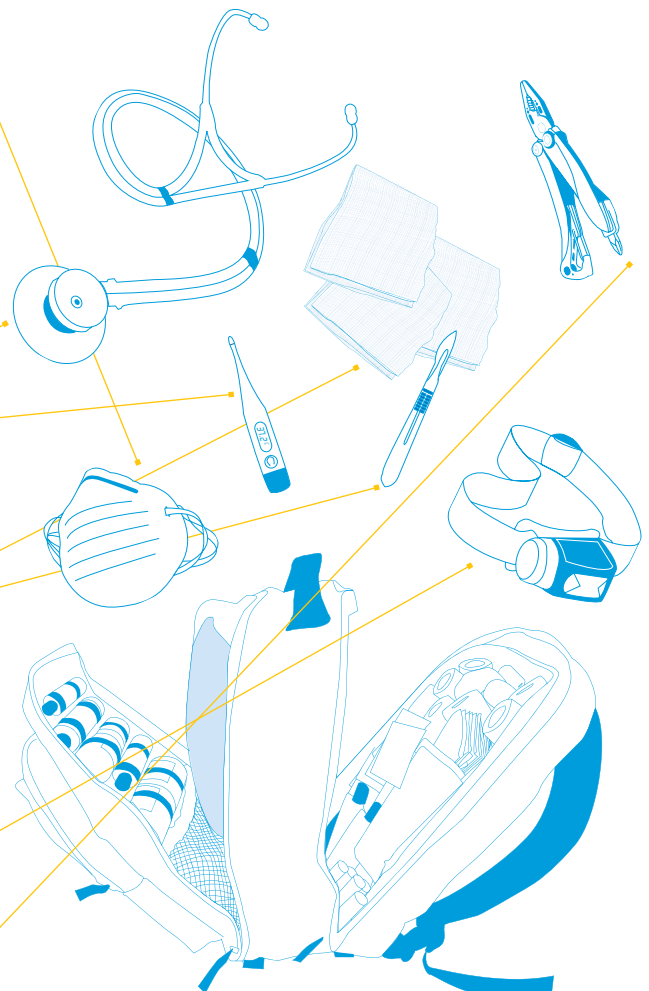
for open wounds most frequently associated with earthquakes

- GAUZE PADS AND BANDAGES ■
- SCALPELS AND SHARPS CONTAINER ■
- SUTURE KIT
- IODINE

PERSONAL PROTECTION + TOOLS

to help first responders reach people trapped under debris after an earthquake or keep people warm and dry through a hurricane

- HEADLAMP AND WORK GLOVES ■
- EMERGENCY BLANKETS
- PONCHOS
- COLD AND HEAT PACKS
- MULTI-TOOL AND DUCT TAPE ■



H1N1 Influenza

Direct Relief Responds in the U.S. and Mexico



Direct Relief built an effective response to the widespread outbreak of the H1N1 Influenza-A strain. Working closely with the emergency response agencies at the national and state level, Direct Relief staff identified key items designed to help healthcare workers avoid infection so they could continue to treat patients.

With the support of major healthcare company donors and funds designated for emergency response, Direct Relief sourced the materials U.S. clinics needed to address H1N1 flu prevention and infection. The Johnson & Johnson Family of Companies provided a large donation of flu-fighting products in support of the H1N1 response, including Tylenol for adults and children, Imodium, hand sanitizer, and soap.

During the first phase of the new flu strain, Direct Relief activated its emergency response team to provide medical supplies to clinics in California and Texas, states where the infection rates were highest. Aid was also sent to the National Institute of Pediatrics in Mexico City, a 500-bed hospital that cares for children age 17 and younger, regardless of their ability to pay.

Direct Relief provided 478 clinics in 49 states with needed H1N1 protective items to help clinic workers stay healthy and on the job through flu season. The five tons of supplies were delivered free by longtime supporter FedEx.¹

The provision of this support was prompted by a nationwide survey conducted by Direct Relief that showed that 80 percent of clinics and health centers have less than a one-month supply of key Personal Protective Equipment (PPE) like hand sanitizer, gowns, goggles, and masks, which are needed to protect staff from infection. The survey represented over 30,000 healthcare workers who treat over 4 million patients annually.

“U.S. health centers’ expertise in providing comprehensive primary and preventative health services to low-income, ethnically diverse patients makes them uniquely positioned to participate in community response to an influenza pandemic.”

– Mollie Melbourne, Director of Emergency Management,
National Association of Community Health Centers

MOST VULNERABLE TO H1N1 Flu*

- > Children under 5
- > People over 65
- > Pregnant Women
- > People with chronic respiratory and pulmonary illnesses, including asthma and diabetes
- > People with immunosuppression caused by medications and HIV
- > Residents of nursing homes and other chronic-care facilities

*according to the CDC

Direct Relief responded to **twenty-five** emergencies in 2009.

Our global network of partners, built over 61 years, allows us to respond fast and efficiently when emergencies strike, as occurred in 2009 when typhoons and earthquakes slammed Southeast Asia and devastating hurricanes hit Central America. We get good information from people we know who live there, and we deliver what they need.



TO LEARN MORE,
SEE VIDEO EmergencyResponse.DIRECTRELIEF.ORG





INTERNS

AFRICA



\$ 33,557,732

Rx 11,808,363

17,137

BENIN
Hôpital Evangélique
Bembereke

BURKINA FASO
Association Dounia Solidarite
Centre Hospitalier
Univeritaire Sanou-Sourou
Jeremi Association
JHPIEGO

BURUNDI
Ministry of Health

CAMEROON
Bawambi & Bros Enterprise
Cameroon Baptist Convention
Health Board
Holy Trinity Foundation
Hospital
Kolofata District Hospital
Ministry of Health
Oeuvre De Santé De L'eglise
Evangelique Luthérienne de
Cameroon
Quality Healthcare Unit
Shemka Foundation
Rural Community Medical
Foundation
Tokombere Hospital
Tropical Medicine Research
Station

COTE D'IVOIRE
Hope Worldwide Cote d'Ivoire

**DEMOCRATIC REPUBLIC
OF CONGO**
Action De Lutte Contre La
Pauvreté et las Maladies
Transmissibles
Aungba Health Zone
Heal Africa
Health and Development
Over the Land Committee
Inter Church Medical
Assistance
PROLHAVIC
UNC DRC PMTCT Project

ETHIOPIA
Addis Ababa Fistula Hospital
African Services Committee
Menschen Fur Menschen
Ministry of Health
The World Family: Ethiopian
Orphans and Medical Care

GHANA
King's Medical Center
Komfo Anokye Teaching
Hospital
Marie Stopes Ghana
Nana Hema Dekyi
Government Hospital
SAMORGHEP/Maranatha
Health Services

GUINEA
Ministry of Health

KENYA
Academic Model for the
Prevention and Treatment
of HIV/AIDS (AMPATH)
AMREF Kenya
Catholic Medical Mission
Board
Crescent Medical Aid
Elizabeth Glaser Pediatric
AIDS Foundation
FACES
Family Health International
International Medical
Alliance
International Medical
Corps
Jamaa Mission Hospital
JHPIEGO
Marie Stopes Kenya
Mariira Catholic Dispensary
Matata Nursing & Maternity
Hospital
Matibabu Foundation
Meru Hospice
Moi Teaching and Referral
Hospital
National Aids and STI Control
Program
Network of Aids Researchers
in East and South Africa
OGRA Foundation
Pathfinder International
St. Joseph's Mission Hospital
Nyabondo
University Of Nairobi
Viagenco Hospice and
Integrated Care and
Support Program
Walter Reed Project

LIBERIA
Christian Aid Ministries
ELWA Hospital
JFK Medical Center
Ministry of Health and Social
Welfare

MADAGASCAR
Marie Stopes
Madagascar

MALAWI
Banja La Mtsogolo, Marie

Stopes Malawi
Baylor College of Medicine
Children's Foundation
College of Medicine
Family Health
International
Montfort Mission Hospital
Mulanje Mission Hospital
Partners in Health
Partners in Hope
Queen Elizabeth Central
Hospital
Trinity Mission Hospital

MALI
Global Alliance to Immunize
Against AIDS Vaccine
Foundation
L'Hopital les Femmes et les
Enfants
TurtleWill

MOZAMBIQUE
Elizabeth Glaser Pediatric
AIDS Foundation
Health Alliance International

NIGER
Health Care Improvement
Project
Nomad Foundation
TurtleWill

NIGERIA
Campaign for AIDS Research
Catholic Medical Mission
Board
Family Health International
Finemed Diagnostic
Foundation
HIV/AIDS Support
Organization
Life Eva Project
Marie Stopes Nigeria
Ministry of Defense
The Ecwa Aids Ministry

RWANDA
CHF/Community HIV/AIDS
Mobilization Program
(CHAMP)
Ministry of Health
Partners in Health

SENEGAL
USAID Senegal
Partners International
Senegal

SIERRA LEONE
Marie Stopes Sierra Leone
Medical Research Centre
(MRC)
Ndegbornei Development
Association
UNICEF

SOMALILAND
Edna Adan Unvirsity
Hospital
Hargeisa Hospital

SOUTH AFRICA
Camdeboo Hospice
Chatsworth Hospice
Department of Health
Provincial Administration
Escourt Hospice
Good Samaritan Hospice
(Cradock)
Good Shepherd Hospice
Grahamstown Hospice
Highway Hospice
Howick Hospice
Ingwavuma Orphan Care
Msunduzi Hospice
Perinatal HIV Research Unit
South Coast Hospice
St. Bernard Hospice
St. Francis Hospice
Sunshine Coast Hospice
Transkei Hospice
Verulam Hospice
Zululand Hospice

SUDAN
National Health Training
Institute

SWAZILAND
Ministry of Health

TANZANIA
African Medical and Research
Foundation
Bugando Medical Centre
Dr. Atman Hospital
Elizabeth Glaser Pediatric
AIDS Foundation
Huruma Designated District
Hospital
Karagwe Development and
Relief Services
Marie Stopes Tanzania
Mpanda District Hospital
Namanayere Hospital
Sumbawanga Regional
Hospital
Tanzania Women Social
Economic Development
and Human Rights
Organization

TOGO
Ministry Of Health
OCV-Togo/CMS-Solidarité

UGANDA
AMREF Uganda
Baylor College of Medicine
Children's Foundation
Elizabeth Glaser Pediatric
AIDS Foundation
Friends of Christ Revival

Ministries
Hospice Afr
Joy Hospice
Kawempe H
Kawempe H
Initiative
Kitovu Mob
Makerere U
Hopkins
Marie Stop
Rakai Com
Health Pr
Rays of Ho
Rugendaba
Health an
Developm
Uganda Rep
Bureau

ZAMBIA
Centre for I
Research
Mansa Gen
Marie Stop
Samfya Dis
St. Francis
St. Paul's M

EAST & SOUTHEAST ASIA

\$ 24,707,481

₹ 3,425,166

⚖ 430,237



CAMBODIA
 Angkor Hospital for Children
 Cambodian Children's Fund
 Marie Stopes Cambodia
 Sihanouk Hospital Center of HOPE

CHINA
 One HEART
 RASHU Township Clinic

EAST TIMOR
 Australian Aid International

FIJI
 Loloma Foundation
 Savusavu Community Foundation

INDONESIA
 Muhammadiyah
 The Sumba Foundation
 Yayasan Bumi Sehat

LAOS
 Health Frontiers
 Sayaboury Primary Health Care Project
 SFE Luang Namtha
 SFE Vientiane

MYANMAR
 Marie Stopes Myanmar
 Myanmar Medical Association

NORTH KOREA
 EugeneBell Foundation

PAPUA NEW GUINEA
 Kiunga General Hospital

PHILIPPINES
 IDC Foundation
 Reyes-Villanueva Medical Relief

SOLOMAN ISLANDS
 Loloma Foundation

THAILAND
 Earth Mission
 Global Health Access Program
 Shoklo Malaria Research Unit

VIETNAM
 Bui Thi Xuan Charity Clinic
 Chi Lang Charity Clinic
 Kim Long Charity Clinic
 Kim Long Minor Surgery Clinic
 Lepers of Kontum Charity Clinic
 Lovers of the Holy Cross
 Marie Stopes Vietnam
 Ong Ich Khiem Charity Clinic

Global Hospital Institute of Ophthalmology
 Mata Amritanandamayi Math (AIMS)
 Meenakshi Mission Hospital
 Pasam Trust
 PRASAD Chikitsa
 Shree Bidada Sarvodaya Trust
 Sri Narayani Hospital and Research Center
 Sri Ramakrishna Math
 Sri Sathya Sai Medical Trust
 The George Foundation
 Wanless Hospital

Family Health International (FHI)
 Himalayan Health Care
 Shahid Ganalal National Heart Center

PAKISTAN
 American Refugee Committee
 Bethania Hospital
 Marafie Foundation
 Marie Stopes Pakistan
 Murshid Hospital and Health Care Centre
 Pakistan Institute of Prosthesis and Orthopedic Sciences

NEPAL
 Adventist Development and Relief Agency (ADRA)

\$ 24,707,481

₹ 3,425,166

⚖ 430,237

SOUTH ASIA

AFGHANISTAN
 Afghan Health and Development Services
 Afghan Institute of Learning
 Afghan Reconstructive Surgery and Burn Center
 Afshar Hospital
 Aga Khan Health Services, Peshawar Province Referral Hospital
 Jamaludin Wardak Clinic
 Marie Stopes Afghanistan

BANGLADESH
 Cox's Bazar Hospital for Women and Children
 Marie Stopes Bangladesh
 Sangkalpa Trust
 Shidhulai Swanirvar Sangstha

INDIA
 Amrit Davaa World Health
 Aravind Eye Hospital
 Calcutta Rescue
 Deenanath Mangeshkar Hospital

ZIMBABWE
 Harare Central Hospital
 Island Hospice Service
 JF Kapnek Charitable Trust
 Ministry of Health & Child Welfare
 Population Services
 Zimbabwe
 Salvation Army Howard Hospital
 Seke Rural Home Based Care
 United Methodist Church Hospitals
 Zimbabwe AIDS Care Foundation
 Zimbabwe Association of Church Related Hospitals

Uganda
 Health Centre
 Home Care
 Hospice
 University-Johns
 University
 Uganda
 Community Based
 Project
 Hospice
 Foundation for
 Rural
 Health
 Productive Health

Infectious Disease
 in Zambia
 General Hospital
 es Zambia
 District Hospital
 Mission Hospital
 Mission Hospital

EUROPE & MIDDLE EAST



ARMENIA
Health Ministry of Armenia
Karabagh Health Ministry

LEBANON
ANERA

ROMANIA
Christian Aid Ministries
Romania

WEST BANK/GAZA
ANERA
St. John Eye Hospital

YEMEN
Marie Stopes Yemen

\$ 6,432,000
Rx 946,000
⚖ 128,000

O
P

LATIN AMERICA



BOLIVIA
Centro Médico Vivir con
Diabetes
Proyecto de Salud del Rio
Beni

ECUADOR
Junta de Beneficencia de
Guayaquil

EL SALVADOR
Benjamin Bloom Children's
Hospital
FUDEM
FUSAL
OEF El Salvador

GUATEMALA
Association of Health
Promoters
Caritas Arquidiocesana
Embajada de la Soberana
Orden Militar de Malta
Fundacion Ayudame a Vivir
Unidad Nacional
Glens Falls Medical Mission
God's Child Project Asociacion
Nuestros Ahijados
Liberty Associated Medical
Program LAMP
Presbiterio Kaqchikel Clinica
Medica y Psicologica
Xela Aid

GUYANA
Bartica Hospital
Davis Memorial Hospital
Linden Hospital
Mahaicony District Hospital
Ministry of Health
New Amsterdam Hospital

Port Maurant Hospital
St. Joseph's Mercy Hospital
Suddie Hospital

HONDURAS
Alabama Honduran Medical
Education Network

ASIDE
Brigada de Salud
CEPUDO
Global Medical Brigades
Hacienda Cristo Salva
Honduran Health Exchange
HOPE Worldwide Honduras

Proyecto Aldea Global
Siempre Unidos

MEXICO
AeroMedicos
CASA
Fundacion SEE Internacional, AC
Instituto Nacional de Pediatria
LIGA International
Potter's Clay

NICARAGUA
American Nicaraguan
Foundation

\$ 33,778,000
Rx 7,303,000
⚖ 527,000

Asociacion Pro Ninos
Quemados de Nicaragua
Christian Aid Ministries
Hospital Infantil Manuel de
Jesus La Mascota
Nicaraguan Children's Fund

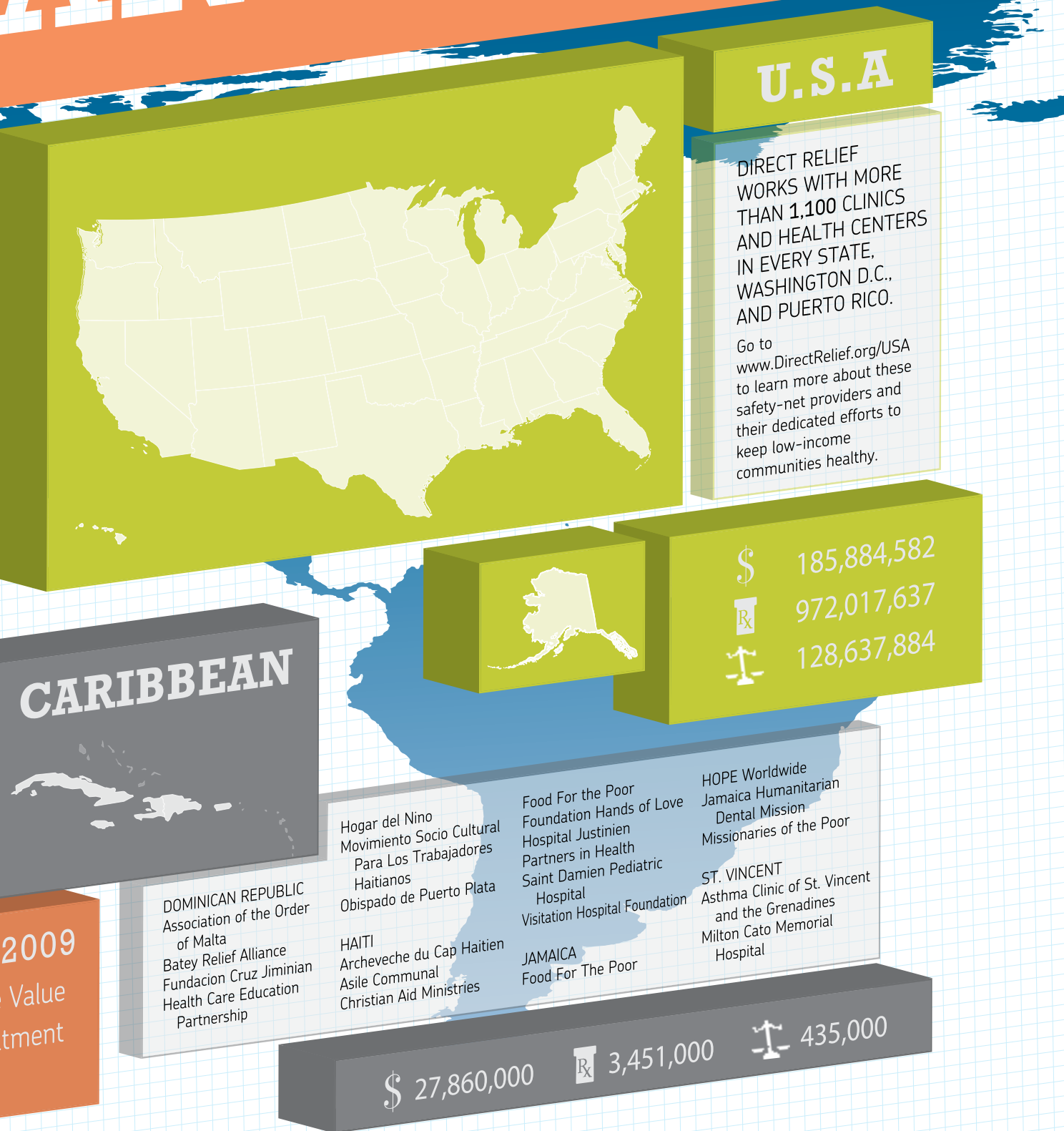
PERU
Arzobispado de Lima
Carlos Hedreen Clinic
Hospital de Apoyo
Tambobamba
Hospital Departamental
Huancavelica
Hospital Regional de
Ayacucho
Real Medicine Foundation

VENEZUELA
Turimquire Foundation

FISCAL YEAR

\$ = Total Wholesale
Rx = Courses of Treatment
⚖ = Total Weight

OUR PARTNERS



U.S.A

DIRECT RELIEF WORKS WITH MORE THAN 1,100 CLINICS AND HEALTH CENTERS IN EVERY STATE, WASHINGTON D.C., AND PUERTO RICO.

Go to www.DirectRelief.org/USA to learn more about these safety-net providers and their dedicated efforts to keep low-income communities healthy.

CARIBBEAN

DOMINICAN REPUBLIC
Association of the Order of Malta
Batey Relief Alliance
Fundacion Cruz Jiminian
Health Care Education Partnership

HAITI
Archeveche du Cap Haitien
Asile Communal
Christian Aid Ministries

JAMAICA
Food For The Poor

HOPE Worldwide
Jamaica Humanitarian Dental Mission
Missionaries of the Poor

ST. VINCENT
Asthma Clinic of St. Vincent and the Grenadines
Milton Cato Memorial Hospital

2009 Value
tment

\$ 27,860,000

Rx 3,451,000

Scales 435,000



CFO Bhupi Singh and Inventory Control Associate Jesse Carrieri

work in Direct Relief's SAP enterprise software to streamline warehouse operations. The goal is simple: to deliver better-targeted humanitarian aid faster to people not served by conventional markets.

Introduction and Certification of Financial Statements

Direct Relief International had a strong Fiscal Year 2009 in all areas of our activities and finances. We received \$166 million in public support and provided \$147.9 million (wholesale) in assistance around the world. Despite the economic downturn, Direct Relief's financial position and balance sheet continues to be strong thanks to steadfast support from our generous donors and Board of Directors.



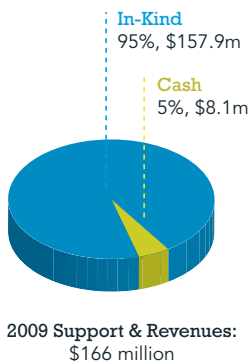
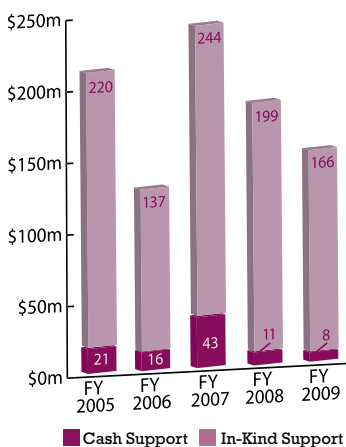
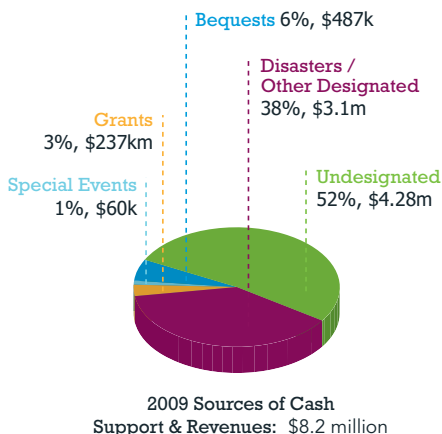
Cash and In-Kind Contributions

Direct Relief's financial statements must account for both cash and in-kind contributions (primarily medical material resources) that are entrusted to the organization to fulfill its humanitarian mission. In Fiscal Year 2009, 95.1 percent of our total public support of \$166 million was received in the form of in-kind medical material and certain other donated services (such as transportation services from FedEx and online advertising from Google). The previous pages explain where and why these in-kind medical materials and other inventories were provided.

We recognize that merging cash and in-kind contributions in accordance with Generally Accepted Accounting Principles (GAAP) can be confusing to non-accountants. The notes following the financial statements are to assist you in understanding how our program model is financed and works, to explain the state of our organization's financial health, and to inform you about how we spent the money generously donated to Direct Relief in 2009 by individuals, businesses, organizations, and foundations.

Direct Relief's activities are planned and executed on an operating (or cash) budget that is approved by the Board of Directors prior to the onset of the fiscal year. The cash budget is not directly affected by the value of in-kind medical material contributions. Cash support—as distinct from the value of contributed materials—is used to pay for the logistics, warehousing, transportation, program oversight, program staff salaries, purchasing of essential medical products, acquisition of medical products through donations, and all other program expenses.

When taking an annual snapshot at the end of a fiscal year, several factors can distort a realistic picture of our (or any nonprofit organization's) financial health and activities. Since the purpose of this report is to inform you, we think it is important to call your attention to these factors.



Timing of Revenue Recognition and Expenses

First is the timing of donations being received and the expenditure of those donations, whether in the form of cash or in-kind medical material. Donations—including those received to conduct specific activities—are recorded as revenue when they are received or promised, even if the activities are to be conducted in a future year. The in-kind material donations are also recorded in inventory upon receipt. Direct Relief's policy is to distribute products at the earliest practicable date, consistent with sound programmatic principles. While the distribution often occurs in the same fiscal year of receipt, it may occur in the following fiscal year. An expense is recorded and inventory is reduced when the products are shipped to our partners.

Near the end of Fiscal Year 2007, for example, Direct Relief received a large infusion of product donations. When that fiscal year ended, the product inventories that had not been "spent" were reported as "surplus." In turn, this increase in net assets was carried forward and "spent" during the course of Fiscal Year 2008. This resulted in a decrease in net assets (or net operating "loss") in Fiscal Year 2008 of \$26.6 million which was primarily driven by a decrease in inventory as Direct Relief shipped \$25.8 million more in humanitarian aid than it received in product donations.



Administrative Expenses

As explained below, the Direct Relief Foundation pays for all the administrative and fundraising expenses of the organization. In addition, our organization has adopted a strict policy to ensure that 100 percent of all designated contributions (e.g. donations for "Hurricane Katrina") are used only on expenses directly related to that purpose. None of those funds are used to cover any pre-existing indirect or allocated organizational costs. We have used similar policies for all of our disaster responses in the last few years, including the Myanmar Cyclone, the Indian Ocean

tsunami, Hurricanes Katrina and Rita, and earthquakes in Pakistan, Peru, and China.

Consistent with this policy, all administrative expenses, including banking and credit-card processing fees associated with simply receiving these disaster and other designated contributions, were absorbed by the Foundation. We believe this is appropriate to honor precisely the clear intent of generous donors who responded to these exceptional tragedies and to preserve the maximum benefit for the victims for whose benefit the funds were entrusted to Direct Relief.



Valuation of In-Kind Medical Materials

Accounting standards require Direct Relief to use a "fair market value" to value in-kind medical materials. We continue to use the wholesale prices published by independent, third-party sources for valuation whenever possible.

Specifically for U.S. Food and Drug Administration ("FDA") approved pharmaceutical products, the source of and basis for product values are the "Average Wholesale Price" (AWP), which is published in *Thomson Healthcare's Redbook* annually, based on information provided by the manufacturers

This principle of using the AWP is always applied distinguishing generic pharmaceuticals from brand name products as the valuation for generics is almost always much lower. For non-FDA-approved pharmaceuticals the organization undertakes efforts to identify an independent pricing guide related to the specific product by the specific manufacturer, the price paid by a third-party buyer, or some other reasonable basis.

For used medical equipment, the organization determines wholesale value by reviewing the price of similar equipment listed for sale in trade publications and on the Internet. Such valuations typically are substantially lower than published retail prices.

Because nonprofit organizations are rated on, among other things, the amount of support received, a strong incentive exists to use higher valuation sources, such as retail prices, which would be permissible. Another way to achieve a higher valuation would be to use branded product values for generic donations. However, we believe that a conservative approach is best to instill public confidence and give the most accurate, easy-to-understand basis for our financial reporting.

Direct Relief Foundation and the Board-Restricted Investment Fund

In 1998, Direct Relief's Board of Directors established a Board-Restricted Investment Fund ("BRIF,") to help secure the organization's financial future and provide a reserve for future operations. The BRIF, established with assets valued at \$774,000, draws resources from Board-designated unrestricted bequests and gifts, returns on portfolio assets, and operating surpluses (measured annually) in excess of current operational needs. There was no operating surplus for the year ended June 30, 2009.

In October 2006, the Direct Relief Foundation was formed and incorporated in the State of California as a separate, wholly controlled, supporting organization of Direct Relief International. Effective April 1, 2007, assets in the BRIF were transferred to the Foundation. The Foundation's investments are managed by the Commonfund Strategic Solutions Group, an investment firm under the direction of the Board's Finance Committee, which meets monthly and oversees investment policy and financial operations.

As of June 30, 2009, the total funds held in the Foundation were valued at \$31.6 million. Of this amount, the BRIF held \$30.2 million.

During the fiscal year, the market value of the Foundation's investment portfolio was severely impacted by the worldwide financial crisis. As a result, the Foundation has experienced a decline of approximately 22 percent of the value of its investments since June 30, 2008. In November 2008, facing the continuing uncertainty of the investment environment and the need to ensure liquidity for operational needs, the Board decided to create an operating reserve of \$8.7 million to cover anticipated expenses for a two-year period. These funds are to be held in highly liquid and minimal principal risk United States Government securities. As a result of the rebalancing, the Foundation realized a loss of approximately \$6.7 million. Since then, it has continued to maintain the balance of the operating reserve funds in highly liquid money market securities, certificates of deposit, and a bond fund.

The Board has adopted investment and spending policies for the BRIF assets that

attempt to provide a predictable stream of funding to Direct Relief while seeking to maintain the purchasing power of these assets. Under this policy, as approved by the board of directors, the BRIF assets are invested in a manner that is intended to produce results that provide a reasonable balance between the quest for growth and the need to protect principal. The Foundation expects its BRIF funds, over time, to provide an average rate of return of approximately seven percent annually. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The organization targets a diversified asset allocation that currently is equally balanced between equity and fixed income investments to achieve its short-term spending needs as well as long-term objectives within prudent risk constraints.

The Foundation has a policy of appropriating for distribution each year an amount up to five percent of the assets of the BRIF. In some instances, the Board may decide to appropriate an amount greater than its stated policy if it is specifically deemed prudent to do so. The BRIF is authorized to distribute its portfolio assets to pay for all fundraising and administration expenses, including extraordinary capital expenses and advance emergency relief funding as determined by the President & CEO. Upon a majority vote by the Board, the BRIF may also be utilized to meet other general operational costs. For the fiscal year ending June 30, 2009, \$2.8 million was distributed to cover all fundraising and administration costs, and \$700,000 to pay for implementation costs for a new enterprise-resource planning platform.

Finally, we note that our organization's independently audited financial activities were also reviewed by an audit committee, two members of which are independent and not directors of the organization. This additional level of independent review is required under California law.

THOMAS TIGHE,
President & CEO

BHUPI SINGH,
Executive Vice President & CFO

Combined Statement of Activities

Direct Relief International & Direct Relief Foundation

For the fiscal years ending June 30, 2009, and March 31, 2008

2009

2008

\$ IN THOUSANDS

	2009		2008	
	\$ IN THOUSANDS			
PUBLIC SUPPORT & REVENUE				
Public Support				
Contributions of goods and services	\$ 157,869	101.3%	\$ 188,332	93.6%
Contributions of cash and securities—other	8,164	5.2%	11,429	5.7%
TOTAL PUBLIC SUPPORT	166,033	106.6%	199,761	99.3%
Revenue				
Earnings from investments and other income	(10,262)	-6.6%	1,475	0.7%
TOTAL PUBLIC SUPPORT AND REVENUE	155,771	100.0%	201,236	100.0%
EXPENSES				
Program Services				
Value of medical donations shipped	147,892		213,920	
Inventory adjustments (expired pharmaceuticals, etc.)	13,480		2,430	
Disaster relief—other	818		1,231	
Domestic programs	6,844		1,480	
International programs	1,797		5,790	
TOTAL PROGRAM SERVICES	170,831	109.7%	224,851	111.7%
Supporting Services				
Fundraising	987		1,234	
Administration	2,225		1,745	
TOTAL SUPPORTING SERVICES	3,212	2.1%	2,979	1.5%
TOTAL EXPENSES	174,043	111.7%	227,831	113.2%
INCREASE (DECREASE) IN NET ASSETS	\$ [18,272]	-11.7%	\$ [26,595]	-13.2%

Combined Statement of Cash Flows

Direct Relief International & Direct Relief Foundation

For the fiscal years ending June 30, 2009, and March 31, 2008

2009

2008

\$ IN THOUSANDS

	2009		2008	
	\$ IN THOUSANDS			
CASH FLOWS FROM OPERATING ACTIVITIES				
Cash collected from public support	\$ 7,678		\$ 10,628	
Cash paid for goods and services	(10,993)		(10,937)	
Dividend and interest income	578		1,119	
Other income (expense)	2		(5)	
NET CASH PROVIDED BY OPERATING ACTIVITIES	(2,735)		805	
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchase of investments	(25,554)		(20,306)	
Proceeds from sale of investments	34,758		21,281	
Purchase of capital assets	(1,125)		(1,283)	
Unitrust distributions	(11)		(4)	
NET CASH USED BY INVESTING ACTIVITIES	8,068		(312)	
CASH FLOWS FROM FINANCING ACTIVITIES				
Payments on mortgage	—		(62)	
Payments on capital lease obligation	(4)		(9)	
NET CASH USED FOR FINANCING ACTIVITIES	(4)		(71)	
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	5,329		422	
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	3,277		3,177	
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 8,606		\$ 3,599	

RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES

Change in net assets	\$ (18,272)	\$ (26,595)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	\$ 523	\$ 250
Change in inventory	3,802	28,263
Change in receivables	(485)	(798)
Change in prepaid expenses and other assets	(710)	(65)
Change in accounts payable and accrued expenses	1,501	112
Loss on disposal of fixed assets	-	62
Realized gain on sale of investments	6,632	(1,112)
Unrealized loss on investments	4,273	688
NET CASH PROVIDED BY OPERATING ACTIVITIES	\$ (2,735)	\$ 805

Statement of Financial Position

For the fiscal years ending June 30, 2009, and March 31, 2008

Direct Relief
International
2009

Direct Relief
Foundation
2009

Combined
2009

2008

\$ IN THOUSANDS

	Direct Relief International 2009	Direct Relief Foundation 2009	Combined 2009	2008
ASSETS				
Current Assets				
Cash and cash equivalents	\$ 1,460	\$ 7,146	\$ 8,606	\$ 3,599
Investments	4	22,895	22,899	43,446
Inventories	43,947	-	43,947	53,384
Other current assets	339	10	349	817
TOTAL CURRENT ASSETS	45,750	30,051	75,801	101,246
Other Assets				
Property and equipment	5,872	-	5,872	4,932
Remainder unitrusts	-	-	-	72
Pledged bequests	-	268	268	257
Other assets	3	-	3	17
TOTAL OTHER ASSETS	5,875	268	6,143	5,278
TOTAL ASSETS	\$ 51,625	\$ 30,319	\$ 81,944	\$ 106,524
LIABILITIES AND NET ASSETS				
Current Liabilities				
Payables and other current liabilities	\$ 869	-	\$ 869	\$ 799
Current portion of long-term debt	5	-	5	5
TOTAL CURRENT LIABILITIES	874	-	874	804
Other Liabilities				
Long-term debt	1,400	-	1,400	1,400
Capital lease obligation	3	-	3	8
Distribution payable	8	-	8	20
TOTAL OTHER LIABILITIES	1,411	-	1,411	1,428
TOTAL LIABILITIES	2,285	-	2,285	2,232
NET ASSETS				
Unrestricted net assets				
Board-Restricted Investment Fund (BRIF)	-	30,235	30,235	44,265
Undesignated	47,104	59	47,163	56,713
TOTAL UNRESTRICTED NET ASSETS	47,104	30,294	77,398	100,978
Temporarily restricted assets	2,236	-	2,236	3,289
Permanently restricted assets	-	25	25	25
TOTAL NET ASSETS	49,340	30,319	79,659	104,292
LIABILITIES AND NET ASSETS	\$ 51,625	\$ 30,319	\$ 81,944	\$ 106,524

Notes to the Financials

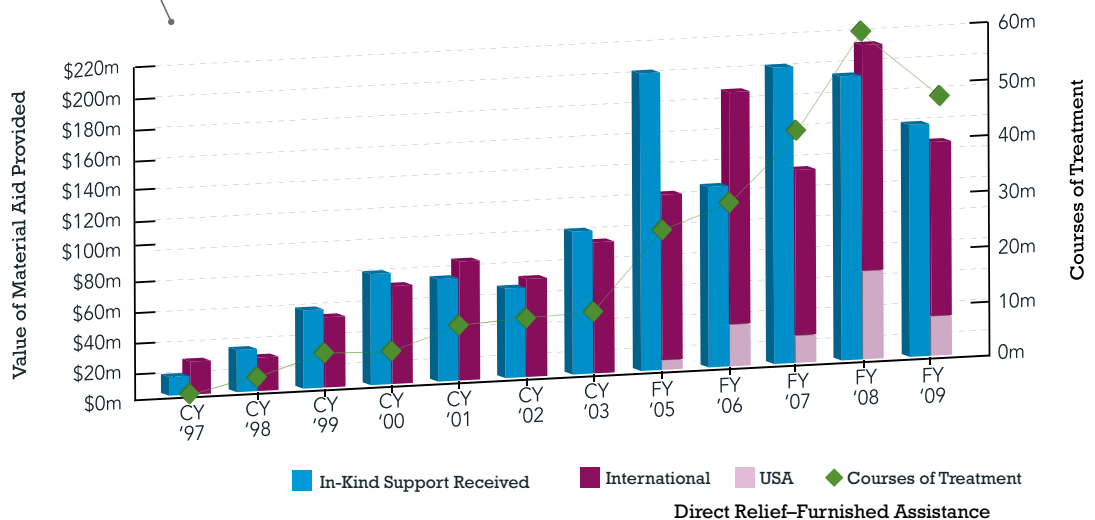
FISCAL YEAR RESULTS

The overall assistance furnished by Direct Relief in Fiscal Year 2009 was just under \$150 million. Direct Relief received no governmental assistance. All resources were obtained from private sources.

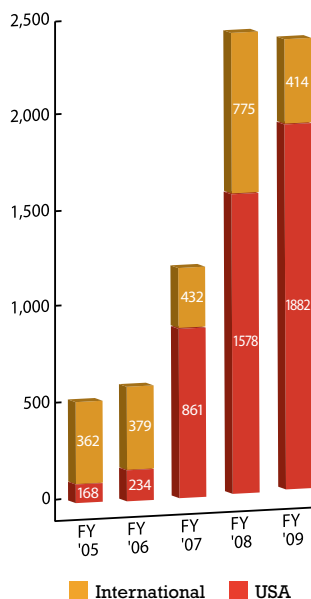
In the fiscal year ending June 30, 2009, Direct Relief provided 2,352 shipments of humanitarian medical material including pharmaceuticals, medical supplies, and medical equipment. The more than 1,246 tons (just under 2,500,000 pounds) of material aid were furnished to local health programs in 60 countries, including the United States, and had a wholesale value of \$148.2 million. The materials contained in these aid shipments were sufficient to provide 39 million courses of treatment. In addition, the organization provided \$2.02 million in the form of cash grants to dozens of locally run health programs in areas affected by the May 2008 Myanmar cyclone, the December 2004 Indian Ocean tsunami, the Southern California wildfires of 2007-2008, and numerous other partners providing health services in other non-disaster areas.

GRAPHS #1, #2

EXPANDING ASSISTANCE,
INCREASING EFFICIENCY



Number of Shipments



COMPARISON TO PREVIOUS FULL YEAR'S RESULTS

All financial statements presented in this report show both the results for Fiscal Year 2009 and those of Fiscal Year 2008 for comparison purposes. It should be noted however, that in 2008 the Board of Directors approved changing the organizations fiscal year from a March 31 year end to a June 30 year end. A "short" fiscal year of three months (April 2008-June 2008) was used to bridge the old and new fiscal periods. Therefore, the Fiscal Year 2008 information reflects a March 31, 2008 end date, while the Fiscal Year 2009 presentation reflects financial results as of June 30, 2009.

LEVERAGE

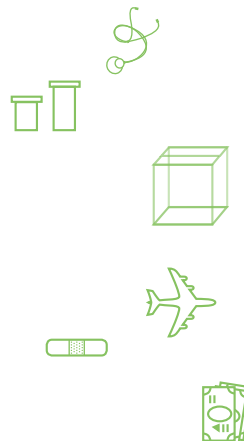
In Fiscal Year 2009, for every \$1 contributed and spent for our core medical assistance program (excluding emergency response), the organization provided \$23.85 worth of wholesale medical material assistance. These program expenses totaled \$5.57 million. The expenditure of these funds enabled Direct Relief to furnish \$132.9 million worth (wholesale value) of medical material resources to 60 countries for the support of ongoing health needs.

CASH GRANTS

In addition to the core medical material assistance program, Direct Relief also provided financial assistance of \$2.02 million through cash grants. The vast majority of these grants (approximately \$1.2 million) were made from designated contributions received in this and past fiscal years for the Myanmar cyclone in 2008, Indian Ocean tsunami of 2004, the Southern California fires of 2007-2008, and numerous other partners providing health services in other non-disaster areas.

The organization incurred \$359,000 in Myanmar cyclone cash expenditures this fiscal year, of which \$308,000 was in the form of cash grants to support essential recovery efforts conducted by local organizations in the affected countries and by colleague international nonprofit organizations. As of June 30, 2009, the organization had spent over 68 percent of the funds received for cyclone relief. With funds received for the Indian Ocean tsunami of December 2004, the organization spent a total of \$177,000, of which \$154,000 was spent in the form of cash grants. As of June 30, 2009, the organization had spent over 99 percent of the funds received for this relief effort.

With Southern California wildfire-designated contributions, the organization incurred expenditures of \$71,000, of which \$47,000 was spent in the form of cash grants to health facilities and organizations providing direct health services to residents in the affected areas. As of June 30, 2009, the organization had spent over 90 percent of the funds received for this relief effort.



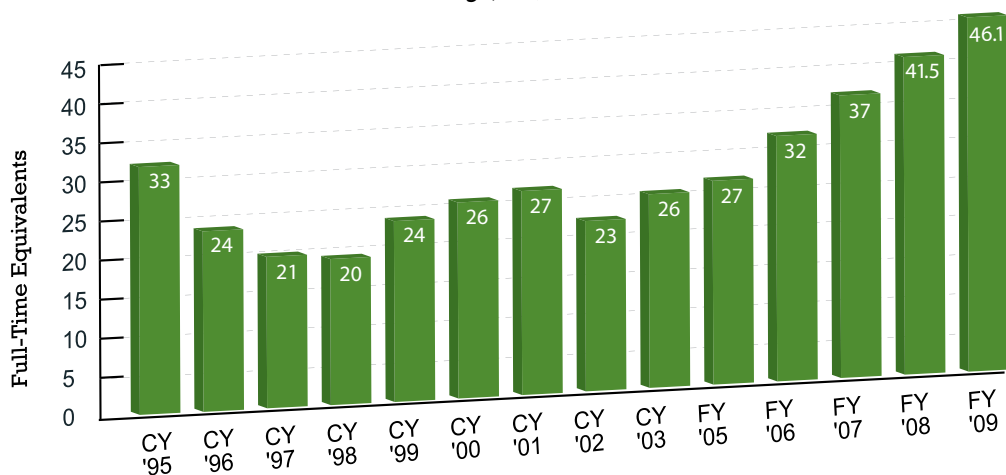
STAFFING

These activities were accomplished by a staff which, as of June 30, comprised 53 positions (46 full-time, seven part-time). Measured on a full-time equivalent (FTE) basis, the total staffing over the course of the year was 46.2. This figure is derived by dividing the total hours worked by 2,080, the number of work hours of a full-time employee in one year. Two persons each working half-time, for example, would count as one FTE.

In general, staff functions relate to three basic business functions: programmatic activity, resource acquisition/fundraising, and general administration. The following sections describe the financial cost of our organizational activities, how resources are spent, and how donor funds are leveraged to provide assistance to people in need throughout the world.

GRAPH #3

Staffing (FTE) 1996 – FY 2009



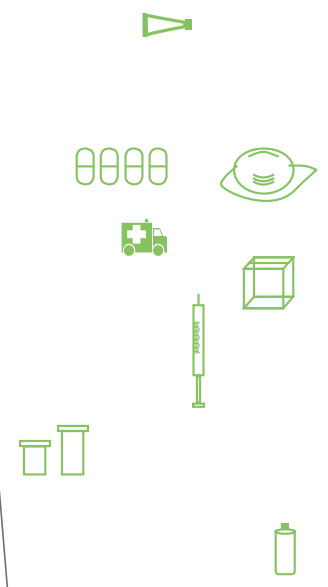
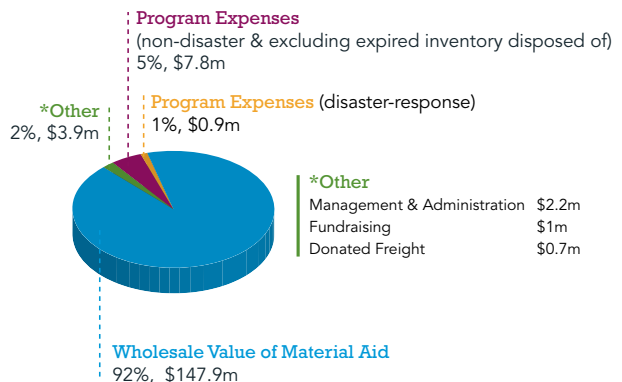
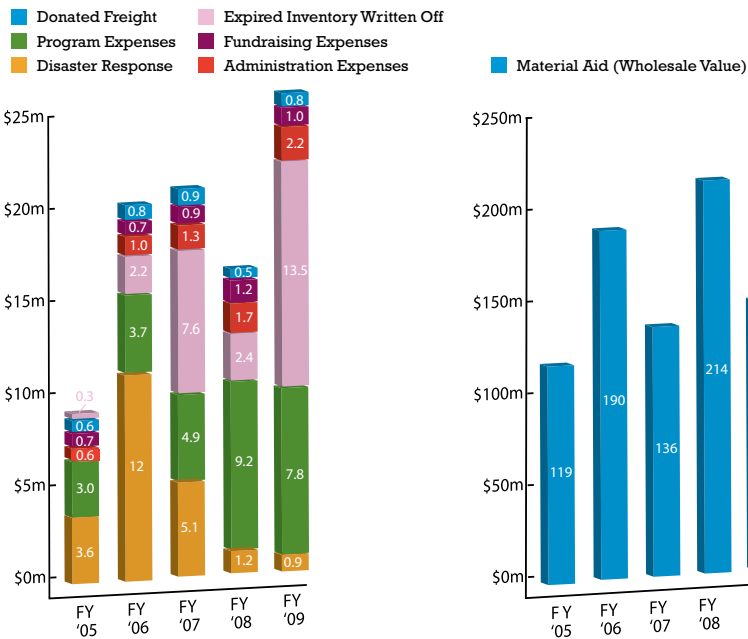
PROGRAM EXPENSES

In Fiscal Year 2009, Direct Relief's cash expenditures on program activities totaled \$9.01 million, \$2.37 million of which paid for salaries, related benefits (health, dental, long-term disability insurance, and retirement-plan matching contributions), and mandatory employer-paid taxes (Social Security, Medicare, workers' compensation, and state unemployment insurance) for 28 full-time and six part-time employees engaged in programmatic functions.

PROGRAM EXPENSES ALSO INCLUDED:

- Cash grants to partner organizations (\$2.02 million, of which \$308,000 was for the Myanmar cyclone relief, \$154,000 was for tsunami relief, \$47,000 for Southern California wildfire relief, and numerous other partners providing health services in other non-disaster areas)
- Ocean/air freight and trucking for outbound shipments to partners, in-country transportation and inbound product donations (\$2.5 million, of which \$750,000 was donated)
- Travel for oversight and evaluation (\$237,000); contract services (\$847,000, of which \$12,000 was donated); packing materials and supplies (\$156,000); and disposal costs for expired pharmaceuticals (\$16,000)
- The value of expired products disposed of (\$13.48 million)
- A pro-rata portion of other allocable costs (see page 45)

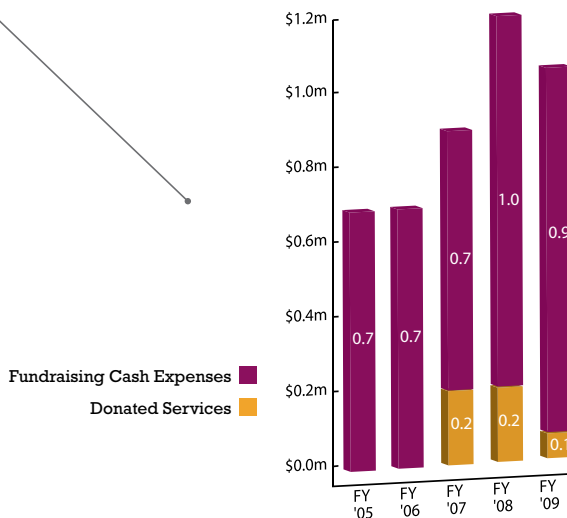
GRAPH #4, #5



GRAPH #6, #7

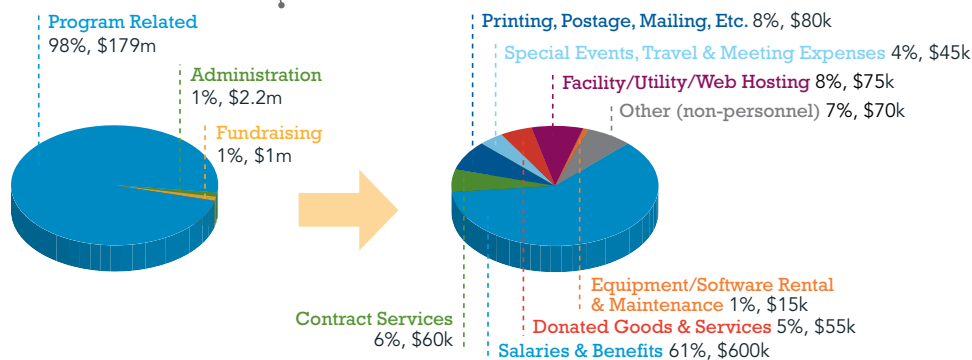
FUNDRAISING EXPENSES

Direct Relief spent a total of \$987,000 on resource acquisition and fundraising in Fiscal Year 2009. As noted earlier, these expenses (other than donated services) were paid from funds received out of the assets of the Direct Relief Foundation. A total of \$599,000 was spent for salaries, related benefits, and taxes for six full-time employees engaged in resource acquisition and fundraising.

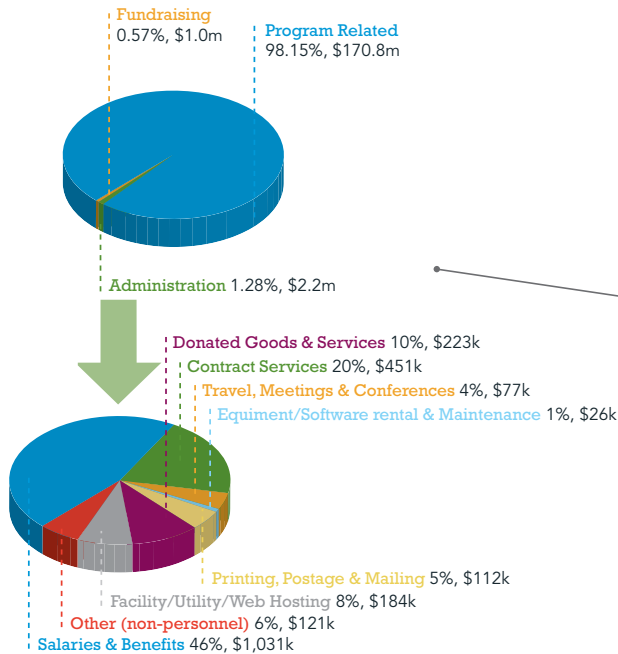


FUNDRAISING EXPENSES ALSO INCLUDE:

- \$76,000 for the production, printing, and mailing of newsletters, the annual report, tax-receipt letters to contributors, fundraising solicitations, and informational materials
- \$14,000 in advertising and marketing costs
- \$41,000 in expenses directly related to fundraising events (of which \$8,000 were donated goods for the events)
- \$12,000 in travel and mileage-reimbursement expenses
- \$99,000 in contract services (\$43,000 of which were donated services from Google)
- \$15,000 in supplies in support of the fundraising staff
- \$30,000 in outside computer services related to fundraising
- A pro-rata portion of other allocable costs (see page 45)



It should be noted that Direct Relief does not classify any mailing expenses as "jointly incurred costs"—an accounting practice that permits, for example, the expenses of a newsletter containing information about programs and an appeal for money to be allocated partially to "fundraising" and partially to "public education," which falls under program costs.



GRAPH #8, #9

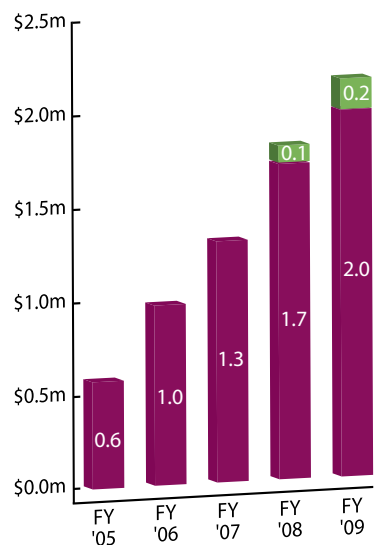
ADMINISTRATION EXPENSES

Direct Relief spent a total of \$2.23 million on administration. As noted earlier these expenses (other than donated services) were paid from funds received out of the assets of the Direct Relief Foundation. Administration is responsible for financial and human resource management, information technology, and general office management. A total of \$1.03 million was for salaries, related benefits, and taxes for 12 full-time employees and one part-time employee engaged in administration and financial management. Increased administrative expenses (non-donated services) are due to new investment in information technology and finance infrastructure, systems, and personnel.

ADMINISTRATION EXPENSES ALSO INCLUDED:

- \$35,000 in credit card, banking, and brokerage fees
- \$83,000 for duplicating and printing, of which \$12,000 was spent on producing our Fiscal Year 2008 Annual Report
- \$517,000 in consulting fees, including information technology services (\$105,000), management fees for invested assets (\$66,000), communication services (\$280,000, of which \$128,000 were donated services from Google) and recruiting/ other human resource services of \$39,000
- \$65,000 in accounting fees for the annual CPA audit, payroll processing and reporting, and other financial services
- \$80,000 in legal fees, of which \$68,000 was provided pro bono for legal representation related to general corporate matters
- \$21,000 in taxes, licenses, and permits (Direct Relief is registered as an exempt organization in each U.S. state requiring such registration)
- A pro-rata portion of other allocable costs (see next page)

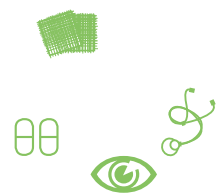
Administration Expenses



Administration Cash Expenses ■
Donated Services ■

OTHER ALLOCABLE COSTS

Direct Relief owns and operates a 40,000-square-foot warehouse facility that serves as its headquarters and leases another 23,000-square-foot warehouse. Costs to maintain these facilities include mortgage interest, depreciation, utilities, insurance, repairs, maintenance, and supplies. These costs are allocated based on the square footage devoted to respective functions (e.g. fundraising expenses described earlier include the proportional share of these costs associated with the space occupied by fundraising staff). The cost of information technology services are primarily related to the activities of the respective functions described above. These costs are allocated based on the headcount devoted to the respective functions.



EXECUTIVE COMPENSATION: The compensation of the CEO and the CFO was paid entirely by the Direct Relief Foundation. The CFO's compensation is allocated 100 percent to administration, and the CEO's compensation is allocated 50 percent to administration and 50 percent to fundraising. The compensation of the former Chief Operating Officer, who also served as the Vice President of Programs for the majority of Fiscal Year 2008, was allocated 70 percent to programs, 20 percent to administration, and 10 percent to fundraising.



"We efficiently and effectively use the resources entrusted to us by our donors to provide extraordinary value for money so that we can help more people and fulfill our mission of a healthier world."

– **BHUPI SINGH**,
Direct Relief International CFO



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*FISCAL YEAR 2009 = JULY 1, 2008 - JUNE 30, 2009

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“Direct Relief has consistently been a model of excellence and is a highly valued partner of Abbott. For over 60 years, Direct Relief’s leadership has brought health to millions of people around the world.”

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 Medical Group
 Santa Barbara Neighborhood Clinics
 Savusavu Community Foundation
 Mr. James Scheinfeld
 Sea Mar Community Care Center
 SEE International
 Ms. Wilma Sherman
 Silver Eagle Refining, Inc.
 Solvang and Santa Barbara UVS
 Specialty Surgery Center
 SSA Marine
 St. Johns Hospital
 St. Johns Regional Medical Center
 St. Joseph Hospital

Why Direct Relief?

“Our long-standing relationship with Direct Relief is inspired by a common goal—to help all people live healthy lives. Together, we have found innovative ways to leverage financial, intellectual, and technical resources to deliver aid and strengthen healthcare systems, reaching people in need around the world.”

— Edward J. Ludwig,
 Chairman, President and CEO, BD

J. Jamner Surgical Instruments, Inc.
 Janssen Pharmaceuticals, Inc.
 Johnson & Johnson
 Johnson & Johnson Consumer Companies
 June Jacobs Labs
 K.V. Pharmaceutical Company
 Life Uniform Company
 Loftin Equipment Co.
 Marlex Pharmaceuticals, Inc.
 Mason Vitamins, Inc.
 Matrixx Initiatives, Inc.
 McKesson Medical-Surgical
 McNeil Consumer &
 Specialty Pharmaceuticals
 McNeil Nutritionals, LLC
 Meda Pharmaceuticals
 Medentech Ltd.
 MedVantx, Inc.
 Mentor Corporation
 Merck & Company, Inc.
 Merz Pharmaceuticals, LLC
 Microflex
 Midmark Corporation
 Miltex, Inc.
 Mylan Laboratories, Inc.
 Neutrogena Corporation
 New Chapter Vitamins
 North Safety Products
 Omron Healthcare, Inc.
 Onyx Medical Corporation
 Ortho-McNeil-Janssen
 Pharmaceuticals, Inc.
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 Pharma Medica
 Professional Disposables
 Progressive Medical International
 Prometheus Laboratories
 Purdue Pharma, L.P.
 Rye Pharmaceuticals Pty Ltd
 Sage Products, Inc.
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 Sanofi Pasteur
 sanofi-aventis
 Sappo Hill Soapworks
 Schering-Plough Corporation

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 Grand Rapids Women’s Health
 Graybill Medical Group
 Grossman Burn Foundation
 Grove Medical Associates
 Mr. Don Haedicke
 Mr. Chris Hainey
 Ms. Margaret Haley
 Ms. Jennifer Hamilton
 Handpiece Trading Post / Maramar Dental
 Hartford Medical Group
 Hawthorn Surgery Center
 Anna M. Hays, M.D.
 Healthlink Family Practice
 Ms. Donna Higbee
 Joseph J. Hong M.D.
 Hospice Partners of the Central Coast
 Indigenous Development Coordinators
 Fund (IDC)
 International Aid
 International Health Partners
 Jamestown Primary Care
 Ms. Helen Jepsen
 Mr. Charlie Johnson
 Ms. Patricia Jones
 Mr. Tariq Kadri
 Kaiser Permanente
 Kansas City V.A. Facility
 Gregory Keller, M.D.
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 Loloma Foundation
 Long Beach Memorial Medical Center
 Map Link
 Ms. Kenneth Marshall Engle
 Medical Subject Headings
 Medical Teams International
 MedPharm, Inc.
 MedShare
 Ms. Jean Menzies
 Mercy Ships
 Miller Children’s Hospital
 Mr. and Mrs. Jeff Morrison
 Mount Kisco Medical Group
 Naples Medical Center
 Needham Orthopedic & Sports Medicine
 Ms. Shabnam Nehzat
 Newton Correctional Facility
 NIH Clinical Center
 Northwest Surgical Association
 Mr. Bob Obici
 Occhiali Eyewear
 Operation USA
 Optometry Care of Santa Barbara
 Oral Health America
 Oral Health Products
 Orthopedic Surgical Practice
 Ostomy Support Group of Saddleback Valley

Stueben County Blog
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 Supply Chain Management Systems
 Ms. Laura Sylvester
 Thomas J. Pojumas, M.D.
 Ms. Nancy Thompson
 Ms. Barbara L. Tocchi
 Murray Taubman, O.D.
 Mr. Robert E. Thompson
 Town and Country Club
 Trading Places International
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 Mr. Steven Turkheimer
 Turner Family Dentistry
 Tuscaloosa Urology Center
 United Blood Services
 University of Akron Health Services
 University Medical Center - Fresno
 Urgent Care and Family Care Center
 Urgent Care of Green County
 Mr. Jose Velasquez, Jr.
 VITAS Innovative Hospice Care
 VNA and Hospice of Southern California
 Wake Forest University Health Sciences
 Waterford Copies and More LLC
 West Dermatology of Arizona
 Women’s Care Specialists
 Women’s Health Consultants
 The World Family
 Wyoming State Hospital
 Ms. Kimberley Yorke

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The Legacy Society

The Legacy Society *exclusively recognizes those visionary and caring individuals who have included Direct Relief International in their estate plans. Their commitment and dedication are shining examples of generosity that will help Direct Relief International continue its efforts to help people affected by poverty, disasters, and civil unrest live better, healthier lives*

For information on planned giving or on becoming a member of the Legacy Society, please contact Jill Muchow Rode, CFRE, at (805) 964-4767 x181 or visit us online at

www.legacy.vg/directrelief/giving/1.html

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Anner Trust
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The Charles H. Bell Charitable Remainder Trust
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Estate of K. W. Stawicki
Walter and Mae Stern Trust
Estate of Grace A. Tickner
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Mr. and Mrs. Lawrence B. Wallin
Josephine M. Wood Trust

Guiding P

Serve People.

Improve the health of people living in high-need areas by strengthening fragile health systems and increasing access to quality health care.

Lift from the Bottom. Pull from the Top.

Working with world-class companies and institutions, bringing resources to the most medically underserved communities in the U.S. and abroad.

Build Upon What Exists.

Identify, qualify, and support existing healthcare providers over the long term and serve as a catalyst for other critically needed resources.

Remove Barriers.

Create transparent, reliable, cost-effective channels to contribute and to access essential medical resources, particularly medicines, supplies, and equipment.

Focus on Activities with High Impact on Health.

Maternal and child health; primary care; HIV/AIDS and other chronic diseases; emergency preparedness and response.

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principles

Play to Strengths. Partner for Other Needs.

Engage in activities that address a compelling need and align with our core competencies and areas of excellence. Ally with an expanded network of strategic partners who are working on related causes and complementary interventions in order to leverage resources.

Ensure Value for Money.

Use technology to generate efficiencies, leverage resources, and maximize health improvement for people with every dollar spent. Maintain modest fundraising and administrative expenses.

Be a Good Partner and Advocate.

Give credit where due, listen carefully, and respect those whom we serve and those contributing resources.

Respond Fast While Looking Ahead.

In emergencies, support the immediate needs of those affected by working with local partners best situated to assess, respond, and prepare for the long-term recovery.

Take the High Road.

Deliver aid without regard to race, ethnicity, political or religious affiliation, gender, or ability to pay. Inspire participation by earning the trust and confidence of private parties and encouraging their participation in our mission.

OUR
MISSION is to
improve the health
and lives of people affected
by poverty, disaster, and
civil unrest.