Annual Report
2016
Working on the Front Lines of Care
Front cover image: Front Line Carer: Caroline Ndichu, Nursing Services Manager at Githunguri Health Center in Kenya.
Contents

Telling our story through other people’s stories

02 WELCOME
Letter from our Chairman

04 THE TRUST
About the Trust

06 OUR APPROACH
The Trust supports and champions the people on the front lines who are at the heart of delivering care.

08 EXECUTIVE SUMMARY
A year where we have made significant progress.

10 FROM THE FRONT LINES
Stories from the heart of care-giving - sharing personal stories of people on the front lines of care

34 SECONDMENTS
Enabling selected Johnson & Johnson employees in EMEA to give back to society in a unique way.

38 EMEA CSR COMMUNITY
Leveraging internal networks to develop innovative solutions to health challenges

42 ONE YOUNG WORLD
Opening the minds of young leaders through the One Young World Program

44 OUR PARTNERS

46 DIRECTOR’S REPORT & FINANCIALS 2016
Welcome

Championing people on the front lines of care delivery across Europe, the Middle East and Africa

When healthy people and families thrive in healthier communities, everything else will follow. At the heart of these healthy communities stand the people on the front lines of care - the nurses, caregivers, community health workers, and others who support the world’s most vulnerable every day. Without these skilled individuals, children do not reach developmental milestones, women do not survive childbirth, and youth and adults do not learn the healthy behaviors needed to prevent disease.

At the Johnson & Johnson Corporate Citizenship Trust (Trust), we have dedicated ourselves to helping the individuals on the front lines of care to reach their greatest impact. To do so, we’ve joined forces with the Johnson & Johnson Family of Companies across Europe, the Middle East, and Africa (EMEA) and our partners to form healthy, sustainable communities. At the core of our programs remains our 2020 Strategy, driving an integrated and holistic approach across three focus areas: People, Partnerships and Impact Investment. From investing in trainings for early childhood counselors, to employee secondments that build the capacity of our partners, to funding social innovation programs, we are making a long-term impact on the lives of those who most need our support. I am very proud to say that in 2016, we collaborated with 71 partners in 37 countries to reach over half a million beneficiaries in the EMEA region.

In 2017, the Trust will continue to lead implementation of the new Johnson & Johnson Global Community Impact (GCI) mission to support and champion the people on the front lines who are at the heart of delivering care. Our efforts will also align with Johnson & Johnson’s commitment to the Sustainable Development Goals, toward a world where a healthy mind, body, and environment is within reach for everyone, everywhere. In doing so, we will further deepen the collaboration with Johnson & Johnson EMEA Operating Companies to identify opportunities to apply expertise, labor, and financial support to address health challenges in local communities. These localized actions will advance solutions to the EMEA region’s ongoing and emerging health challenges. In the year ahead, we will continue to co-design programs with our partners, seeking not only to ensure programmatic change, but to address systemic issues that will improve healthcare.

Lastly, but certainly not least, I want to recognize a change in leadership at the Trust. After ten years at the helm, Founding Trust Director Frank Welvaert will assume a global role among our GCI partners as Vice President for Strategy. Frank is responsible for establishing and growing the Trust into a valuable partner that truly demonstrates the impact a private sector company can have in addressing global health challenges. During his tenure, he built strong relationships across the Johnson & Johnson Family of Companies, launched Flagship Partnerships with INSEAD and the Aga Khan Development Network, and paved the way for impact investment projects, to name just a few of his accomplishments. Fortunately, Frank will continue to be a valuable advisor as a Board Trustee as we transition to new leadership. Assuming the role of Trust Executive Director will be Ben Davies, an equally talented colleague who has served as the Trust’s Partnership Director since 2013. We are thrilled to have Ben’s fervor for this work to guide our path forward.

Many thanks to all our colleagues across Johnson & Johnson and our partners for their continued support of the Trust, and for helping us lay the foundation for healthier communities for years to come. We hope you enjoy reading about the lives you have touched through your support of our work and we look forward to our continued collaboration to create a healthier world.

If you have any comments or feedback, please do not hesitate to reach out to us via email: csremea@its.jnj.com.

Thank you,
About the Trust

The Johnson & Johnson Corporate Citizenship Trust supports and champions the people on the front lines who are at the heart of delivering care.

The Johnson & Johnson Corporate Citizenship Trust (Trust) is responsible for managing Johnson & Johnson’s Global Community Impact programs and activities across Europe, the Middle East and Africa (EMEA) to deliver upon the Trust’s mission of making a sustainable, long term difference to human health.

Johnson & Johnson is the world’s largest healthcare company aspiring to care for the world, one person at a time. Approximately 130,800 employees, at more than 250 Johnson & Johnson Operating Companies across the globe work with partners in health care to touch the lives of over a billion people every day. Embracing pioneering research and science, Johnson & Johnson brings innovative solutions, products and services to advance the health and well-being of people throughout the world.

The Trust is part of the Johnson & Johnson Global Community Impact Group which manages four geographical regions (EMEA, North America, Latin America and Asia Pacific) with the purpose to support and champion the people on the front lines who are at the heart of delivering care.

The Trust is a registered charity and a company limited by guarantee under Scottish law and funded by the Johnson & Johnson Global Community Impact Group, and Johnson & Johnson Operating Companies in EMEA.

Operational structure and management

The Trust is managed by a Board of Directors consisting of 14 senior executive Johnson & Johnson leaders across the Pharmaceutical, Consumer and Medical Devices sectors and from global functions such as Global Public Health. The Directors are responsible for overseeing the affairs of the Trust and ensuring that it delivers on its mandate.

The Board is chaired by Jane Griffiths, Global Head, Actelion and meets twice a year to review the Trust’s Strategy. The day to day operations of the Trust are managed by the Trust EMEA Team who have responsibilities for the implementation of programs within the strategic focus areas of People, Partnerships and Impact Investment.

The Trust EMEA Team is supported by a wider network of Johnson & Johnson professionals who implement programs at the local level in close cooperation with the Trust. In addition, Johnson & Johnson employees across EMEA sit on informal committees supporting local partner initiatives and driving community based volunteering programs in line with the Johnson & Johnson Credo.

Photo credit: Aga Khan Foundation Portugal, Frederic Roberts Photography Workshops.

Childminders Program of the Early Childhood Development Centre, run by the Aga Khan Foundation in Lisbon, Portugal.
The mission of the Johnson & Johnson Corporate Citizenship Trust is to make a sustainable, long-term difference to human health. We do this by investing in strategic partnerships and innovative solutions that add value to society and make a significant difference to people’s lives.

"We support frontline caregivers across the spectrum of care ensuring they have the knowledge and skills needed to make a long-term impact. These are the people who are instrumental in changing the trajectory of health for the world’s most vulnerable people as well as for their families and their communities.”

Ben Davies, Executive Director, Johnson & Johnson Corporate Citizenship Trust

Our Approach

The Trust supports and champions the people on the front lines who are at the heart of delivering care. These are the people who are instrumental in changing the trajectory of health for the world’s most vulnerable people as well as for their families and their communities.

We support frontline caregivers across the spectrum of care - from a family care giver, nurse or doctor to a hospital CEO - ensuring they have the knowledge and skills needed to make a long-term impact.

We also work closely with our internal stakeholders - from our young leaders (millenials) to our former senior Johnson & Johnson executives - capturing their insights, experiences and learnings and connecting them with our partners and key stakeholders.

The Trust has innovative programs and tools that deliver upon its mission of making a sustainable, long-term difference to human health. The work of the Trust is organized in three strategic focus areas all closely interconnected to build-on and amplify the impact and reach generated by each:

- **People**: Connecting people and creating networks to share knowledge and skills
- **Partnerships**: Empowering strategic and innovative partnerships across EMEA
- **Impact Investment**: Addressing social issues in a sustainable way through impact investment

In addition, the Trust works closely with the Johnson & Johnson Operating Companies across the EMEA region to develop a targeted approach to enhance local business strategies and to support innovative solutions that address local health needs and challenges. Through this co-creation and blended value, we can ensure that local health needs are met; business strategy remains instrumental and mutually supportive partnerships are formed.

The mission of the Johnson & Johnson Corporate Citizenship Trust is to make a sustainable, long-term difference to human health. We do this by investing in strategic partnerships and innovative solutions that add value to society and make a significant difference to people’s lives.

The Trust achieves its mission by applying an interconnected and holistic approach that builds off of the strengths and needs of each stakeholder group and maximizes impact. The wheel illustration represents the stakeholder groups the Trust collaborates with (inner circle) and the programs the Trust implements (outer circle).

Please see color coded dots at the bottom of each story as reference to the relevant stakeholder group (frontline caregiver or internal stakeholder) and program.
2016 Executive Summary

2016 has been an inspiring and successful year for the Trust. A year where we have made significant progress in deepening and strengthening our programs and activities across the Europe, Middle East and Africa region and supporting and championing the people on the front lines who are at the heart of delivering care.

In 2016*, the Trust engaged with 71 partners in 37 countries delivering over £7.7 million to programs within the EMEA region.

SECONDMENTS
12 Johnson & Johnson secondees shared their skills and knowledge with 5 NGO partners on long-term secondments of up to six months in over 10 countries across EMEA

TRUST AWARDS
40 submissions received from 23 countries for the 2016 Trust Awards with €35,000 reinvested into six winning programs in two Award categories.

EMEA CSR COMMUNITY
Connecting over 500 Johnson & Johnson members across EMEA through community webinars, lectures, regular updates and best practice sharing.

EDUCATIONAL PROGRAM
More than 40 Johnson & Johnson participants from across EMEA attended an educational program at INSEAD. Over 100 innovative ideas were created that could make a difference to people’s lives.

PROGRAMS
Over 559,788 beneficiaries directly reached through Trust programs and 2,136,580 indirect beneficiaries.

FUNDING
Seed funding for four social innovation programs through the launch of the Trust Accelerator.

EMEA PARTNERSHIPS
Managed 36 active EMEA Partnerships co-funded 50/50 with Johnson & Johnson Operating Companies across EMEA reaching close to 100,000 beneficiaries.

ONE YOUNG WORLD
18 Johnson & Johnson delegates from 10 countries around the world cross sector attended the 2016 One Young World Summit. 80 OYW delegates participated in the Trust internal break-out session on leadership and CSR concepts.

DRIVING CHANGE FOR THE FUTURE
A US$1 million Health Education impact investment to the Aga Khan Development Network to expand access to healthcare and strengthen human resources for health in East Africa.

FLAGSHIP PARTNERSHIPS
AKDN
Celebrated 15 years of partnership with the Aga Khan Development Network making a difference in human health in East Africa, providing scholarships to over 2000 nurses and midwives.

INSEAD
Transforming Health Systems through three health innovation programs at INSEAD (STICH, MEHLP, IHT) attended by over 100 senior healthcare leaders from across EMEA.

NORTH STAR ALLIANCE
Strengthened North Star Alliance’s network of 36 Blue Box Roadside Wellness Centres, providing truck drivers with access to HIV testing, nutritional counselling and general health information.

REFUGEE SUPPORT
Supported refugee children through humanitarian assistance and resilience building with a specific focus on the neighboring countries to Syria by mobilizing $1.75 million in partnership with Save the Children.

*Numbers include donor advised funding partnerships (see page 40). For Trust Flagship Partnerships and EMEA Partnerships only the Trust engaged with 39 partners delivering £3,483,272 within the EMEA region.
Each tells a different story from an individual perspective on how the Trust’s partnerships and programs are making a long-term impact on human health. From a family caregiver in Portugal to a Trust Secondee supporting health workers in The Gambia to a nurse scholarship alumni looking after and caring for patients in East Africa – all these stories showcase the Trust’s commitment to making a meaningful and sustainable impact to the communities in which we live and work.

We also want to show you how we are connecting and empowering people, both internally at Johnson & Johnson and externally with our partners and key stakeholders. We do so, amongst others, by building inspirational networks and knowledge sharing platforms that support the co-creation of our innovative programs and solutions to tackle the world’s most pressing health challenges.

“\nIn East Africa, access to affordable health care remains a challenge for a large proportion of the population who mostly rely on the public health care system. We need to be more innovative in the way we provide health care to ensure health services are more affordable, more accessible and stigma free.\n”

Eston Njagi Nyaga, Kenya Country Manager at North Star Alliance, East Africa.
Portugal’s changing demographics and economic austerity measures are increasing pressure on caregivers. Childminders, like Genoveva Cunha, are particularly in need of methods that are cost efficient but do not compromise the development of the young children they care for. Since 2003, Genoveva has run a small day care center from her home in the Olivais neighborhood of Lisbon, Portugal. She knows that the physical, emotional and mental growth opportunities these children receive in their first few years of life is intrinsically tied to their ability to grow into healthy, independent adults.

Every day, Genoveva leads her small group of children in a reading session. Listening to a story every day nurtures a taste for reading and helps the children develop a higher ability for learning. Books are selected for their literary quality and according to age appropriateness.

Home-based day-care centers like Genoveva’s care for children up to three years old, with about four children per adult. This low child to adult ratio ensures that each child receives individualized care. Older children help care for and play with even the youngest of the group to build their sense of sharing and caring for others.

On a daily basis, the children also spend time outdoors. Whenever possible, the children’s mothers are invited to accompany the group’s outings to the community playground. Creating strong bonds between children and adults plays an important role in building a child’s self-confidence. Positive interactions with adults and other children helps children feel respected, valued and secure.

Aside from the playground, Genoveva creates other fun ways for the children to play outdoors. In this case, a mud kitchen helps the children connect with nature and express their creativity. This highly sensory activity also helps the children develop social skills along with basic notions of mathematics and science.

The first 1,000 days of a human’s life, starting during a mother’s pregnancy through the age of 3, is a crucial time for a child’s brain development. By improving children’s access to quality nutrition, hygiene, and emotional and physical stimulation in those first 1,000 days, we significantly increase each individual’s chance of developing into a physically healthy, mentally alert, and emotionally secure adult. *

Early Childhood Development (ECD) remains a top priority for the Trust. Since 2009, the partnership between the Aga Khan Development Network (AKDN) and the Trust has included support for the ECD Centre run by the AKF in Lisbon, Portugal. The Center has pioneered a nationally recognized approach to early childhood development with a particular focus on socially and economically excluded communities. The Trust’s assistance to AKDN’s ECD programs also includes programs in Egypt and East Africa.

* The UN report states that ECD is a major input on the economic development of a country: https://www.unicef.org/earlychildhood/index_68581.html

Photo credit: This page: Lucas Cuervo Moura, AKDN. Opposite page: Lucas Cuervo Moura, AKDN (left), Aga Khan Foundation Portugal (right).
Jessika Arvik first became a “Maskrosbarn” in 2009 when she attended Maskrosbarn’s camp, the organization’s most unique counseling method. Adolescents join the program around 12 years old and attend a 10-day camp four times a year. This same cohort of 20 youth continues the program together over the span of four years. Over time, campers learn to understand addiction and mental health diseases, how to cope with its impact on their family, manage self-care, and plan for adulthood. Most importantly, campers complete the program no longer ashamed of their background and motivated to grow into healthy, independent adults.

At 17 years old, Jessika completed one year as a camper and then returned the following year as a youth leader. Three years later, her commitment to the program led her to becoming a camp leader. Just like Jessika, all youth and camp leaders at Maskrosbarn have parents that struggle with addiction or mental health. This common background allows the leaders to pull from their own experiences and connect with campers in very honest and open discussions. Remembering the important sense of comradery she found as a camper, Jessika aims to recreate this same welcoming and supportive environment for the youth she now mentors at camp.

While the days at camp Maskrosbarn are filled with fun activities like any other camp, the true value of the program is in showing each adolescent that they are not alone in their struggles. For Jessika, this feeling is particularly strong during the first night of camp. Surrounded by candles and bundled under blankets, camp leaders ask each camper to complete the statement “I’m here because…” on a piece of paper. Once the papers are collected, the leaders share their own stories that brought them to camp Maskrosbarn and read each statement they’ve collected from the group.

“I’m here because my father is a drug addict and I need to get away for a while.” “I’m here because my mother is mentally ill and I’ve been abused my whole life.” In this intimate moment, each camper realizes that everyone else in the group is a “Maskrosbarn” just like them. This exchange creates a bond among the campers and begins to strip away the sense of shame and guilt that many of the campers are used to feeling.

Past the Shame of Troubled Homes: Counseling Youth into Healthy Adulthood

As in much of the world, mental health and addiction are rarely part of public discourse in Sweden. For children whose parents are experiencing problems with drug, alcohol, or mental illness, the opportunity to connect with others like them are few and far between. This gap in peer support is what inspired the founding of Maskrosbran. In Swedish, “Maskrosbarn” refers to “dandelion children,” – children who, much like dandelions, persist and thrive under harsh conditions. The aptly named nonprofit supports adolescents whose parents have drug, alcohol, or mental illness problems and prepares them for healthy adulthood.
From Clinic to Classroom to Clinic: Frontline Health Innovation for Mobile Populations

Eston Njagi Nyaga is the Kenya Country Manager at North Star Alliance East Africa, a Flagship Partner of the Trust dedicated to providing quality health care services to mobile populations and the communities they interact with. In his leadership role, Eston coordinates the operations of a network of eight health clinics commonly referred to as Roadside Wellness Centres (RWC) or “blue boxes” located along the Northern transport corridor in Kenya. The network of blue boxes play an integral role in cross-Africa efforts to increase accessibility to health care services for mobile populations.

In November 2016, Eston received a scholarship from the Trust to attend the Strategic Innovation for Community Health (STICH) program, a course collaboratively run by the Trust and another Flagship Partner, INSEAD. STICH is a unique program for senior managers like Eston, who face the challenge of developing new approaches for the design and delivery of health care services in emerging markets. In this interview, Eston reflected on his lessons learned from STICH.

Photo on the left: Mobile populations like truck drivers face unique health challenges given they are continuously moving from place to place.

Photo credit: Dave Chidley
The Trust and INSEAD – The Business School for the World – partner to deliver three health leadership programs that are at the forefront of transforming health systems through innovation and leadership. The programs offer senior managers working in the health care arena the opportunity to transition leadership and management thinking from the business sector into their complex delivery organizations.

For more information please visit: www.jjcct.org/strategy/partnerships/insead

Q: Why is innovation in primary health care so important in Kenya and East Africa?
Eston: In East Africa, access to affordable health care remains a challenge for a large proportion of the population who mostly rely on the public health care system. Public health facilities face constrained resources that can lead to stock outs of medicines, inadequate personnel and operating time for clinics, and long distances from people who need care. This makes it difficult to fully meet the needs of the hard to reach populations.

Secondly, stigma and discrimination remains a major barrier for large groups of people that are particularly at high risk for Sexually Transmitted Infections, TB and HIV, such as sex workers and truckers.

Lastly, the rise of noncommunicable diseases, such as diabetes and cancer, in developing countries is increasing the burden on health care systems. These diseases are currently expensive to manage because of our limited capacity to offer care and treatment for them. To address all of these issues, we need to be more innovative in the way we provide health care to ensure health services are more affordable, more accessible and stigma free.

Q: What are the key components of STICH that help you as a leader in your job at North Star Alliance?
Eston: There were many components, but let me summarize them into three. First, we learned about how to develop prototypes to generate different solutions and determine which will most effectively and efficiently improve service delivery. Secondly, I learned how to lead a team in collective discovery. I used this method to involve the whole team in identifying new approaches to offering care at the RWCs and assessing which risks are worthwhile to lead to the best solution. In addition, I learned the art of questioning which helps the team ask important question about why we do something a certain way. Are there simpler ways we can achieve even better results? I’ve found my team responds very positively to this approach. Lastly, STICH encouraged us to look at problems and potential solutions from the customer perspective. In doing so, we explore and identify innovative opportunities that shape customer behavior and ensure the customer is satisfied with our services.

Q: How are the innovation skills from STICH helping you improve service delivery and health outcomes for mobile populations?
Eston: Since coming back from STICH, I’ve been challenging the teams at the Wellness Centres to question the status quo and not assume that the way we’ve always done things is still the best way to do it. This has led us to improve our reporting methods and think about new services to better link our clients and the service providers. For example, viral load testing for people on HIV treatment can be challenging to access in Kenya. We are currently testing two prototypes to increase our clients’ access to this service: one where a lab technician comes to our center to do the testing, and the other where we collect samples on specific days and then network with a lab that does the testing.

Another opportunity we are exploring is how to increase the reach of our services to people beyond the immediate surroundings of our clinics. We’ve set up outreach sites ten to fifteen kilometers away from our clinics to get to know the people, offer them services, and identify if and how they may be at risk of HIV infection. Instead of asking people to come to us, we’re testing new ways to improve access to care and meet the needs of our communities.
**Nurse Caroline Ndichu: A Master of All Trades**

Caroline Ndichu, the Nursing Services Manager at Githunguri Health Center (GHC) in the suburbs of Nairobi, is a graduate of Aga Khan University’s (AKU) School of Nursing and Midwifery. She credits AKU, a long-term Flagship Partner of the Trust, for giving her the skills and knowledge needed to manage her heavy, ever-changing workload calmly and efficiently. At GHC, Nurse Caroline and her team of 13 manage 24/7 health services in addition to an ambulance service. Every day, this small team sees hundreds of patients and does their best to provide quality care.

“The education at Aga Khan University made me at ease, especially as a manager. I was able to learn new skills in care and counseling of the patients and giving them health education. It also helped me with my staff. I was able to build a team.”

Caroline Ndichu, Nursing Services Manager at Githunguri Health Center

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A single nurse serves roughly 4,000 patients in a year in East Africa

<1 nurse and midwife per 1,000 inhabitants in East Africa

Nurses make up 85% of the health care work force in East Africa

Please see the Healthy Future Report on the long-term impact made on advancing nurse education in East Africa through the 15 year partnership between the Aga Khan University and the Trust. [www.jjct.org/downloads/](http://www.jjct.org/downloads/)

Photo on the left: Caroline on the maternity ward where she visits mothers and counsels them on how to care for their newborn babies.
Caroline Ndichu: A Master of All Trades

8.00am
Maternity Ward
Caroline starts every day at the maternity ward where she visits mothers and counsels them on how to care for their newborn babies. “The babies [in this photo] were born yesterday,” she says. “We teach their mothers the necessities about breastfeeding, hygiene, and family planning.”

10.00am
Nutrition information session
Caroline visits the immunization ward which alone sees 80 to 150 people a day. She helps a nutritionist lead a session for mothers on infant nutrition and immunizations so the mothers know what vaccines their children need to stay healthy, and how often they must bring their babies back for check-ups.

11.00am
Immunizations
Once the information session has wrapped, mothers weigh their babies for routine growth monitoring. In a separate room, Caroline skillfully administers vaccines such as oral polio, rotavirus, pentavalent, and measles, depending on her patients’ needs.

12:30pm
HIV/TB Ward
After supporting her colleagues in the outpatient department, Caroline now moves on to the HIV and TB ward. There, she and her team provide treatment and counseling services, and monitor patients’ adherence to their treatment regimens.

2:30pm onward
Clinic Management

While Caroline has a set routine to ensure each department receives her support and supervision, she can be pulled aside at any moment to assist with a medical emergency, attend an impromptu consultation with a fellow nurse, stop in the hallway for a visit by a patient, or rush to the maternity ward to assist with simultaneous deliveries. Nevertheless, Caroline transitions seamlessly and gracefully from one task to the next, inspiring confidence in her fellow nurses and patients.

Watching Caroline in action is a constant reminder of how valuable programs like AKU’s School of Nursing and Midwifery are in training nurses to provide skilled care in low resource settings. Her success is a testament to AKU’s 15 years of experience in helping nurses and midwives evolve into respected leaders that touch countless lives over the course of their careers.

Watch Caroline in action, on our vimeo channel: vimeo.com/210623126

2,138 nurses and midwives received scholarships
90% of the program’s graduates have remained within East Africa

For 15 years, the Trust’s support for Aga Khan University’s School of Nursing and Midwifery in East Africa has enhanced and grown the school’s academic offerings. As a result of this partnership, 2,138 nurses and midwives received scholarships with access to continued leadership and education opportunities at AKU. Of the program’s graduates, over 100 are now in new leadership positions and 90 percent have remained within East Africa, strengthening the region’s health care systems.
Accelerating Impact Through Meaningful Connection and Innovation

“The past three years have taken me to France, South Africa, France again, Sweden, and Kenya. As I reflect back upon this time, I realize that while the path was not always a straight line, it was a more cohesive journey than I had previously realized.”

Michael Seo is the Founder and Director, ReaMedica, Recipient of a Trust Accelerator Grant

In October 2017, ReaMedica is scheduled to open its first clinic in the Eastlands area of Nairobi, Kenya. Based on the Unjani Clinic Network model, an EMEA Partnership between the Trust and the Johnson & Johnson Family of Companies in South Africa, the ReaMedica clinic is our effort to show how the private sector can and should do more in health care delivery. Our goal is to create a network of clinics that will deliver affordable, quality care to low income families utilizing a social enterprise model.

The journey to the launch started in an INSEAD classroom in France three years ago and begins a new chapter in the ReaMedica clinic in Nairobi this October. And for me, the launch represents the culmination of three years of engagement and co-creation with the Trust, its partners, and its programs.

Here’s an overview of what this journey looked like over the past three years:

01 Fontainebleau, France (February & May 2014): INSEAD and Innovating Health for Tomorrow
   Being part of INSEAD and the Trust’s Innovating Health for Tomorrow (IHT) 2014 cohort was my first introduction to the Trust. On the INSEAD campus, we analyzed and discussed innovation processes, reframed risk as an asset, and worked as teams to prototype business models to improve health services. As my work focuses on how to accelerate entrepreneurship in health service delivery in low resource settings, the program was a wonderful space to discuss many of the on-the-ground challenges I am confronted with on a daily basis. By the end of the program, I realized that the best next step would be to bring IHT-inspired models to health workers in the public, private, and NGO sectors in Sub-Saharan Africa.

02 Pretoria, South Africa (February 2016): The Gordian Knot
   Post-IHT, I continued discussions with the Trust about the idea of a Sub-Saharan Africa health entrepreneur focused workshop. The event, called the Gordian Knot, was based in Pretoria and brought together entrepreneurs in the emerging health space. The curriculum methodology was co-designed with IHT alumni, with input from Johnson & Johnson South Africa and the Trust. Johnson & Johnson South Africa introduced us to other innovative health service organizations they were working with, which is where I first learned about Unjani Clinics. Little did I know at the time that these clinics would serve as both the basis for my own initiative and my article for the Stanford Social Innovation Review.

03 Fontainebleau, France (May 2016) & Stockholm, Sweden (October 2016): The Trust Network Convenings
   The Trust Network is an action-driven community created to connect, collaborate and empower individuals and organizations to improve human health. Together, with six partner organizations, Trust Secondment and INSEAD alumni, as well as current and retired Johnson & Johnson employees, the Network strives to strengthen health outcomes by leveraging and expanding trusted relationships. In 2016, the Network hosted convenings in Fontainebleau and Stockholm, which presented an expansive view of the breadth of the Trust programs, partners, and communities. It was during these convenings that I met the Aga Khan Foundation, a Trust Flagship Partner, who was instrumental in developing a concept to replicate the Unjani Clinics model. The on-the-ground experience and connections made during this time played a significant role in shaping the service and business model for the first ReaMedica clinic in Kenya.

04 Nairobi, Kenya (November 2016 & October 2017): The Trust Accelerator Grant
   My proposal, “Replicating the Unjani Model in New Markets,” was approved for accelerator funding by the Trust in November 2016. With this support, we expect to launch the ReaMedica clinic in October 2017. The past three years have taken me to France, South Africa, France again, Sweden, and Kenya. As I reflect back upon this time, I realize that while the path was not always a straight line, it was a more cohesive journey then I had previously realized.

The Trust Accelerator program provides seed funding to pilot high potential initiatives and build capacity for Trust interventions. In 2016, three winning proposals, including ReaMedica, were awarded funding to bring their transformative ideas to life. These pilot programs also benefit from the collaboration of a wide range of Trust stakeholders that are accessible through the Trust Network.

The Trust Network is an action-driven community created to connect, collaborate and empower individuals and organizations to improve human health. Together, with six partner organizations, Trust Secondment and INSEAD alumni, as well as current and retired Johnson & Johnson employees, the Network strives to strengthen health outcomes by leveraging and expanding trusted relationships.
In 2015, Janssen EMEA made a three-year £4.2 million commitment to work with the Trust to explore and support innovative programs that will improve the health and well-being of underserved communities. The multi-tiered strategy developed by the Trust for the deployment of this fund includes a focus on Early Childhood Development (ECD) and Strengthening Community Caregivers, delivered through partner-led health education programs.

Josi was seconded to SOS Children’s Villages International, a partner of the Trust and the Janssen EMEA CSR Fund dedicated to preventing family breakdown and caring for children who have lost parental care, or who risk losing it. Josi was the first secondee to join the SOS Children’s Villages International team in The Gambia to support a cervical cancer awareness campaign. After her six-month assignment, Josi shared some insights from her experience.

Josi Wey joined 11 other Johnson & Johnson employees in participating in the Trust Secondment Program which enables Johnson & Johnson employees to apply their expertise and knowledge on long-term assignments with our NGO partners, based on needs identified by our partners. The outcome of this program is a triple win. Our partners gain new skills and innovations to achieve their mission; the employees experience remarkable professional and personal development; and Johnson & Johnson gains newly energized leaders dedicated to bringing Our Credo to life by making a meaningful and long-term impact on human health (see page 34 for more information on the program).

Q: Can you tell us about the approach of the Save My Mother cervical awareness campaign?

Josi: About 50% of the adult population in The Gambia can’t read or write, so it was important to find other ways to educate our audience. We focused on radio and TV to reach illiterate audiences in a powerful way. We created radio jingles and three short educational videos, and got a network of radio stations to commit to playing the jingles for free. Other radio and TV stations hosted us on talk shows and interviewed us about the disease and its impact. After one show, a host told me about his wife’s experience with cervical cancer. People who were silent before are now using their experience to help others.

Q: Tell us about your experience and some challenges you faced while filming the Save My Mother TV episodes.

Josi: The energy and humor of the local amateur actors was amazing. I learned the importance of being flexible, creative, and resilient. One day, we couldn’t get to the filming location because the road was blocked. Another time, one of the actors couldn’t make it so we had to improvise and find someone else. Temperatures were above 40°C and 80-90% humidity, which I wasn’t used to. Despite the heat and setbacks, nobody complained.

Q: How do you feel about your experience as a Johnson & Johnson Secondee?

Josi: I am proud of the impact I have made and of the women’s lives I have helped. The experience has reinforced my skills and confidence, and shifted my perspective. There is so much we can do to help change the health care landscape in The Gambia and I feel privileged to have been the very first Trust Secondee there. I now feel that I have more than colleagues there – I have a family and a special connection to the country which I’ll carry with me forever.

4,015 Women screened
647 Women with positive findings
571 Women treated
20,000 People reached with the Save My Mother cervical cancer awareness campaign in 2016

The Trust Secondment Program enables Johnson & Johnson employees in EMEA to apply their expertise and knowledge on long-term assignments with our NGO partners, based on needs identified by our partners. The outcome of this program is a triple win. Our partners gain new skills and innovations to achieve their mission; the employees experience remarkable professional and personal development; and Johnson & Johnson gains newly energized leaders dedicated to bringing Our Credo to life by making a meaningful and long-term impact on human health (see page 34 for more information on the program).

Janssen EMEA CSR Fund: In 2015, Janssen EMEA made a three-year £4.2 million commitment to work with the Trust to explore and support innovative programs that will improve the health and well-being of underserved communities. The multi-tiered strategy developed by the Trust for the deployment of this fund includes a focus on Early Childhood Development (ECD) and Strengthening Community Caregivers, delivered through partner-led health education programs.

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Josi was seconded to SOS Children’s Villages International, a partner of the Trust and the Janssen EMEA CSR Fund dedicated to preventing family breakdown and caring for children who have lost parental care, or who risk losing it. Josi was the first secondee to join the SOS Children’s Villages International team in The Gambia to support a cervical cancer awareness campaign. After her six-month assignment, Josi shared some insights from her experience.

*See opposite page for more information on the Janssen EMEA CSR Fund.
Delivering Holistic Health Care for the Homeless

In North Rhine-Westphalia, the most populous state of Germany, there are more than 20,000 people living without a home. Their lives are a daily struggle of finding accommodation, food, and clothing. With these concerns top of mind, health can fall by the wayside until it is an emergency.

Good health is an essential building block to creating a stable and self-sufficient life. Yet, accessing health care can be a very stressful experience for the homeless, particularly for those without health insurance. Losing their connection to the health care system can be a result of many contributing factors, including losing a job, personal trouble, the death of a loved one, or fleeing from a war-torn country. Often, people in this situation feel ashamed of their circumstances and rarely see doctors, even when they are seriously ill.

This is where the “Caring for the Homeless” (“gesund.zelt.raum” in German) project seeks to intervene. A partnership between Janssen Germany, the Trust, and Diakonie Dusseldorf (Diakonie), the social welfare organization of the Protestant Church, the project sets out to improve the health care of homeless people and others in need. With its holistic approach, Caring for the Homeless provides medical care, emergency relief, health prevention, and well-being services to homeless people in Dusseldorf, near the Neuss Campus of Janssen Germany.

For people like Thorsten, Diakonie provides a lifeline to essential health services they otherwise would go without. At 31 years old, Thorsten has been living without a home for three years and for the most part, managing any health concerns on his own, including his diabetes. When a foot injury became too painful to ignore, the social workers at Diakonie’s Shelter day center convinced him to visit their mobile clinic. The clinic, which previously served as a bus and has since been refurbished, provided Thorsten with easy access to free care for his foot and diabetes.

This “rolling practice” is at the heart of the four pillars of the Caring for the Homeless project: social counseling, disease prevention, medical care, and well-being. In addition to the mobile clinic, the project has enabled Diakonie to expand health services offered at its day centers across Dusseldorf to include a healthy breakfast program, lectures on disease awareness and prevention, educational workshops, and regular social activities.

The Johnson & Johnson partnership with Diakonie began in 2016 when Janssen and the Trust provided the financial support needed to revive the mobile clinic. This led to further collaboration to increase the reach and sustainability of Diakonie’s services in the community. Janssen and the Trust supported Diakonie by providing financial support to food banks across Dusseldorf and assisting with outreach to people at risk of losing their homes, providing them with individualized support to help them maintain their home and regain stability. These efforts reinforce the partners’ beliefs that preventing homelessness is far better for a person’s long-term stability than trying to reverse homelessness once it has already happened.

Beyond financial support, Janssen has made its human resources an integral part of its support to Diakonie. Through a corporate volunteering program, Janssen employees lend their time and expertise by participating in a weekly health breakfast program and supporting “well-being” days that reinforce the importance of a healthy mind and body.

The mobile clinic parks outside of Diakonie’s Shelter in downtown Dusseldorf every Wednesday afternoon to provide free health services to the homeless in a stigma-free environment.

The Caring for the Homeless partnership between Diakonie Dusseldorf, the Trust, and Janssen Germany supports Diakonie’s efforts to provide holistic health services to the homeless population in Dusseldorf. Janssen and the Trust have become a one-of-a-kind partner to Diakonie by providing comprehensive financial, human, and strategic resources. To add to Diakonie’s holistic health services, Janssen launched the “Ask The Doctor” series in March 2017, which offers regular, health-related discussion sessions between Janssen medical experts and the homeless community.

Janssen employees serve warm meals, spend quality time with the homeless, and organize fun games during regular “well-being” days.

For people like Thorsten who frequent Diakonie’s Shelter, the Caring for the Homeless project means they can now benefit from even more services that set them up for a healthier and more fulfilling life. Whether that be a well-balanced breakfast to start the day, participating in a cooking class, attending regular health checkups, or receiving psychosocial support, Diakonie’s Shelter is now able to continuously provide holistic health services.

The unique combination of financial and human resources the Trust and Janssen provide has not only translated into new programs at Diakonie, but also positioned Janssen as a helpful strategic partner and created meaningful opportunities for Janssen employees to give back to their community. In a country where corporate philanthropy rarely extends beyond financial support, the Trust and Janssen are setting a new standard for corporate engagement on the front lines of care.
Building the Resilience of Refugee Children

At least three million children in Syria have grown up knowing nothing but war. In a recent survey conducted by Save the Children inside Syria, two-thirds of the children reported that they have experienced their house being bombed, suffered from war-related injuries, or lost a loved one from the war. Many Syrian children have developed psychological scars and experienced toxic stress, increasing their future risk of suicide, heart disease, diabetes, substance abuse and depression.
Building the Resilience of Refugee Children

Since the war began in Syria more than six years ago, nearly 5 million refugees – including 2.3 million children – have fled the country. Many are suffering from their past and struggling to adapt to their new environments. With support from the Trust, Save the Children is working to provide and train trainers to deliver lifesaving health care, psychosocial support, and quality education to increase the resilience of refugee children in Jordan and Lebanon.

Approximately 78 percent of Syrian refugees in Jordan live in host communities. In these environments, it can be nearly impossible for families to afford Early Childhood Care and Development (ECCD) services for their children. Research has shown that ECCD services have short-term and long-term positive impacts on a child’s development. Save the Children’s programs bring these valuable ECCD services to vulnerable and conflict-affected girls and boys.

In Jordan, Save the Children is training teachers on how to incorporate its Healing and Education through the Arts (HEART) approach into ECCD services. Children participate in creative activities to help them cope with trauma and express their feelings. This arts-based approach helps them develop socio-emotional coping mechanisms, improve communications skills, and build trust and self-confidence. Parents also learn how to support their children’s development through child protection, child rights and positive parenting. The program works to ensure that children have access to a nurturing learning environment that supports their overall development and transition to formal education.

In Lebanon, 84 percent of children in the target areas have no access to ECCD services and are deprived of opportunities that enhance early learning, protection, and psychosocial well-being. Save the Children’s program aims to help fill this gap and fulfill girls’ and boys’ rights to education and development in this area.

By providing access to education and psychosocial support services, Save the Children is helping to build the resilience of refugee children and support families as they reclaim their lives and prepare for the future.

The Johnson & Johnson Family of Companies in EMEA and the Trust have been involved in multiple health interventions supporting the plight of Syrian refugees since 2013. In 2016, Johnson & Johnson shifted from offering humanitarian support programming to strengthening local health and education systems in the neighboring countries of Syria, including multi-year programs in Jordan, Lebanon, and Turkey. These programs include the training of teachers and caregivers to improve refugee children’s resilience.
Building the Capacity and Organizational Growth of our NGO Partners

The Trust Secondment Program enables selected Johnson & Johnson employees in EMEA to give back to society in a unique way, by sharing their expertise and skill sets with NGO partners in long-term assignments of four up to six months.

The program was first piloted in 2014 with four Secondments and two NGO partners. Since then, it has expanded with eight Secondments and four NGO partners in 2015, followed by 12 Secondments with five NGO partners in 2016.

Now in the fourth year of operation, the program is continuing to evolve both geographically and in terms of Secondment scope. To date, a total of 36 Johnson & Johnson employees have now completed, or are currently taking part, in a long-term secondment across more than 15 countries in EMEA.

2014
- 2 NGOs
- 4 Secondments

2015
- 4 NGOs
- 8 Secondments

2016
- 5 NGOs
- 12 Secondments

2017
- 6 NGOs
- 12 Secondments

24 Secondments
19,577 In-kind donated hours*
6 NGOs
17 Host countries across EMEA

9 Johnson & Johnson Retirees/externals offering coaching
16 Alumni promoted to new Johnson & Johnson roles

CREATING A TRIPLE WIN

NGO
To identify and provide much needed skill sets to our NGO partners

SECONDTEE
To enhance the professional and personal development of Johnson & Johnson employees

JOHNSON & JOHNSON | THE TRUST
To strengthen the trust and reputation of Johnson & Johnson by bringing Our Credo to life

Maria Belka (on the left), Quality Assurance Manager at Johnson & Johnson Consumer Greece, attending a fundraising conference during her secondment with SOS Children’s Villages in 2016.
Executive Coaching: All Trust Secondees are mentored on their Secondment journey by a team of retired Johnson & Johnson senior executives who invest their time for free to help guide and mentor the Secondees during their often challenging and complex assignments.

“The Secondments are a great opportunity to humbly learn from local partners, to gain a better insight in cross-cultural diversity, to develop a fresh perspective on different business models and to gain personal resilience resulting from working in an unfamiliar market.”

Christian Verbeeck, Trust Secondment Coach since 2014 and former international Vice President at Janssen EMEA.
The EMEA CSR Community is a network of passionate Johnson & Johnson professionals who are delivering upon the Trust Strategy at the local level. Though this network, we connect and collaborate to build innovative solutions to health challenges in local communities to fulfill and strengthen the mission of the Trust.

Two examples of how the EMEA CSR Community supports our work are the Trust Educational Program and the Trust Awards.

**Trust Educational Program:**
Supporting the development of innovative solutions

The Trust Educational Program was developed as a pilot to elevate the innovation skills of our EMEA CSR Community and was hosted in cooperation with INSEAD, one of the Trust’s Flagship Partners. In 2015, 40 Johnson & Johnson employees from across EMEA participated in the program generating 180 innovative ideas to impact social change. From these ideas, 12 were selected which showed the greatest potential for implementation. In May 2016, three out of the 12 ideas were chosen by a panel of judges for further development by their teams. One idea, “Meet Your Nurse”, which connects patients with oncology nurses in France, received funding for a pilot launch through the Trust Accelerator Program. (For more information on the Trust Accelerator Program: see page 24)

“The ‘Meet Your Nurse’ program aims to help oncology nurses better coordinate their work with multiple stakeholders in the ecosystem. They are key in helping to achieve acceptance and a better understanding of the disease, from both the patient’s and the family’s perspective.”

Valérie Perruchot-Garcia, Communication and Public Affairs Director, Janssen, France and Participant of the Trust Educational Program

In 2017 the Educational Program will be re-positioned to create an even stronger link between company and community impact.
In Russia, there are more than four million patients with diabetes, and, unfortunately, 70% of them are not educated on their disease. Diabetes education improves quality of life and prolongs the lives of people with diabetes. We therefore created a new type of health care qualification called Diabetes Nurses. The award money will help us to conduct an additional training for 20 nurses who will reach around 4,000 patients annually.

Ivette Salib, General Manager Russia & CIS, Johnson & Johnson Diabetes Care Companies

Trust Awards 2016: Recognizing community engagement across EMEA

The Trust Awards Program was launched in 2014 to recognize and celebrate local partnerships and programs which contribute to improving human health and increase employee engagement across the EMEA region. In 2016, 40 innovative programs were entered from 23 countries across EMEA. The entries were judged by an Award Committee Team, before being opened for employee voting. Final selection of the winners in each category was made by the Trust Board of Directors. This time, the Award Celebrations took place throughout the EMEA region at the winner’s locations.

There are two Award categories for recognition:

The Health Care Initiatives category to recognize programs that showcase a strategic approach to improving health.

2016 Winners:
Gold: Shaping the Diabetes Care Landscape in Russia
Silver: Bridge to Employment in the Highlands, UK
Bronze: STAYFREE® Schools Programme, South Africa

The Community Engagement and Volunteering category to recognize community-based initiatives that encourage employees to engage in fundraising and volunteering activities.

2016 Winners:
Gold: Showing Love at Hope Schools, South Africa
Silver: Johnson & Johnson Community Week, Switzerland
Bronze: You Touched My Heart, Israel

“In Russia, there are more than four million patients with diabetes, and, unfortunately, 70% of them are not educated on their disease. Diabetes education improves quality of life and prolongs the lives of people with diabetes. We therefore created a new type of health care qualification called Diabetes Nurses. The award money will help us to conduct an additional training for 20 nurses who will reach around 4,000 patients annually.”

Ivette Salib, General Manager Russia & CIS, Johnson & Johnson Diabetes Care Companies

Trust Awards 2016: award winning programs and local celebrations.

Valeria Morozova, Natalia Rozhko and Evgenia Istosova celebrating their Gold Award.

For more information please visit: jjct.org/strategy/people/trust-awards
Opening the Minds of our Young Leaders 
Through the One Young World Program

One Young World is a not-for-profit organization which gathers together the brightest young leaders (18-30 years) from around the world, to debate, formulate and share innovative solutions for the pressing issues that the world faces.

Johnson & Johnson has been partnering with One Young World (OYW) since 2013 and has sent over 45 young leaders (millennials up to age of 30 years) to their annual Summit, providing them with a unique opportunity to learn from the world’s most influential business, political and humanitarian leaders and to debate, formulate and share innovative solutions for the pressing (health) issues that the world faces.

At the end of 2016, the Trust was asked by Janssen EMEA and the Trust Board to take over the leadership and coordination of this strategic partnership with OYW going forward, offering more Johnson & Johnson young leaders the opportunity to become change makers by equipping them with a global mind-set and a raised consciousness of blended value. The program accelerates their understanding of potential future growth areas and links into and strengthens existing young leadership programs within the Johnson & Johnson organization.

In addition, the Trust has developed a framework on how we will work with our young leaders before, during and after the Summit to create meaningful impact (e.g. through coaching and mentoring).

Throughout their OYW journey, Johnson & Johnson employees are coached and supported by past Johnson & Johnson alumni (OYW Ambassadors) to develop their ideas generated at the Summit. The OYW program also increases collaboration through the sharing of skills, knowledge, experiences and best practice.

In 2017, the Johnson & Johnson OYW Scholarship Program is launched with Johnson & Johnson offering eight scholarships to young leaders on the front lines of care delivery (from family care givers to nurses and clinicians) across the globe to attend the OYW Summit in Bogotá, Colombia in October 2017. As well as attending the OYW Summit, scholarship recipients can receive coaching and mentorship from Johnson & Johnson employees to help further develop and enhance their work.

For more information please visit: www.jjcc.org/strategy/people

“For me the OYW Summit was an excellent opportunity to understand the magnitude of certain problems. When you hear stories from people who die because they don’t have access to the most basic health care, I don’t think there is any time to waste. We need to act today. The Summit is not the end of the journey and we will all continue to actively contribute to finding solutions to the world’s problems back at Johnson & Johnson as One Young World Ambassadors”.

George Berezhnov, Innovative Access Models Lead, Janssen, Russia & CIS
Our Partners

Our partnerships are founded on shared goals and vision, and target areas of high unmet need. Together with our partners, we explore and activate innovative long-term solutions to improve health.

In 2016, the Trust engaged with 71 partners in 37 countries delivering over £7.7 million to programs within the EMEA region.

The Trust Flagship Partners are organizations which have a long-standing partnership with the Trust, and whom share an aligned mission and values. They are 100% funded by the Trust and have the capacity to achieve a high social impact across the EMEA region.

EMEA Partnerships are community-based partnerships which are 50% co-funded between the Trust and Johnson & Johnson Operating Companies in EMEA for up to three year sustainable community based partnerships. Trust funding is awarded through a competitive bidding process measured against program and impact criteria governed by the Trust Board of Directors.

Donor Advised Funds are funds which are 100% financed by Johnson & Johnson EMEA entities, but which are managed by the Trust to ensure integration and alignment with the GCI Strategy and a standardized measurement of impact.

71 Partners
37 Countries
£7.7m To programs within the EMEA
Directors’ Report and Financial Statements

For the year ended 31st December 2016

2016 List of Directors

Directors
Jane Griffiths
Frank Welvaert
Takis Balodis
Trevor Bond
Wim Bossens
Michelle Brennan
Christoph Brönnimann (appointed 13 June 2016)
Sabine Dandiguian (resigned 23 February 2017)
Angelika Elser
Nikos Kefalas
Marc Larsen (appointed 24 November 2016)
Jacques Peeters
Demet Russ
Zeger Vercouteren (appointed 10 October 2016)
Neil Wood

Finance Advisory Committee
Tanja Bastens
Robert Härtei
Ronnie Tam
Neil Wood

Impact Advisory Committee
Jane Griffiths
Frank Welvaert
Sir Henry Burns (Professor Global Public Health, Strathclyde University Glasgow, UK)
Gamliel de Chadarevian (Founder GIST Initiatives Ltd, Italy)
Bonny Landers (Head of Sustainable Responsible & Impact Investing, Sandaire Investment Office)
Dato’ Dr. Kim Tan (Chairman SpringHill Management Ltd, UK)
Martin Taylor (External member, Financial Policy Committee, Bank of England, UK)

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Auditor
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Banker
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Company Number:
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Charity Number:
SC017977

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United Kingdom

Solicitor
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United Kingdom

Johnson & Johnson Corporate Citizenship Trust
Directors’ Report (including the Directors’ Strategic Report) and Financial Statements

For the year ended 31st December 2016

Contents

Objectives and Activities 48
> Mission 48
> About us 48
> Our 2020 strategy 48
> Alignment with the Johnson & Johnson Global Community Impact Strategy 48
> Grant making policy 48

Strategic Report 48
> Achievements and performance 48
> Performance against objectives set: an analysis of the public benefit provided 48
> 2016 Significant areas of activity 48

Financial Review 49
> Results for the period 49
> Principle funding sources 49
> Investment policy 49
> Reserves policy 49
> Plans for the future 49

Structure, Governance and Management 50
> Governing document 50
> Relationship to Johnson & Johnson Family of Companies 50
> Recruitment and appointment of Directors 50
> Organization and decision making 50
> Program Operations Committee 50
> Finance Advisory Committee 50
> Impact Advisory Committee 50
> People 50
> Partnerships 50
> Impact Investment 50
> Communications 51
> Risk management and assessment 51

Director’s Responsibilities 51

Independent Auditor’s Report to the Members and Directors 52

Statement of Financial Activities 53
Balance Sheet 53
Statement of Cash Flows 54
Notes to the Financial Statements 55
**Objectives and Activities**

**Mission**
The mission of the Johnson & Johnson Corporate Citizenship Trust (Trust) is to make sustainable, long-term differences in human health. It does so by investing in strategic partnerships and innovative solutions that add value to society and impact people's lives.

**About us**
The Trust is responsible for managing Johnson & Johnson's Community Impact programs and activities across Europe, the Middle East and Africa (EMEA). The Trust was founded in 2007 and is an independent organization that reflects the Johnson & Johnson's Family of Companies' commitment to improve the quality of life of the communities that its employees live and work in. The Trust is funded by the Johnson & Johnson Family of Companies through Johnson & Johnson Global Community Impact and the Johnson & Johnson Operating Companies in EMEA.

**Our 2020 strategy**
The Trust 2020 Strategy brings greater clarity, accountability and transparency to our operations and guides the future direction of the Trust. The Trust focuses on three strategic focus areas which are all closely interconnected and build on and amplify the impact and reach generated by each.

- **People**: Connecting people and creating networks to share knowledge and skills
- **Partnerships**: Empowering strategic and innovative partnerships across EMEA
- **Impact Investment**: Addressing social issues in a sustainable way through impact investment

**Alignment with the Johnson & Johnson Global Community Impact Strategy**
The Trust 2020 Strategy is fully aligned with the Johnson & Johnson Global Community Impact Strategy with its main purpose “to support and champion the people on the front lines who are at the heart of delivering care”.

**Grant making policy**
The Board of Directors has developed a Grant Making Policy to ensure that grant making decisions are made effectively and transparently. Given the geographical spread of the Trust, consideration and thought is given to the individual needs and challenges of each country. To this end, the Trust supports both cross border programs and initiatives (Flagship Partners) and national programs and initiatives (EMEA Partnerships).

With respect to Trust Flagship Partnerships, the Aga Khan Development Network, INSEAD and North Star Alliance have been approved by the Board of Directors as the current Flagship Partners. The work-plan includes specific milestones with clear impact output and outcomes over respective 3 year program frameworks. Progress and results are presented to the Trust Board on an annual basis. The Flagship Partnerships are entirely funded by the Trust.

The EMEA Partnerships are co-funded 50% by the Trust and 50% by Johnson & Johnson entities in the EMEA region. Programs and respective partners are scored against criteria that include relevance to the local context, strategic fit, projected outcomes data, sustainability and geographical spread.

Every approved national and cross-border grant requires approval against strategic priorities and health care compliance. Each program supported by the Trust has a dedicated Project Leader, Health Care Business Integrity Officer and Grant Coordinator, all of whom have a role in the grant application process. The Board of Directors gives final approval.

**Designated funds**
The 2016 grant making activities were guided by the new Global Community Impact purpose. The Trust continued to implement its strategy and support partnerships in the region with investment into supporting and championing on the front lines of care. As part of the further development of the Trust and with the increased engagement with the Johnson & Johnson Family of Companies on the 2020 Strategy, donor advised partnerships have increased over the past years. The Trust is able to offer this service to Johnson & Johnson entities allowing for a smooth grant processing and fewer transaction costs than if the funds were handled privately. Donor advised partnerships offer the donors ease of administration, while still allowing them to maintain significant control over the placement and distribution of their restricted or unrestricted funds. In 2014, significant donations were made by some of the operating companies based in EMEA, specifically Janssen EMEA.

**Principal funding sources**
The Trust’s activities are funded through donations from the Johnson & Johnson Family of Companies. Within the portfolio of the Trust, various types of funds have been created to effectively manage donations. These are endowment funds and designated funds.

- **Endowment funds**
- **Restricted funds**

**Performance against objectives set: an analysis of the public benefit provided**
In 2016, the Trust engaged with 71 partners in 37 countries delivering over €7.7 million to programs within the EMEA region.*

**Financial Review**

The Statement of Financial Activities is reported on page 53 of the accounts

**Results for the period**
2016 was a year of transition and advancement for the Trust, aligning its 2020 Trust Strategy to the new Johnson & Johnson Global Community Impact purpose and organization. The Trust Team also engaged with external professional services to support the launch of the new strategy and to acquire specific guidance in the implementation of the 2020 strategy. Our 2016 grant making activities were guided by the new Global Community Impact purpose. The Trust continued to implement its strategy and support partnerships in the region with investment into supporting and championing on the front lines of care. As part of the further development of the Trust and with the increased engagement with the Johnson & Johnson Family of Companies on the 2020 Strategy, donor advised partnerships have increased over the past years. The Trust is able to offer this service to Johnson & Johnson entities allowing for a smooth grant processing and fewer transaction costs than if the funds were handled privately. Donor advised partnerships offer the donors ease of administration, while still allowing them to maintain significant control over the placement and distribution of their restricted or unrestricted funds. In 2014, significant donations were made by some of the operating companies based in EMEA, specifically Janssen EMEA.

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- **Endowment funds**
- **Restricted funds**

**Designated funds**
These are unrestricted funds that are earmarked by the Directors to be used for particular purposes in the future. They are still accounted for as part of the charity’s unrestricted funds, as the Directors have the power to re-designate these funds to other purposes. Please refer to page 59 for list of designated funds.

**Restricted Funds**
These are restricted funds that are earmarked by the donors to be used for particular projects. They are accounted for as part of the charity’s restricted funds. Please refer to page 59 for list of restricted funds.

**Investment policy**
The Directors have full power of investment. In 2016, the Directors continued to take a cautious approach towards investment, preferring not to establish a longer-term investment policy for its charitable funds. The Finance Advisory Committee are exploring investment opportunities that reflect its low-risk policy.

**Reserves policy**
The Trust’s reserves policy is set to a level of spending intended to deliver our charitable mission today and to meet our commitments to our partners in the future: unrestricted funds are maintained at the value of approximately four months of on-going activities. The Directors recognize that the unrestricted reserves of £16,725,012 (2015: £13,470,406) exceeded the amount specified by the reserves policy in 2016. This was due to the transfer of an additional unrestricted donation of 15 million $ in 2015, for the development of an impact investment portfolio over the period of 2016 – 2018.

**Plans for the future**
2017 will see the revised 2020 Strategy further implemented, by focusing on the three interventions (People, Partnerships, Impact Investment) and aligning with the new Global Community Impact Purpose at the same time.

**People**
Following the successful launch of the Trust Secondment Strategy Program in 2014 and the impact generated following requests from our partners, 12 secondment placements with five NGOs were confirmed for 2017. The Trust will also continue to further encourage and promote employee volunteering cross sector in Johnson & Johnson across the EMEA region. For example, through its Award recognition program as well as further strengthen its networks enabling all its stakeholders to further share knowledge and skills.

**Partnerships**
Building upon the success of the last two years, the Trust will further deepen its partnership with the business across EMEA to co-create, implement and measure partnerships for long term social impact. Core to the Partnership strategy will be the Flagship Partners, AKDN, INSEAD and North Star Alliance with whom the Trust will further deepen and strengthen its interventions for impact. Through Donor-advised funds the Trust will support Johnson & Johnson entities in delivering solutions in supporting programs and projects to address HIV/AIDS.

**Impact Investment**
Having refined the framework that drives how the Trust will deliver on its Impact Investment objectives, 2017 will be a year when we will see the first investments being made with a proposal expected to come to the Trust Board for approval in the first half of the year. Key in achieving these objectives will also be how we align our investment strategy with that of Global Community Impact, as a key stakeholder in the coming months, and how we go about creating an active pipeline of investment opportunities that can deliver on our ambitious targets.

* These numbers include donor advised funding partnerships.
The Trust is funded by the Johnson & Johnson Family of Companies as part of its commitment to Community Impact in the EMEA region. The Johnson & Johnson Family of Companies’ commitment to the Trust extends to the provision of office space, facilities and the release of its employees to sit on local informal committees that provide advice to the Trust. In 2010, the Trust signed a trademark licensing agreement with the Johnson & Johnson Family of Companies for the use of the Johnson & Johnson name and logo. As of the 31st of December 2016, all 14 Directors are employees of the Johnson & Johnson Family of Companies.

Recruitment and appointment of Directors
The Trust is managed by a Trust Board of Directors consisting of senior finance and Johnson & Johnson employees and external partners. The role of the Directors is to offer a flexible investment model to support a social impact with the Managing Director and ensuring that it delivers a multiyear grant making commitments without a guaranteed annual corporate grant making income. The risk matrix is reviewed on an annual basis ensuring the Directors have considered the major risks faced by the Trust and to ensure the necessary steps are taken to mitigate against the risks. One of the risks which has been identified by the Directors relates to the appropriate use of funds. The Trust regularly reviews its grant making policy and controls to monitor the development of an investment strategy to address social issues in a sustainable and measurable way, and now has both funds in place and an agreed framework to allow the first investment to be made. This strategy will focus on a limited number of impact investment opportunities over the next five to ten years, working in collaboration with external partners to offer a flexible investment model to social/health entrepreneurs. Innovative ways to determine social impact will be developed to keep their delivery a priority together with a robust risk management process. The investment program will be led by the Trust Board of Directors, following expert counsel from the Trust Impact Advisory Committee.

Communications
In 2016, the Trust undertook a number of communication actions to strengthen the reputation of the Trust and to increase awareness for Community Impact Programs across the region amongst Johnson & Johnson employees and external partners. These activities included continuous improvements to the Trust Intranet and Website, internal newsletters and webinars for the EMEA CSR Community to share knowledge and best practice examples and an external blog, monthly newsletter and social media outreach to increase the awareness for the Trust’s programs and partnerships. Risk management and assessment. A risk matrix is reviewed on an annual basis ensuring the Directors have considered the major risks faced by the Trust and to ensure the necessary steps are taken to mitigate against the risks. One of the risks which has been identified by the Directors relates to the appropriate use of funds. The Trust regularly reviews its grant making policy and controls to monitor the development of an investment strategy to address social issues in a sustainable and measurable way, and now has both funds in place and an agreed framework to allow the first investment to be made. This strategy will focus on a limited number of impact investment opportunities over the next five to ten years, working in collaboration with external partners to offer a flexible investment model to social/health entrepreneurs. Innovative ways to determine social impact will be developed to keep their delivery a priority together with a robust risk management process. The investment program will be led by the Trust Board of Directors, following expert counsel from the Trust Impact Advisory Committee.

The Directors (who are also the trustees of the Trust for the purpose of charity law) are responsible for preparing the Directors’ Report and financial statements in accordance with applicable law and regulations. Company secretaries instruct the Directors to prepare financial statements for each financial year. Under this law, the Directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Standards and applicable law). Under company law the Directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for the period. In preparing these financial statements, the Directors are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles of the charities SORP;
- Make judgments and accounting estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the company will continue in business. The Directors are responsible for keeping accounting records that are sufficient to show and explain the Trust’s transactions and disclose, with reasonable accuracy and at any time, the financial position of the Trust. The records must also enable the Directors to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the Charity Accounts (Scotland) Regulations 2006 (as amended). In addition, the Directors are responsible for safeguarding the assets of the Trust, and hence for taking reasonable steps towards the prevention and detection of fraud and other irregularities.

Disclosure of information to auditor
As far as each of the Directors, at the time the report is approved, are aware:

- There is no relevant information of which the organization’s auditor is unaware, and
- The Directors have taken all steps necessary to make themselves aware of any relevant audit information, and to establish that the auditor is aware of that information.

The Directors’ report and Strategic Report is approved by the Directors, and signed on their behalf by:

Jane Griffiths
Chairman, Johnson & Johnson Corporate Citizenship Trust
Auditor’s Report to the Members and Directors

We have audited the financial statements of Johnson & Johnson Corporate Citizenship Trust for the year ended 31 December 2016 which comprise the Directors’ Report (incorporating the Strategic Report), Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102 “The Financial Reporting Standard applicable in the UK and Republic of Ireland”.

This report is made exclusively to the members, as a body, in accordance with sections 495 and 496 of the Companies Act 2006 and to the charitable company’s Directors, as a body, in accordance with section 44 (1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 10 of the Charities Accounts (Scotland) Regulations 2006 (as amended). Our audit work has been undertaken so that we might state to the members and the charitable company’s Directors those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and its members and Directors as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Directors and auditor

As explained more fully in the Statement of Directors’ Responsibilities set out on page 51, the Directors (who are also the Trustees of the Trust for the purposes of charity law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. We have been appointed as auditor under section 44 (1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (United Kingdom and Ireland). Those standards require us to comply with the Auditing Practices Board’s (APB’s) Ethical Standards for Auditors. In addition, we read all the financial and non-financial information in the Directors’ Report (incorporating the Strategic Report) to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Scope of the audit of the financial statements

A description of the scope of the audit of financial statements is provided on the Financial Reporting Council’s website at www.frc.org.uk/auditscopeuk/private.

Opinion on financial statements

In our opinion the financial statements:

• give a true and fair view of the state of the Trust’s affairs as at 31 December 2016 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;

• have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and

• have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Directors’ Report (incorporating the Strategic Report) for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the company and its environment obtained during the course of the audit, we have not identified material misstatements in the strategic report and the director’s report.

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

• the Trust has not kept proper and adequate accounting records or returns adequate for our audit have not been received from branches not visited by us; or

• the financial statements are not in agreement with the accounting records and returns; or

• certain disclosures of Directors’ remuneration specified by law are not made; or

• we have not received all the information and explanations we require for our audit.

For and on behalf of Scott-Moncrieff, Statutory Auditor

Gillian Donald
Senior Statutory Auditor
Eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006
Exchange Place 3
Semple Street
Edinburgh
EH3 8BL

Statement of Financial Activities

(Incorporating the Income and Expenditure Account) For the year ended 31 December 2016

<table>
<thead>
<tr>
<th>INCOMING RESOURCES</th>
<th>NOTES</th>
<th>ENDOWMENT 2016 £</th>
<th>RESTRICTED 2016 £</th>
<th>UNRESTRICTED 2016 £</th>
<th>TOTAL 2016 £</th>
<th>TOTAL 2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from endowments from:</td>
<td>&gt; Donations and legacies</td>
<td>4</td>
<td>-</td>
<td>214,830</td>
<td>7,855,922</td>
<td>8,070,752</td>
</tr>
<tr>
<td>&gt; Charitable activities</td>
<td>-</td>
<td>-</td>
<td>8,703</td>
<td>8,703</td>
<td>8,703</td>
<td></td>
</tr>
<tr>
<td>&gt; Investments</td>
<td>65</td>
<td>-</td>
<td>18,293</td>
<td>18,358</td>
<td>14,688</td>
<td></td>
</tr>
<tr>
<td>&gt; Exchange gains</td>
<td>-</td>
<td>-</td>
<td>4,017,038</td>
<td>4,017,038</td>
<td>171,274</td>
<td></td>
</tr>
<tr>
<td>&gt; Other</td>
<td>-</td>
<td>-</td>
<td>2,131</td>
<td>2,131</td>
<td>5,208</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>214,830</td>
<td>11,902,087</td>
<td>12,116,982</td>
<td>28,210,994</td>
<td></td>
</tr>
<tr>
<td>Expenditure on:</td>
<td>&gt; Charitable activities</td>
<td>5</td>
<td>-</td>
<td>208,766</td>
<td>10,578,086</td>
<td>10,786,852</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>-</td>
<td>208,766</td>
<td>10,578,086</td>
<td>10,786,852</td>
<td>7,656,673</td>
</tr>
<tr>
<td>Net income and movement in funds</td>
<td>65</td>
<td>6,064</td>
<td>1,324,001</td>
<td>1,330,130</td>
<td>20,554,321</td>
<td></td>
</tr>
<tr>
<td>Reconciliation of funds:</td>
<td>&gt; Total funds brought forward</td>
<td>14</td>
<td>102,564</td>
<td>15,970</td>
<td>29,008,280</td>
<td>30,332,281</td>
</tr>
<tr>
<td>Total funds carried forward</td>
<td>13</td>
<td>102,629</td>
<td>22,034</td>
<td>30,332,281</td>
<td>30,456,944</td>
<td>29,126,814</td>
</tr>
</tbody>
</table>

There are no recognized gains or losses other than those shown in the statement of financial activities above.

All the activities relate to continuing activities.

The notes on pages 55 to 60 form part of these financial statements.

Balance Sheet

As at 31 December 2016

<table>
<thead>
<tr>
<th>NOTES</th>
<th>ENDOWMENT 2016 £</th>
<th>RESTRICTED 2016 £</th>
<th>UNRESTRICTED 2016 £</th>
<th>TOTAL 2016 £</th>
<th>TOTAL 2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td>Debtors</td>
<td>10</td>
<td>484,482</td>
<td>1,437,165</td>
<td></td>
</tr>
<tr>
<td>Cash at bank</td>
<td>31,229,255</td>
<td>28,032,211</td>
<td></td>
<td>31,713,736</td>
<td>29,469,376</td>
</tr>
<tr>
<td>Net current assets</td>
<td>30,456,944</td>
<td>29,126,814</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets</td>
<td>30,456,944</td>
<td>29,126,814</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds</td>
<td>Endowment funds</td>
<td>14</td>
<td>102,629</td>
<td>102,564</td>
<td></td>
</tr>
<tr>
<td>Restricted funds</td>
<td>14</td>
<td>22,034</td>
<td>15,970</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>14</td>
<td>16,725,012</td>
<td>13,470,406</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated funds</td>
<td>14</td>
<td>3,057,697</td>
<td>15,357,874</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total funds</td>
<td>30,456,944</td>
<td>29,126,814</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The notes on pages 55 to 60 form part of these financial statements.

Authorized for issue and approved and authorized by the Board and signed on its behalf by:

Jane Griffiths
Chairman, Johnson & Johnson Corporate Citizenship Trust
Statement of Cash Flows
As at 31 December 2016

<table>
<thead>
<tr>
<th>NOTES</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash (used in)/provided by operating activities</td>
<td>15</td>
<td>(838,352)</td>
</tr>
<tr>
<td>Cash flows from investing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest receivable</td>
<td>18,358</td>
<td>14,688</td>
</tr>
<tr>
<td>Net cash provided by investing activities</td>
<td></td>
<td>14,688</td>
</tr>
<tr>
<td>Change in cash and cash equivalents in the year</td>
<td>(819,994)</td>
<td>14,635,502</td>
</tr>
<tr>
<td>Net cash provided by investing activities</td>
<td>18,358</td>
<td>14,688</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the year</td>
<td>28,032,211</td>
<td>13,225,435</td>
</tr>
<tr>
<td>Cash and cash equivalents at the end of the reporting period</td>
<td>31,229,255</td>
<td>28,032,211</td>
</tr>
</tbody>
</table>

2. Analysis of cash and cash equivalents

2.1 Cash in hand | 31,229,255 | 28,032,211 |

The notes on pages 55 to 60 form part of these financial statements.

Notes to the Financial Statements
For the year ended 31 December 2016

1. Charity information
The charity is a UK charitable company limited by guarantee incorporated in Scotland.

2. Accounting policies
Basis of preparation
The financial statements have been prepared in accordance with the Financial Reporting Standard 102, as issued by the Financial Reporting Council (effective 1 January 2015), the Statement of Recommended Practice (SORP) “Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)” and the Companies Act 2006: They are prepared on the historical cost basis.

Johnson & Johnson Corporate Citizenship Trust meets the definition of a public benefit entity under FRS102. Assets and liabilities are initially recognized at historical cost or transition value unless otherwise stated in the relevant accounting policy. These financial statements are presented in pounds sterling (GBP) as the Trust is incorporated in Scotland. The Trust accrues transactions in sterling (GBP), US dollars and Euros. The Trust’s functional currency is US dollars, being the currency in which the highest value of transactions takes place.

Going concern
The Directors are of the opinion that the Trust can continue to meet its obligations as they fall due for the foreseeable future. The Trust has sufficient levels of unrestricted funds to support ongoing activities. As a consequence they have prepared the financial statements on the going concern basis.

Recognition and allocation of income
Income is recognized when the Trust has legal entitlement to the funds, the receipt is probable and the amount can be measured reliably.

Deferred income
Where the charity has received income in the current year that has time related restrictions for future years or will not be earned until future years, this income is deferred to be released in the year to which it relates.

Recognition and allocation of expenditure
Expenditure is recognized when the Trust has entered into a legal or constructive obligation. Expenditure is allocated to the function to which it relates. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of the resources.

Governance costs are those incurred in connection with setting and monitoring the strategic direction of the Trust and compliance with constitutional and statutory requirements. Grants awarded are recognized in full when there is a constructive obligation in the Trust to make the payment.

Foreign currency transactions
Transactions in currencies other than in the presentational currency (Sterling - GBP) are recorded at exchange rates ruling at the date of the transaction. All gains and losses arising are included in the Statement of Financial Activities in full in the year in which they arise.

Fund accounting
Unrestricted funds are available for use at the discretion of the Directors in furtherance of the general objectives of the Trust. Restricted funds are subjected to restrictions on their expenditure imposed by the donor. Designated funds are earmarked from the unrestricted funds by the Directors for a specific purpose.

Financial assets and financial liabilities
Financial instruments are recognized in the statement of financial activities when the Trust becomes a party to the contractual provisions of the instrument. Financial instruments are initially measured at transaction price. Subsequent to initial recognition, they are accounted for as set out below.

Financial instruments are all classified as ‘basic’ in accordance with Chapter II of FRS102. At the end of each reporting period, basic financial instruments are measured at amortized cost using the effective rate method.

Cash and cash equivalents
Cash and cash equivalents consist of cash on hand and balances with banks and are measured at amortized cost.

Debtors
Accrued donation income includes donations due in the year but not received until the next financial year. Accrued donations are recognized at the undiscounted amount of cash receivable, which is normally the amount per the donation letter.

Creditors
Grants payable and accruals are obligations to pay for commitments made before the year end. They are recognized at the undiscounted amount owed to the grantee or supplier, which is normally the amount per the grant agreement or the invoice price.

Pension costs
The Trust is charged the costs of a defined contribution pension scheme for employees. The cost of providing pensions is charged to expenditure in the period in which contributions are made. Taxation
The Trust is a charity and is recognized as such for taxation purposes, therefore no corporation tax is payable. The Trust is not registered for VAT and therefore all costs are shown inclusive of VAT.
Notes to the Financial Statements
For the year ended 31 December 2016

3. Critical judgments and estimates
The preparation of financial statements requires the Directors to exercise judgment in applying the company’s accounting policies. The Directors are satisfied that the accounting policies are appropriate and applied consistently and that there are no critical accounting judgments or significant estimates required in preparing these accounts.

4. Donations and legacies

<table>
<thead>
<tr>
<th>DONATIONS</th>
<th>2016 TOTAL £</th>
<th>2015 TOTAL £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations – Lifescan</td>
<td>6,341,017</td>
<td>6,742,976</td>
</tr>
<tr>
<td>Donations – Janssen EMEA fund</td>
<td>428,082</td>
<td>-</td>
</tr>
<tr>
<td>Donations – Cilag GmbH International</td>
<td>1086,823</td>
<td>-</td>
</tr>
<tr>
<td>Donations – GpH Dreams Funding</td>
<td>-</td>
<td>7,206,073</td>
</tr>
<tr>
<td>Donations – Global Public Health</td>
<td>214,830</td>
<td>162,964</td>
</tr>
<tr>
<td>Donations – Other</td>
<td>-</td>
<td>1,866</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>8,070,752</strong></td>
<td><strong>28,019,824</strong></td>
</tr>
</tbody>
</table>

5. Charitable activities – grant making

<table>
<thead>
<tr>
<th>BENEFICIARY</th>
<th>PROGRAM NAME</th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSEAD - The Business School for the World</td>
<td>• Innovating Health for Tomorrow • Middle East Health Leadership Program • Strategic Innovation for Community Health</td>
<td>£1,079,021</td>
<td>£871,046</td>
</tr>
<tr>
<td>Aga Khan Foundation</td>
<td>Supporting child development in Kyrgyzstan and Tajikistan ECD Egypt ECD Madrassa Health Improvement Program Nurse Scholarships – East Africa Portugal ECD Strengthening Nursing and Midwifery Support Organizations in East Africa</td>
<td>£1,355,782</td>
<td>£748,745</td>
</tr>
<tr>
<td>Infectious Diseases Institute Limited</td>
<td>The Ugandan Academy for Health Innovation and Impact</td>
<td>£870,010</td>
<td>£663,216</td>
</tr>
<tr>
<td>Health Strategy and Delivery Foundation (HSDF)</td>
<td>Strengthening data-driven stewardship of PMTCT programs</td>
<td>-</td>
<td>£335,027</td>
</tr>
<tr>
<td>Aquity Innovations</td>
<td>Mass Advocacy, Communication and Social Mobilisation Strategy</td>
<td>-</td>
<td>£292,065</td>
</tr>
<tr>
<td>Save the Children</td>
<td>Improving Access to Early Childhood Care &amp; Development for Conflict-Affected Children in Jordan Refugees crisis emergency appeal Strengthening Education and Protection for Children Affected by the Syrian Crisis in Lebanon</td>
<td>£521,397</td>
<td>£253,894</td>
</tr>
<tr>
<td>Tropical Health and Education Trust</td>
<td>THET ASP 2016 grant funds and 2016 ASP support costs THET Conference and THET Zambia project</td>
<td>£180,000</td>
<td>£240,900</td>
</tr>
<tr>
<td>Romanian Angel Appeal Foundation</td>
<td>Monitoring for HIV patients in Romania</td>
<td>-</td>
<td>£338,247</td>
</tr>
<tr>
<td>Liverpool School of Tropical Medicine</td>
<td>Support to the provision of essential maternal and newborn health care service in Nigeria</td>
<td>£287,232</td>
<td>£175,591</td>
</tr>
<tr>
<td>eMoyoDotNet</td>
<td>Building capacity in diagnostic and prevention of hearing loss in TB patients in South Africa</td>
<td>£89,476</td>
<td>£123,573</td>
</tr>
<tr>
<td>Fia Foundation</td>
<td>South Africa Safe Schools Project</td>
<td>-</td>
<td>£108,512</td>
</tr>
<tr>
<td>International Health Partners</td>
<td>Erumed</td>
<td>-</td>
<td>£107,432</td>
</tr>
<tr>
<td>North Star Alliance</td>
<td>Health care solutions for hard-to-reach populations</td>
<td>£128,427</td>
<td>£107,432</td>
</tr>
<tr>
<td>The Aurum Institute NPC</td>
<td>Programme support for new regimen and medicines in MDR TB Data Capturer for WHO report and maintenance of EDR Web</td>
<td>£130,793</td>
<td>£106,134</td>
</tr>
<tr>
<td>Global Health Innovation Technology Fund</td>
<td>Global Health Innovation Technology Fund</td>
<td>£193,777</td>
<td>-</td>
</tr>
<tr>
<td>International Confederation of Midwives</td>
<td>ICH Young Midwifery Leadership Programme</td>
<td>£179,520</td>
<td>-</td>
</tr>
<tr>
<td>Save the Children (Egypt)</td>
<td>Moments of Caring</td>
<td>£294,823</td>
<td>-</td>
</tr>
<tr>
<td>World Health Organization</td>
<td>Deworming</td>
<td>£134,658</td>
<td>-</td>
</tr>
<tr>
<td>PATH</td>
<td>PATH – training of HCP on infection control</td>
<td>£124,736</td>
<td>-</td>
</tr>
<tr>
<td>Save the Children (UK)</td>
<td>FAST</td>
<td>£108,000</td>
<td>£144,015</td>
</tr>
<tr>
<td>Young Enterprise</td>
<td>BTE High Wycombe BTE Leeds</td>
<td>£105,904</td>
<td>-</td>
</tr>
<tr>
<td>Social Innovation Factory (Benelux)</td>
<td>Social GROW Sessions</td>
<td>£103,725</td>
<td>-</td>
</tr>
<tr>
<td>Other grants below £100,000 in the current year</td>
<td>-</td>
<td>£1730,470</td>
<td>£1548,962</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£8,013,751</strong></td>
<td><strong>£6,061,791</strong></td>
<td></td>
</tr>
</tbody>
</table>

7. Analysis of grants
The Trust does not make grants to individuals and the total cost of making grants is disclosed on the face of the Statement of Financial Activities. An analysis has been provided below of each of the main grants paid by beneficiary noting all projects that are included within the payment.

<table>
<thead>
<tr>
<th>BENEFICIARY</th>
<th>PROGRAM NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSEAD - The Business School for the World</td>
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</tr>
<tr>
<td>Aga Khan Foundation</td>
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</tr>
<tr>
<td>Health Strategy and Delivery Foundation (HSDF)</td>
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</tr>
<tr>
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<td>Mass Advocacy, Communication and Social Mobilisation Strategy</td>
</tr>
<tr>
<td>Save the Children</td>
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<td>Monitoring for HIV patients in Romania</td>
</tr>
<tr>
<td>Liverpool School of Tropical Medicine</td>
<td>Support to the provision of essential maternal and newborn health care service in Nigeria</td>
</tr>
<tr>
<td>eMoyoDotNet</td>
<td>Building capacity in diagnostic and prevention of hearing loss in TB patients in South Africa</td>
</tr>
<tr>
<td>Fia Foundation</td>
<td>South Africa Safe Schools Project</td>
</tr>
<tr>
<td>International Health Partners</td>
<td>Erumed</td>
</tr>
<tr>
<td>North Star Alliance</td>
<td>Health care solutions for hard-to-reach populations</td>
</tr>
<tr>
<td>The Aurum Institute NPC</td>
<td>Programme support for new regimen and medicines in MDR TB Data Capturer for WHO report and maintenance of EDR Web</td>
</tr>
<tr>
<td>Global Health Innovation Technology Fund</td>
<td>Global Health Innovation Technology Fund</td>
</tr>
<tr>
<td>International Confederation of Midwives</td>
<td>ICH Young Midwifery Leadership Programme</td>
</tr>
<tr>
<td>Save the Children (Egypt)</td>
<td>Moments of Caring</td>
</tr>
<tr>
<td>World Health Organization</td>
<td>Deworming</td>
</tr>
<tr>
<td>PATH</td>
<td>PATH – training of HCP on infection control</td>
</tr>
<tr>
<td>Save the Children (UK)</td>
<td>FAST</td>
</tr>
<tr>
<td>Young Enterprise</td>
<td>BTE High Wycombe BTE Leeds</td>
</tr>
<tr>
<td>Social Innovation Factory (Benelux)</td>
<td>Social GROW Sessions</td>
</tr>
<tr>
<td>Other grants below £100,000 in the current year</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£8,013,751</strong></td>
</tr>
</tbody>
</table>
8. Surplus for the year

<table>
<thead>
<tr>
<th></th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange gain</td>
<td>(4,017,038)</td>
<td>(171,274)</td>
</tr>
<tr>
<td>&gt; audit</td>
<td>13,560</td>
<td>13,144</td>
</tr>
<tr>
<td>&gt; non audit - audit related assurance services</td>
<td>-</td>
<td>14,588</td>
</tr>
<tr>
<td>&gt; non audit - other non-audit services</td>
<td>36,432</td>
<td>29,214</td>
</tr>
<tr>
<td>&gt; non audit - tax advisory</td>
<td>-</td>
<td>1,900</td>
</tr>
</tbody>
</table>

9. Salaries

<table>
<thead>
<tr>
<th></th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and associated costs</td>
<td>560,599</td>
<td>541,122</td>
</tr>
<tr>
<td>Other staff costs</td>
<td>175,001</td>
<td>-</td>
</tr>
<tr>
<td>Temporary staff costs</td>
<td>95,068</td>
<td>54,595</td>
</tr>
<tr>
<td></td>
<td>830,668</td>
<td>595,717</td>
</tr>
</tbody>
</table>

10. Debtors

<table>
<thead>
<tr>
<th></th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued donation income</td>
<td>479,982</td>
<td>1,437,165</td>
</tr>
<tr>
<td>Prepayments</td>
<td>4,500</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>484,482</td>
<td>1,437,165</td>
</tr>
</tbody>
</table>

11. Creditors: amounts falling due within one year

<table>
<thead>
<tr>
<th></th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Creditors</td>
<td>38,111</td>
<td>-</td>
</tr>
<tr>
<td>Grants payable</td>
<td>236,738</td>
<td>53,976</td>
</tr>
<tr>
<td>Accruals</td>
<td>933,446</td>
<td>288,586</td>
</tr>
<tr>
<td>Deferred income (note 12)</td>
<td>44,498</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>1,256,793</td>
<td>342,562</td>
</tr>
</tbody>
</table>

12. Deferred income

<table>
<thead>
<tr>
<th></th>
<th>2016 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January 2016</td>
<td>-</td>
</tr>
<tr>
<td>Grant administration contributions receivable</td>
<td>57,201</td>
</tr>
<tr>
<td>Income recognized on grants paid</td>
<td>(8,703)</td>
</tr>
<tr>
<td></td>
<td>48,498</td>
</tr>
</tbody>
</table>

13. Financial instruments

<table>
<thead>
<tr>
<th></th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial assets at amortised cost</td>
<td>31,709,237</td>
<td>29,469,376</td>
</tr>
<tr>
<td>Financial liabilities at amortised cost</td>
<td>(1,208,295)</td>
<td>(342,562)</td>
</tr>
</tbody>
</table>

Financial assets measured at amortized cost comprise accrued donation income and cash at bank. Financial liabilities measured at amortized cost comprise grants payable and accruals.

14. Analysis of reserves

<table>
<thead>
<tr>
<th></th>
<th>BALANCE AT 1 JANUARY 2016 £</th>
<th>INCOME RESOURCES £</th>
<th>RESOURCES EXPENDED £</th>
<th>BALANCE AT 31 DECEMBER 2016 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds</td>
<td>102,564</td>
<td>65</td>
<td>-</td>
<td>102,629</td>
</tr>
<tr>
<td>Restricted funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matched Partnership Fund</td>
<td>15,970</td>
<td>214,830</td>
<td>(208,766)</td>
<td>22,034</td>
</tr>
<tr>
<td>Designated funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Janssen EMEA Fund</td>
<td>6,881,808</td>
<td>428,082</td>
<td>(708,022)</td>
<td>6,601,868</td>
</tr>
<tr>
<td>Lifescan Scotland Community Fund</td>
<td>103,136</td>
<td>-</td>
<td>(64,697)</td>
<td>38,439</td>
</tr>
<tr>
<td>Designated Corporate Budget</td>
<td>702,323</td>
<td>398,758</td>
<td>(1,087,828)</td>
<td>13,253</td>
</tr>
<tr>
<td>Middle East Fund</td>
<td>89,773</td>
<td>-</td>
<td>(89,773)</td>
<td>-</td>
</tr>
<tr>
<td>Global Public Health Innovation Fund</td>
<td>7,760,654</td>
<td>1,086,823</td>
<td>(1,983,721)</td>
<td>6,863,756</td>
</tr>
<tr>
<td>Total designated funds</td>
<td>15,537,874</td>
<td>1,913,663</td>
<td>(3,844,268)</td>
<td>13,607,269</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>13,470,406</td>
<td>9,988,424</td>
<td>(6,733,818)</td>
<td>16,725,012</td>
</tr>
<tr>
<td>Total</td>
<td>29,126,814</td>
<td>12,116,982</td>
<td>(10,786,852)</td>
<td>30,456,944</td>
</tr>
</tbody>
</table>

Endowment fund: The endowment fund is for the benefit of the College of Surgeons West, East and Central Africa. These are restricted investment funds donated to the trust with the intention to produce income.

Matched Partnership Fund: This fund was created to facilitate the administration of co-funding of EMEA CSR Partnerships by Johnson & Johnson entities to approved external community-based partnerships in the EMEA region.

Janssen EMEA Fund: The Janssen designated Fund, which is comprised of donations from a number of Janssen entities* in the EMEA region, is used to explore and support innovative solutions that improve health and well-being in underserved communities.

Lifescan Scotland Community Fund: This fund is administered as part of the Lifescan Scotland (a Johnson & Johnson Family of Companies entity) commitment to communities in the Highlands and Islands of Scotland.

Designated Corporate Budget: Funds donated by Johnson & Johnson Global Community Impact, New Jersey and United States of America, are allocated towards a number of budgeted initiatives and are designated for these purposes.

Middle East Fund: Funds donated by the Johnson & Johnson Family of Companies in the Middle East, to support the development and implementation of the Middle East Corporate Social Responsibility Strategy.

Global Public Health Innovation Fund: Through a newly established partnership with the Johnson & Johnson Global Public Health organization, the Trust plays an integral role in supporting the programs initiated by Global Public Health.
15. Reconciliation of net income/(expenditure) to net cash flow from operating activities

<table>
<thead>
<tr>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
</tr>
<tr>
<td>1,330,130</td>
<td>20,554,321</td>
</tr>
<tr>
<td>Interest received</td>
<td></td>
</tr>
<tr>
<td>(18,358)</td>
<td>(14,688)</td>
</tr>
<tr>
<td>Foreign exchange gains</td>
<td></td>
</tr>
<tr>
<td>(4,017,038)</td>
<td>(171,274)</td>
</tr>
<tr>
<td>Decrease in debtors</td>
<td></td>
</tr>
<tr>
<td>952,683</td>
<td>1,499,182</td>
</tr>
<tr>
<td>Increase/(decrease) in creditors</td>
<td></td>
</tr>
<tr>
<td>914,231</td>
<td>(7,246,727)</td>
</tr>
<tr>
<td>Net cash (used in)/provided by operating activities</td>
<td></td>
</tr>
<tr>
<td>(838,352)</td>
<td>14,620,814</td>
</tr>
</tbody>
</table>

16. Related party transactions
During the year there were no related party transactions.

17. Membership
The Trust is a company limited by guarantee. The liability of the members is limited to £1 each.

18. Comparative Statement of Financial Activity

<table>
<thead>
<tr>
<th>ENDOWMENT 2015</th>
<th>RESTRICTED 2015</th>
<th>UNRESTRICTED 2015</th>
<th>TOTAL 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Income from endowments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and legacies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 162,964 27,856,860 28,019,824</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>175 - 14,513 14,688</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- - 176,482 176,482</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>175 162,964 28,047,855 28,210,994</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure on:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 146,994 7,509,679 7,656,673</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>146,994 7,509,679 7,656,673</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income and movement in funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>175 15,970 20,538,176 20,554,321</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trust EMEA Team

Frank Wolvaert
Vice President Global Strategy
Johnson & Johnson Global Community Impact
(as of April 2017)

Ben Davies
Executive Director
Johnson & Johnson Corporate Citizenship Trust
St Director Johnson & Johnson Global Community Impact EMEA
(as of April 2017)

Annet Elskikamp
Director EMEA
Employee Engagement & Partner Engagement and Advocacy

Antonio Delgado
Program Director
Janssen EMEA CSR Fund
(3 year assignment from Janssen France since September 2016)

David Higgins
Manager, Impact Investment
Johnson & Johnson Global Community Impact
(as of June 2017)

Julie Wolfer
Manager, Knowledge Transfer & People Engagement

Mariana Xavier
Manager Partnerships
(1 year assignment from Janssen Portugal until April 2018)

Jasmien Hufkens
Management Assistant Global Strategy, Johnson & Johnson Global Community Impact (as of April 2017)

Nathalie Van Den Bosch
Grant Coordinator

Dmitry Ageev
Manager Partnerships
(1 year assignment from Janssen Russia until September 2017)

Marian Birnstill
Manager, Partnerships

Marian Birnstill
Manager, Partnerships

Ailbhe Timmons
Manager, Knowledge Transfer & People Engagement

Cindy Verachtert
Administrative Assistant
(as of April 2017)
Registered Charity
Charity Number SC017977
Company Limited by Guarantee
Registered Number SC327028
Registered Office
5 Atholl Crescent,
Edinburgh EH3 8EJ, Scotland
Correspondence Office
Turnhoutseweg 30, 2340 Beerse,
Belgium
Tel: +32 471 63 30 52
Email: csremea@its.jnj.com
Website: www.jjcct.org

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Our Credo

We believe our first responsibility is to the doctors, nurses and patients, to mothers and fathers and all others who use our products and services. In meeting their needs everything we do must be of high quality. We must constantly strive to reduce our costs in order to maintain reasonable prices. Customers’ orders must be serviced promptly and accurately. Our suppliers and distributors must have an opportunity to make a fair profit.

We are responsible to our employees, the men and women who work with us throughout the world. Everyone must be considered as an individual. We must respect their dignity and recognize their merit. They must have a sense of security in their jobs. Compensation must be fair and adequate, and working conditions clean, orderly and safe. We must be mindful of ways to help our employees fulfill their family responsibilities. Employees must feel free to make suggestions and complaints. There must be equal opportunity for employment, development and advancement for those qualified. We must provide competent management, and their actions must be just and ethical.

We are responsible to the communities in which we live and work and to the world community as well. We must be good citizens - support good works and charities and bear our fair share of taxes. We must encourage civic improvements and better health and education. We must maintain in good order the property we are privileged to use, protecting the environment and natural resources.

Our final responsibility is to our stockholders. Business must make a sound profit. We must experiment with new ideas. Research must be carried on, innovative programs developed and mistakes paid for. New equipment must be purchased, new facilities provided and new products launched. Reserves must be created to provide for adverse times. When we operate according to these principles, the stockholders should realize a fair return.