Difäm
Gesundheit in der Einen Welt

Reasons for Hope

Annual report 2025



www.difaem.de

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EBOLA KNOWS NO BORDERS – NOR DOES SOLIDARITY

With sad regularity, we are appealing for support for the Democratic Republic of the Congo in this column. The population, already tormented by violence, flight and displacement, is now also being ravaged by an Ebola epidemic. The deadly virus was able to spread unnoticed for a long time because the health system is weak and no tests were available. Our local partners and the staff at their health-care facilities are doing everything in their power to contain the disease – even at the risk to their own health and that of their families. Some have fallen ill, and there have also been fatalities amongst them. Difäm Weltweit is supporting its partners in tackling this enormous challenge. Now more than ever, we are relying on your support. That is why we are asking for your donation. Together against Ebola, together for health!

www.difaem.de/ebola-kongo

DEAR FRIENDS OF DIFÄM WELTWEIT,

The significance of global health work is increasingly being called into question. It is not only the USA that has almost completely halted its aid programmes; in Europe, too, the relevant budgets are being ruthlessly slashed. The arguments are obvious: 'Too expensive', 'We have enough problems of our own', 'We get nothing out of it'.

Let's leave aside the fact that we are talking here about people who are supported by aid funds. Let's ignore the fact that these people's poverty is inextricably linked to our prosperity. Let's forget that access to healthcare is a human right and that our ideal of the sanctity of human dignity only makes sense if it applies to everyone. Even then, the arguments against aid funding for global healthcare are simply wrong.

Global health work is not just called that because health work is carried out worldwide, but because it improves health everywhere in the world – including here at home. After all, pandemics pay no heed to national borders. Antibiotic-resistant pathogens cannot be deported. When it comes to health work, we truly live in one world.

The Ebola outbreak in the Democratic Republic of the Congo is currently bringing home to us the consequences that selfish and short-sighted thinking can have: because the health system in this unstable country is underfunded and extremely weak, the disease was able to spread undetected for weeks. Because wealthy countries are not affected, there are neither rapid tests nor a vaccine for the currently rampant strain of Ebola, even though it has been known for over 20 years. Because aid budgets are being slashed, healthcare workers initially lacked even the money for petrol to reach the rural regions where the disease was still raging almost unchecked.

However, the Ebola outbreak also highlights the value of the work carried out by Difäm's partners in the Congo, despite adverse circumstances – at the risk to their own health and lives. Church-run healthcare facilities are an essential part of the medical care system, and they are institutions that people still trust. Through its network of church-run partners, Difäm Weltweit has succeeded in delivering urgently needed protective equipment within a very short space of time to places that have not been reached by large-scale government aid deliveries.

The work of Difäm Weltweit and its partner organisations is therefore making a real difference – in the Congo and in many other African countries. This annual report also bears witness to this. We present some of the projects we have implemented over the past year. They all demonstrate how important our joint work is and the impact your donations and endowments have. We are very grateful for this.

We are also grateful that we have been able to welcome Professor Dr Carsten Krüger as the new Director of Difäm. The paediatrician is currently still Chief Medical Officer at St Franziskus Hospital in Ahlen and has himself worked in Africa for several years. From the very beginning, he has consistently focused his professional career on global health work and is involved in numerous organisations dedicated to global health. He will take up his post here in. A very warm welcome!

The Difäm Weltweit team



Wolfgang Stäbler,
Graduate in Business Administration
Commercial Director of the German Institute for Medical Mission e. V.

»TEST EVERYTHING; HOLD ON TO WHAT IS GOOD!" «

1 THESSALONIANS 5:21 – MOTTO FOR 2025

REVIEW: THE YEAR 2025

The year 2025 was full of challenges. For much of the year, Difäm Weltweit operated without a director. As a result, many decisions had to be taken as a team. This required personal responsibility, flexibility and perseverance. Nevertheless, we managed to continue our core work successfully. Donation levels remained stable, and project work continued unabated.

An important positive sign emerged from the communications and fundraising departments. Whilst many donation-funded organisations recorded declines, Difäm Weltweit's donation income remained stable at just under 2 million euros. The Stiftung für Gesundheit weltweit also continued to perform well, raising around 250,000 euros. Its endowment capital thus grew to approximately 1.6 million euros. In addition, there were bequests totalling around 1.27 million euros. These figures are an encouraging sign, but they must not obscure the fact that major changes are also on the horizon in the field of fundraising. In future, it will be important to broaden our funding base and attract new groups of supporters.

FEWER PROJECTS, GREATER IMPACT

In 2025, Difäm Weltweit implemented a total of 58 projects. That is 18 less than in the previous year. At the same time, however, the total budget rose from 1.4 to 1.5 million euros. This trend towards fewer but larger projects helps to use resources more efficiently, as the administrative burden remains high regardless of project size. At the same time, smaller projects, particularly at community level, remain an important part of Difäm Weltweit's identity.

OBJECTIVE 1: PRIMARY HEALTHCARE AND CLINICAL CARE

In the area of primary healthcare and clinical care, 15 projects with a total budget of more than 257,000 euros were implemented. These included, amongst other things, support for survivors of sexual violence in Liberia. In addition to medical aid, psychosocial support services and self-help groups were established. Another example is a project in a very remote region of Guinea. The aim here is to improve medical care for pregnant women, mothers and children. This is because many women do without antenatal care, obstetric care and postnatal care – partly because healthcare facilities are difficult to reach, but also due to a lack of knowledge and mistrust.

OBJECTIVE 2: ACCESSIBLE AND SAFE MEDICINES

Nine projects, with a total budget of around 372,000 euros, improved access to high-quality medicines. One key focus was the establishment of central pharmacies in West Africa, particularly in Liberia, Sierra Leone and Guinea. Work also continued in Tanzania, for example on the safe handling of chemotherapy drugs. Local specialists are now largely able to conduct training sessions independently. At the same time, a quality study was launched to improve the safety of these medicines in the long term.

OBJECTIVE 3: STRENGTHENING HEALTH SYSTEMS

Another key focus was on strengthening health systems. In this area, Difäm Weltweit invested around 515,000 euros in 16 projects. One example is the development of digital management software for micro-health insurance schemes in the Congo. The software enables insurance claims to be processed via mobile phone or computer. This represents a major step forward, particularly in areas affected by crisis, as it helps to avoid dangerous journeys. Investments in infrastructure also played an important role, for example in the construction of a women's clinic in Guinea and a fistula clinic in Bunia. Both facilities make a significant contribution to women's and children's health.

OBJECTIVE 4: PARTNERSHIP ON AN EQUAL FOOTING

Work with partners and networks was further expanded in 2025. The plan to involve Difäm's partners more closely in decision-making is being pursued under new management.

OBJECTIVES 5 AND 6: EDUCATION AND EMERGENCY AID

In the field of education, eight projects with a total budget of around 98,000 euros were implemented. These included the training of medical professionals,

such as a gynaecologist for Guinea, as well as support for nursing schools and midwifery training programmes. Another priority was emergency aid. The escalation of violence in eastern Congo, in particular, made swift action necessary. A total of 263,000 euros was channelled into ten emergency aid projects. These included deliveries of medicines and medical supplies, as well as psychosocial support for those affected and medical staff.

CROSS-CUTTING ISSUES

Two issues are increasingly shaping the work of Difäm Weltweit: digitalisation and climate change. Digital solutions facilitate access to healthcare services, as demonstrated by the example of micro-health insurance schemes. At the same time, climate change is forcing projects to adapt flexibly. In Malawi, for example, communities had to rethink their livestock farming because crop failures made it difficult to continue pig farming.

STAFF AND OUTLOOK

The year 2025 was characterised by high staff turnover. The departure of staff members and the vacancy in the directorship brought about uncertainty. At the same time, however, new colleagues joined us, enriching the team. The appointment of Professor Dr Carsten Krüger to the directorship from October 2026 will strengthen continuity and stability.

The motto for 2025, 'Test everything and hold on to what is good', remains highly appropriate. Difäm Weltweit has had to reassess and adapt many aspects of its work – both internally and in light of global developments. Development cooperation is under growing pressure worldwide, yet the challenges are greater than ever. In future, new avenues for sustainable funding must be found and further opportunities for cooperation explored. Yet the foundation of Difäm Weltweit remains the same: based on Christian values and our conviction in our mission of healing, we work in partnership with church networks and committed local people.

	Strategic Goal	Number of projects	Amount granted 2025 in EUR	Priority countries
1	Difäm Weltweit and its partners empower communities to promote health. Clinical healthcare for people, particularly in disadvantaged regions, is being improved.	15	257.254	Burkina Faso, Guinea, Kenya, Congo, Liberia, Malawi, Sierra Leone, South Africa, Uganda, Ukraine
2	Together with its partners, Difäm is helping to improve access to high-quality and affordable medicines.	11	372.322	Across several countries: Guinea, Kenya, Congo, Liberia, Tanzania, Central African Republic
3	Together with its partners, Difäm helps to strengthen church-run healthcare systems in its partner countries	14	515.255	Guinea, Congo, Malawi, Sierra Leone
4	Difäm actively involves partner organisations in its work and decision-making processes.	0	0	
5	Difäm Worldwide facilitates networked learning, both locally and globally, on the topics of health, development and public health. This is based on the human right to health and on Christian values.	8	98.348	Guinea, Congo, Sierra Leone, South Sudan, Tanzania, Chad
6	Principles: Providing swift and unbureaucratic support to Difäm's partner organisations in emergency situations.	10	262.579	Across several countries: Congo, Malawi, Sierra Leone, Tanzania, Ukraine
Total		**58 Projets**	**1.505.758**	

THE PATH OF A DIFÄM PROJECT

Every year, Difäm Weltweit manages around 60 projects, handling funds totalling several million euros. These include donations as well as grants from government bodies and private organisations. To ensure we fulfil our responsibilities, all projects follow a set procedure, which we have outlined here in simplified form:



THE PROJECT IDEA

Our partner organisations develop a project idea. Together, the representatives from Difäm Weltweit discuss whether the project's approach is technically sound, financially viable and feasible. They also determine whether and how the project fits in with Difäm Weltweit's strategic objectives. A simple majority is required to decide whether the project will go ahead.



PROJECT DEVELOPMENT

The partner organisation can now turn the project idea into a concrete project proposal. This involves detailed discussions with Difäm Weltweit and other project stakeholders. The aim is to develop the project in such a way that it is technically sound and can be implemented locally. In the process, targets are set and appropriate indicators for measuring impact are defined.



THE BUDGET

Before a decision is made on whether to go ahead with the project, the costs must be clarified. A detailed budget is drawn up in collaboration with the partner organisation. The project control experts review the figures. Once the financial outlay has been determined, it must be clarified from which sources funds can be drawn. Most projects are funded both by donations and by grants from other donors, such as Engagement Global or Brot für die Welt. In such cases, a single euro donated can turn into 4 euros in project funding.



INTERNAL CONSULTATION AND APPROVAL

The officers responsible draw up a detailed, written project proposal. In addition to the content and the budget, this includes details of the timeline, the stages at which the approved funds are to be disbursed, and the frequency of reporting. This written proposal is then reviewed by the project approval team. If the project is deemed worthwhile, the funding is secured and the impact is measurable, the project is implemented.



THE CONTRACT

The content, scope and schedule of the project are set out in the contract. Only once the project officer and the project management team have reviewed the draft will it be submitted to the partner organisation for signature. Once it has been countersigned by the Difäm management, a binding project agreement is in place.



PAYMENTS

As the project progresses, the partner organisations submit requests for payments, providing specific justification for each one. These requests are checked for plausibility by the project officer in terms of content, and by the project controlling team in terms of finance and accounting. Only then are payments authorised.



THE REPORTS

At agreed intervals, our partner organisations provide detailed reports on the project's progress. The reports describe the progress made, achievements and challenges. The current status is then compared with the substantive and financial indicators that were defined beforehand. On this basis, the project's progress is continuously assessed and adjusted where necessary.



THE EVALUATION

Many projects are evaluated by an independent body once they have been completed. This external assessment provides Difäm Weltweit with an impartial view of the project's outcomes and enables it to apply the insights gained to future projects.

DIFÄM: TRANSPARENT WORLDWIDE

Difäm Weltweit is part of the sponsoring association Deutsches Institut für Ärztliche Mission e. V. The sponsoring association has a general meeting and an elected supervisory body, the Board of Directors. The General Meeting elects an Executive Board, which bears responsibility for all the organisation's work. The supervisory body works on a voluntary basis and receives no remuneration. The Executive Board works on a full-time basis. The remuneration and expense allowances paid to the Executive Board are disclosed.

Difäm Weltweit has an organisational structure with clear rules governing internal responsibilities and areas of accountability, as well as authorisation to sign on behalf of the company. The annual external audit covers the correctness of the accounts and the annual financial statements, the proper conduct of business, and the prudent and economical use of funds. The auditors' reports are submitted to the supervisory body and the general meeting. The general meeting grants discharge to the executive committee at its annual meeting.

The experience of our staff and their sincere commitment to fulfilling the core objectives and values of Christian healthcare ensure that all donations are used responsibly. Difäm Weltweit has been awarded the DZI seal of approval by the German Central Institute for Social Issues (DZI) since 1996.

Further information on the organisational chart, the transparency policy and the articles of association can be found at:

www.difaem.de/ueber-uns

AGAINST MALARIA AND MALNUTRITION

In Burkina Faso, ongoing outbreaks of violence have been leading to large-scale internal displacement for several years. Against this backdrop, Difäm Weltweit is supporting the local organisation TIN NAABI in its efforts to improve healthcare provision in collaboration with the Centre Médical Piéla. The aim was to expand prevention, diagnosis and medical care – particularly for children, pregnant women and breastfeeding mothers.

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Due to the ongoing violence, many families have been forced to leave their homes and seek refuge in other regions. The town of Piéla in Gnagna Province has become an important place of refuge. As a result, local infrastructure, particularly the healthcare system, is under considerable strain. The Centre Médical Piéla provides medical care to both the local population and many displaced people. At the same time, the health centre faces major challenges: there is a lack of medical equipment, medicines and diagnostic facilities. Diseases such as malaria and malnutrition are widespread and pose a high risk, particularly to children.

The project was carried out between December 2024 and June 2025 in Piéla and the surrounding communities. A key focus was on raising awareness about malaria and malnutrition. Through 128 information sessions, the Difäm partners reached 5,679 people. These sessions provided information on prevention and explained ways to detect diseases at an early stage. In addition, households at particular risk were provided with insecticide-treated mosquito nets to prevent malaria infections. Support was given in particular to pregnant women, breastfeeding mothers and families with young children. The medical infrastructure of the health centre was also improved. This enables basic diagnostic tests to be carried out directly on site. Furthermore, the maternity ward was equipped with supplies and instruments to ensure safe deliveries. The project aims to ensure that essential medicines are more readily available in the future and that the nutrition centre has access to dietary supplements and specialised therapeutic food for malnourished children.

The results to date show positive developments: according to records from the health centre, the number of malaria cases fell by around 18 per cent compared with the same period last year. The number of malnourished children under the age of five also fell slightly, from 1,010 to 992 cases. Overall, the project has helped to stabilise medical care in a region severely affected by crisis and displacement. In the next phase of the project, the measures are to be expanded and greater support provided for the food security of particularly vulnerable population groups.

IN BRIEF

Country: Burkina Faso

Objective: Better healthcare for children

Project budget: 33,090 euros





HELP FOR SURVIVORS

Sexual and gender-based violence is common in Liberia. Through its global programme, Difäm supports the Curran Lutheran Hospital (CLH) in providing holistic care for survivors of such violence. In addition to medical and psychological care, the project – funded by BENGO – also provides training and education.

The Curran Lutheran Hospital (CLH) is situated in the Zorzor District in north-western Liberia and is run by the Lutheran Church of Liberia. As a state-accredited hospital with 125 beds, it provides care for people from Lofa County as well as from the neighbouring countries of Guinea and Sierra Leone. On average, 15 to 20 cases of sexual or gender-based violence are treated at CLH each month. These include, amongst other things, rape, forced marriage, physical abuse and forced prostitution. Many of those affected require comprehensive medical care, which includes examinations, psychological counselling, medication and, in some cases, surgical procedures.

The project combines medical treatment with psychosocial support and the strengthening of local support structures. Another key focus is on the further training of healthcare professionals. All clinic staff were made aware of the issue of sexual violence. In addition, 50 staff members from smaller healthcare facilities received in-depth training on the health consequences and treatment options. At community level, 120 local decision-makers were informed and 120 volunteers were trained as points of contact for those affected.

In addition, a complementary project was launched to improve access to high-quality, holistic support. It funds medical treatment, strengthens psychosocial counselling services and promotes the establishment of self-help groups. As part of this project, ten psychosocial counsellors and 20 survivors of sexual violence were trained to set up and support self-help groups.

To raise public understanding, awareness-raising events were held at several locations. These combined information on sexual and gender-based violence with other health services. In addition, regular radio programmes were broadcast. Medical equipment and information materials were also procured to improve healthcare provision and public education. These included a fridge for storing medicines, an air-conditioning unit for the delivery room, as well as leaflets, posters and other materials for awareness-raising work in communities and healthcare facilities.

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IN BRIEF

Country: Liberia

Objective: Integrated care for survivors of sexual violence

Project budget: 98,665 euros





BREAKING THE TABOOS

In western Kenya, the sun has not yet risen when Achieng picks up her schoolbag and sets off for school. Just a few months ago, this would not have been a matter of course. On some days of the month, she would stay at home – not because she was ill, but because she had her period.

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Menstruation is still a taboo subject in many parts of the world. In rural areas of Kenya, many women and girls also lack access to affordable sanitary products. As a result, they often resort to makeshift alternatives such as old scraps of fabric or paper. These are frequently unhygienic, unsafe and associated with feelings of shame. The consequence is that many girls stay away from school during their periods. The implications are far-reaching. Those who are regularly absent for several days a month are less likely to keep up with their lessons. Over time, this increases the risk of dropping out of school altogether.

Today, Achieng carries three cloth sanitary pads in her bag – sewn by women from her own community. This has been made possible by the 'Starke Tage' project, which was implemented by the local organisation Christian Mission Ministry and financially supported by the Bondorf parish. The project takes a simple yet effective approach: reusable cloth sanitary pads are produced and distributed locally. Within a few months, 1,080 cloth sanitary pads were produced for 360 girls and women. Each of them received three pads, which can be washed and reused multiple times. To this end, sewing machines were purchased at the outset and a production team was set up. However, a challenge soon became apparent: the locally available fabrics were neither sufficiently absorbent nor gentle on the skin. It was only after an extensive search that suitable materials were found in Nairobi – some 400 kilometres away. Training sessions took place alongside production. Girls and women learnt how to use, clean and dry the pads hygienically. After all, sustainable menstrual hygiene requires not only products, but also knowledge and self-confidence.

The first results are encouraging: teachers documented that the absenteeism of the affected girls had dropped by around 46 percent after the distribution of the cloth pads. Alongside improved school attendance, a social shift also emerged. Conversations about menstruation, which were once scarcely possible, now take place in protected groups. Female teachers and health workers help build trust and break down taboos.

The project makes one thing clear: even a small piece of cloth can change a great deal. It protects health and dignity, and opens up better educational opportunities for girls. At the same time, knowledge, employment opportunities, and structures are created locally that can have a lasting impact – so that girls like Achieng no longer have to decide every month whether they can go to school or not.

IN BRIEF

Country: Kenya

Goal: Better hygiene during menstruation

Project volume: 4,161 euros





TRUST AND PREVENTIVE CARE

In the rural region of N'zérékoré in southeastern Guinea, access to medical care during pregnancy and childbirth is limited. Together with the Guinean partner organization TINKISSO, Difäm Weltweit, with the support of Brot für die Welt, has been working for several years to improve healthcare for women and children in the region.

In N'zérékoré, many women still give birth at home with the help of traditional birth attendants. Medical care during pregnancy and after birth is either insufficiently used due to mistrust or is difficult to access. As a result, the risk of health complications for mothers and newborns increases.

At the heart of TINKISSO and Difäm Weltweit's approach is a community-oriented approach (ASSET) in which communities identify their own health problems and develop solutions. This approach has helped people build a foundation of trust, and more women are now using medical services, particularly prenatal check-ups during pregnancy.

In the current project phase, a key focus is on the care of mothers and newborns in the first month after birth – a particularly sensitive time for the health of mother and child. Community health workers and specially trained counselors support women during this phase. They inform them about health risks, encourage the use of medical services, and help identify potential complications at an early stage.

At the same time, the project supports local healthcare provision. Health personnel receive further training, health stations are renovated and equipped with basic supplies. Several facilities received solar panels to enable a more reliable energy supply. In the current project phase, support has been extended to five additional communities.
In 2025, cooperation between communities and health facilities, as well as community-based activities, was further strengthened. Home visits and educational outreach focus in particular on prenatal check-ups, recognizing warning signs during pregnancy, and follow-up care for mother and child.

The results so far show positive developments: during the reporting period, 1,178 births were registered, of which 87 percent took place in health facilities. In addition, 82 percent of mothers and newborns received medical follow-up care in the first month after birth. Prenatal care was also used more frequently: 744 women attended all four recommended check-ups. Furthermore, 1,939 people were tested for HIV and referred to treatment facilities where needed.

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IN BRIEF

Country: Guinea

Goal: Promoting the health of mothers

Project volume: 625,000 euros / Difäm Weltweit share: 30,000 euros





LIVESTOCK FOR MEDICATION

In Malawi, Difäm Weltweit found an approach to sustainably finance medications needed for chronic illnesses – such as epilepsy. The idea: communities raise animals and share the profits from their sale.

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Sometimes projects have unintended effects. A particularly positive example emerged in Malawi: since the start of a mental health project, admissions to the local hospital's burn unit had dropped significantly. The connection only became apparent on closer inspection. In rural areas of Malawi, people usually cook over an open fire. People with epilepsy are at particular risk: the flickering of the flames can trigger seizures. Women, who are primarily responsible for cooking, sometimes fell into the fire and suffered severe burns. Thanks to the regular provision of medication as part of the Difäm project, these seizures were greatly reduced – and with them the number of burn injuries. In addition, adults with epilepsy were able to return to work and children returned to school.

This raised a central question: how can access to life-saving medications be ensured even after the project ends? Our goal was to create long-term solutions so that those affected would be less dependent on external aid. Together with the patient groups, Difäm Weltweit developed income-generating measures. The idea: through the keeping and sale of livestock, funds for medications were to be generated.

Initially, many groups rejected our suggestion of goat farming and preferred pigs, which were considered more economically attractive. Difäm Weltweit therefore financed so-called starter packages with piglets, stable construction, seeds, and veterinary care. Training courses provided the necessary knowledge on animal husbandry. However, shortly after the project started, a severe drought struck Malawi. The feed for the pigs was used by the people themselves as emergency food. Many animals could not be adequately cared for. Around one third of the groups suffered such large losses that the goals were not achieved. Nevertheless, around 70 percent of the groups managed to generate enough income to purchase the medications.

In the second project cycle, supported by the congregation of the Tübingen Kreuzkirche, we are therefore focusing on animals that compete less with humans for feed – such as goats, chickens, and rabbits. In addition, a reliable mechanism for the procurement and distribution of medications was established. Village representatives and trained health personnel accompany the project on the ground. The goal remains to enable participants to have a stable income in the long term, which not only finances the medications but also improves the living situation of the families.

IN BRIEF

Country: Malawi

Goal: Sustainable supply of medications

Project volume: 10,160 euros





HIV – AN ALMOST FORGOTTEN BATTLE

In the Democratic Republic of Congo (DRC), people living with HIV and their families face enormous challenges. Healthcare is poor, and many are stigmatized and marginalized when their illness becomes known. Mother-to-child transmission of HIV remains a particularly central problem. Difäm Weltweit and its partner organization Centre Olame therefore implemented a project to support those affected.

One reason for the frequent transmission of HIV from mothers to their children is limited access to health services, such as HIV testing, prenatal check-ups, or antiretroviral medications. Social burdens add to this: people living with HIV frequently experience stigmatization and discrimination. Out of fear of exclusion, many forgo medical help or discontinue treatment. Women especially are multiply disadvantaged. Gender-based and sexualized violence increases their risk of HIV infection, while a lack of economic prospects further exacerbates their situation.

Against this backdrop, the Centre Olame project supported people living with HIV and their families through psychosocial counseling, home visits, family mediation, and the establishment of self-help groups. The goal was to strengthen affected individuals socially and promote their reintegration into family and community structures. Self-help groups with around 25 participants each were established in four communities. Another focus was on healthcare. Centre Olame trained twelve midwives and nursing staff in the prevention of mother-to-child transmission of HIV.

Since many people lose their economic prospects after an HIV diagnosis, income promotion played an important role in the project. A total of 150 people were trained in groups to implement small business ideas. In addition, savings and credit cooperatives were established and supported with start-up capital. Around 20 young people – mostly girls – received professional tailoring training to be able to generate their own income in the long term. In addition, Centre Olame conducted information and awareness campaigns in all project communities to reduce prejudice and discrimination against people living with HIV.

During the project period, the political situation in eastern DRC deteriorated dramatically as a result of the violent occupation of part of the province by the M23 rebel group: health centers had too few HIV tests, pregnant women attended prenatal check-ups even less frequently, and the supply of medications was temporarily interrupted. For this reason, an additional 31 people received financial support for medical treatments. Another 50 particularly vulnerable individuals were enrolled in a community-based health insurance scheme.

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IN BRIEF

Country: Democratic Republic of Congo

Goal: HIV prevention and treatment

Project volume: 31,476 euros





A WOMEN'S CLINIC FOR DIÉCKÉ

The sub-prefecture of Diécké is located in a remote border region in southeastern Guinea, near Liberia. Particularly during the rainy season, poor roads make access to medical care considerably more difficult. For many women in the region, the Clinique Méthodiste in Diécké is therefore often the only accessible point of contact for pregnancies and births – especially in the case of complications. To improve care for these women, Difäm Weltweit supported the construction of a women's clinic.

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Previously, the clinic had only a main building in which pregnant women and new mothers were accommodated together with other patients. This increased the risk of infection for mothers and newborns and made adequate care before, during, and after birth more difficult. The goal of the project was therefore the construction of a new gynecological and obstetric unit. There, women and their newborns are to receive medical care under better conditions in the future – from pregnancy through birth to postnatal care. In addition to the clinic building, the project also included the installation of electricity, water, and sanitation systems.

After the preparation of the construction site, the foundation, walls, and roof were erected and the technical infrastructure was installed. This includes electricity, water pipes, and sanitation facilities. In addition, a water tower with a capacity of 10,000 liters was built to ensure the supply of the new facility. The construction work was successfully completed in 2025. It was regularly accompanied and supervised by the partner organization TINKISSO and local specialists. Despite logistical challenges – particularly due to poor road conditions and heavy rainfall – the project was implemented on schedule. In September 2025, the new building was officially handed over to the Clinique Méthodiste in Diécké.

With its completion, suitable rooms for prenatal care, births, and the care of mother and child after birth are now available. In the coming months, the new unit is to be gradually equipped. An important step toward commissioning will be the return of a doctor who is currently completing a specialist training in gynecology at the University of Lomé, Togo. With his help, the range of specialized gynecological and obstetric services can be significantly expanded. In addition, further equipment measures and training courses for medical personnel are planned to improve healthcare for mothers in the region in the long term.

IN BRIEF

Country: Guinea

Goal: Construction of a women's clinic

Project volume: 140,650 euros





THE DIGITAL INSURANCE

In the Democratic Republic of Congo, community-based micro-health insurances (Mutuelles) have been gaining in importance for years. They aim to facilitate people's access to healthcare. To improve administrative processes, Difäm Weltweit supports the development of a digital solution for the insurance MUSACOM. This software will also be usable for other Mutuelles.

Many Mutuelles face organizational challenges, such as membership administration, collection of contributions, or the billing of medical services, which are carried out either on paper or in simple Excel spreadsheets. A digital solution is now intended to simplify administrative processes, facilitate exchange with health facilities, and enable integration with other digital systems. By the end of 2025, the software had already been adapted to the requirements of enrollment and contribution management. The funds required for this flowed primarily into software development and the technical equipment of the programmers.

In the current project phase, further processes are being digitized. In the future, all steps between insured persons, the insurance, and medical service providers are to be recorded electronically. Staff and members of the MUSACOM insurance are being trained in the use of the software and supported through supervision.

Despite the difficult security situation in Goma, the project has so far been successful. Around 50 percent of the administrative processes related to enrollment and service utilization are already handled digitally. Those interested can register via their own mobile phone or with the help of local insurance representatives. Treatment authorizations can now also be applied for online. This eliminates trips to the central insurance office, which incur costs and, in the currently unstable situation, carry risks.

For many people in the village communities, however, the use of digital services is new. Local insurance representatives therefore play an important role in supporting members. There is also progress on the part of health services: already a quarter of contracted facilities process insurance benefits digitally, for example in checking benefit claims or transmitting invoices.

MUSACOM now uses digital analyses of contribution revenues. To operate the software, a cloud server was rented, a fiber-optic internet connection was set up, and a solar system was installed to cushion frequent power outages. Since the internet connection is nevertheless regularly disrupted, the use of the Starlink satellite system is currently being examined, which for the time being enables the most stable internet connection in the Congo.

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IN BRIEF

Country: Democratic Republic of Congo

Goal: Digital management of micro-health insurances

Project volume: 18,493 euros







RAPID RELIEF IN EMERGENCIES

For sudden emergencies, Difäm Weltweit reserves a budget every year to be able to help quickly. In 2025, it was primarily partners in the Democratic Republic of Congo who needed rapid support. But Tanzania also saw a serious outbreak of violence around the elections, and medical aid for Ukraine was continued.

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The turmoil following the elections in Tanzania claimed many lives – mostly young people. They leave behind traumatized and grieving relatives. Difäm Weltweit launched an emergency relief project that worked closely with local churches and health facilities to provide psychosocial support for these people.

Difäm Weltweit's emergency aid for Ukraine also continued in 2025 in cooperation with the initiative "Tübingen hilft Ukraine" (Tübingen Helps Ukraine), which took over the transport logistics in particular. The focus of the aid is now on people with special needs, such as children suffering from epilepsy.

In the east of the Democratic Republic of Congo, in the provinces of North and South Kivu, the advance of the M23 rebel group and the capture of strategically important cities exacerbated the already fragile situation. This had serious consequences for Difäm Weltweit's partner organizations. The supply of medications and medical materials partially collapsed there. Delivery routes were blocked, and warehouses were partly looted. At the same time, the number of injured people rose due to the fighting. Difäm Weltweit activated its church network in Congo and in Uganda and organized relief deliveries within a very short time. The health personnel were themselves severely stressed and traumatized by the events. Difäm Weltweit therefore supported these people with medical and psychosocial aid. Even before the renewed escalation, millions of people within Congo were already fleeing from the violence. Their situation has now worsened further. Together with Centre Olame, Difäm Weltweit also organized medical and psychosocial support for these people to help them cope with what had happened.

Another project, in Goma/North Kivu, had originally given displaced people the opportunity to set up vegetable gardens for self-sufficiency in the camps. It was successful – however, the beds were destroyed by the fighting. Since financial resources were still available from this project, the objectives were adapted. A health center was thus equipped to provide medical, psychological, and social care for refugees. Even before the escalation, the east of Congo was suffering from the spread of Mpox. The chaos accelerated the epidemic. Difäm Weltweit supported the Université Evangélique de l'Afrique (UEA) with its affiliated Panzi Hospital to strengthen the diagnosis and treatment of Mpox in primary healthcare facilities.

IN BRIEF

Country: International

Goal: Rapid response to emergencies

Project volume: 262.579 euros in total





SECURING AVAILABILITY AND QUALITY

For years, Difäm Weltweit has supported the establishment of church-based central pharmacies in Liberia, Sierra Leone, and Guinea, which was continued in 2025. In particular, this included the expansion and strengthening of central drug procurement structures for church health facilities in the three countries, as well as further capacity-building measures such as training for health personnel and advisory supervision by experienced pharmacists.

The aim of these measures is to sustainably improve the availability of quality-assured medicines in the affiliated church health facilities.

In Liberia, the central pharmacy of the Christian Health Association of Liberia (CHAL) further expanded its organizational and technical capacities. A modernized inventory management software was introduced. Revised workflows, improved reporting systems, and continuous professional support sustainably strengthen the operation. In addition, an expanded solar system ensures a more reliable power supply for the drug warehouse. Specialists from health facilities took part in further training on drug procurement, warehousing, and documentation. Accompanying supervisions showed that facilities with already trained personnel have made significant progress.

In Sierra Leone, too, important foundations for better drug supply were laid. The central pharmacy of the Christian Health Association of Sierra Leone (CHASL) received additional equipment, including computers, refrigeration technology, and safety facilities for the storage of medicines. 40 staff members from health facilities were trained in procurement, inventory control, and documentation. This contributed significantly to the standardization of workflows and better cooperation with the facilities. The facilities involved in the project – as in Guinea and Liberia – also received technical equipment to support their work and improve pharmaceutical standards.

In Guinea, the development of a joint drug procurement system through the church umbrella organization RECOSAC was further advanced. Although there is not yet its own warehouse, several health facilities have already been supplied through central orders. New computers facilitate the administration of procurement. Practical knowledge on warehousing and documentation was imparted in regional meetings. Supervisions in numerous facilities led to improvements in storage conditions and a reduction in expired medicines.

The measures in all three countries are being implemented in close cooperation with the Ecumenical Pharmaceutical Network (EPN), based in Nairobi. In 2025, EPN supported the project through expert advice and accompanying visits, among other things. The promotion of church-based central pharmacies in Liberia, Sierra Leone, and Guinea will continue at least until 2027 as part of the project. This is a gratifying example of successful South-South exchange.

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IN BRIEF

Countries: Liberia, Sierra Leone, Guinea
Goal: Better access to quality-assured medicines
Project volume: 800,000 euros





MINILAB NETWORK AGAINST COUNTERFEIT MEDICINES

Difäm Weltweit, together with EPN, launched the Minilab Network more than years ago and has supported it ever since. The network now comprises 17 partner organizations in 13 African countries. With the help of a portable suitcase laboratory, counterfeit or substandard medicines can be detected and removed from circulation. In addition, Difäm Weltweit organizes training courses on the application of Minilab methods and the detection of suspicious medicines.

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In 2025, 16 partner organizations were active and conducted a total of 1,403 drug analyses. Most of the samples examined came from the antibiotics group (735), followed by antimalarials (168) and painkillers (141). Of all the products tested, 1,386 met the quality requirements. Seven medicines were classified as counterfeit and ten as substandard products. The counterfeit medicines detected mainly affected antibiotics and antimalarials. Most cases were found in Cameroon, Nigeria, and the Central African Republic. Difäm Weltweit reported all suspected cases to the World Health Organization (WHO).

Several finds by the network led to official warnings from health authorities in 2025. For example, the WHO issued an international warning in April about amoxicillin products without active ingredients. In another case, it turned out that a supposed manufacturer had not even produced the product in question. The findings helped authorities in their action against the trade in counterfeit medicines. For example, an importer of counterfeit products in Nigeria was arrested and his company closed.

In addition to the analyses, education plays an important role. In Malawi, the partner organization Christian Health Association of Malawi (CHAM) conducted a campaign in five health facilities. 83 health professionals were trained to identify and report suspicious medicines. Each facility also designated a contact person to forward suspicious medicines to CHAM's central Minilab for testing in the future. Training also took place in Nigeria. The Faith Based Central Medical Foundation (FBCMF) trained a total of 260 medicine sellers in two events. The aim was to raise awareness of counterfeit and substandard medicines and to impart practical skills for visual quality checking. In addition, Difäm Weltweit supported two partner organizations in Liberia and the Central African Republic by co-financing staff positions. Staff from the Central African Republic also took part in a five-day training course with the Minilab partner in Cameroon. There they deepened their knowledge of drug testing, and the exchange at the same time strengthened cooperation between the African partners.

IN BRIEF

Country: International

Goal: Improvement of drug quality

Project volume: 30,699 euros





SAFE HANDLING OF CYTOSTATICS

Difäm Weltweit has been committed for many years to ensuring safe care for cancer patients in Tanzania. An important factor in this is the professional handling of cancer medications (cytostatics). Together with partner organizations, training and networking programs for pharmaceutical specialists are being developed. To strengthen quality assurance in the procurement of cytostatics, a study was launched in 2025 as a successful cooperative project between several German and Tanzanian partners.

In September 2025, the certificate course "Oncology Pharmacy," accredited by the Tanzanian Pharmacy Council, took place for the second time at KCMC and was supported by the partner organization Apotheker Helfen. Eleven specialists from ten hospitals took part. In a two-week training course, theoretical foundations and practical skills for the aseptic preparation of cytostatic infusions as well as the safe handling of the toxic preparations were taught. For the first time, the implementation was largely in the hands of the pharmacists at KCMC – an exemplary example of how previously imparted specialist knowledge can be successfully passed on locally. Challenges remain the shortage of protective equipment and the limited staffing of many facilities. To provide support, protective equipment worth around 12,500 euros was supplied from Germany. In addition, the partner organization Tumaini La Maisha (TLM) strengthened oncological pharmacy in smaller health centers in 2025. Seven facilities were supported through training, supervision, and the introduction of special safety systems for the safe handling of cytostatics. Initial evaluations already showed significant improvements.

Another focus is the quality assurance of cancer medications. The Tanzanian partners were keen to have the cytostatics available on the Tanzanian market tested on a larger scale. With the support of the Rottendorf Foundation, a study on the quality of injectable cancer medications in five major hospitals in Tanzania was launched in 2025. Partners are the Drug Testing Laboratory of the Chemical and Veterinary Investigation Office (CVUA) Karlsruhe, the University of Tübingen, the Muhimbili University in Dar es Salaam, and TLM. A total of 90 drug samples with ten different active ingredients were collected and brought to Germany for analysis. A master's student in Tanzania took care of the sample collection on site; a master's student from Tübingen carried out the analyses at the laboratory in Karlsruhe. In addition, storage conditions in the hospitals were monitored over several months. The study is expected to provide, for the first time, reliable data on the quality of selected cancer medications in Tanzania and thus create important foundations for safe drug supply. The results will be presented to the participating facilities and authorities in 2026 and published scientifically. The study represents a successful cooperation between various partners in Germany and Tanzania and promotes exchange and networking between science and practice.

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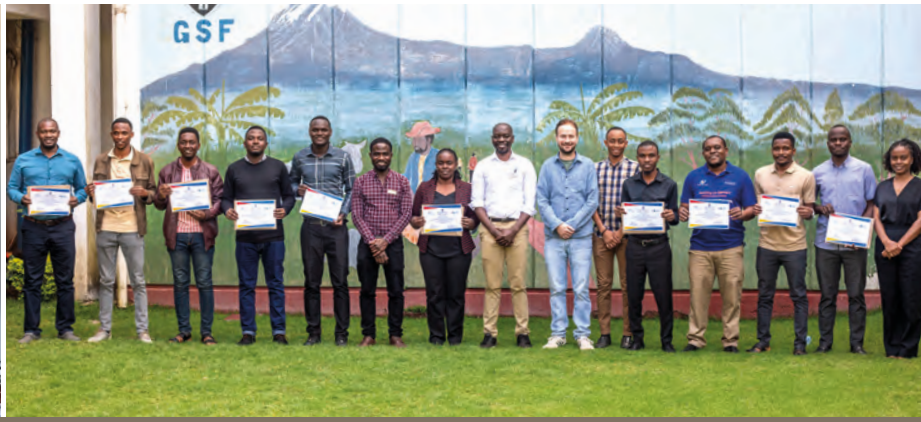
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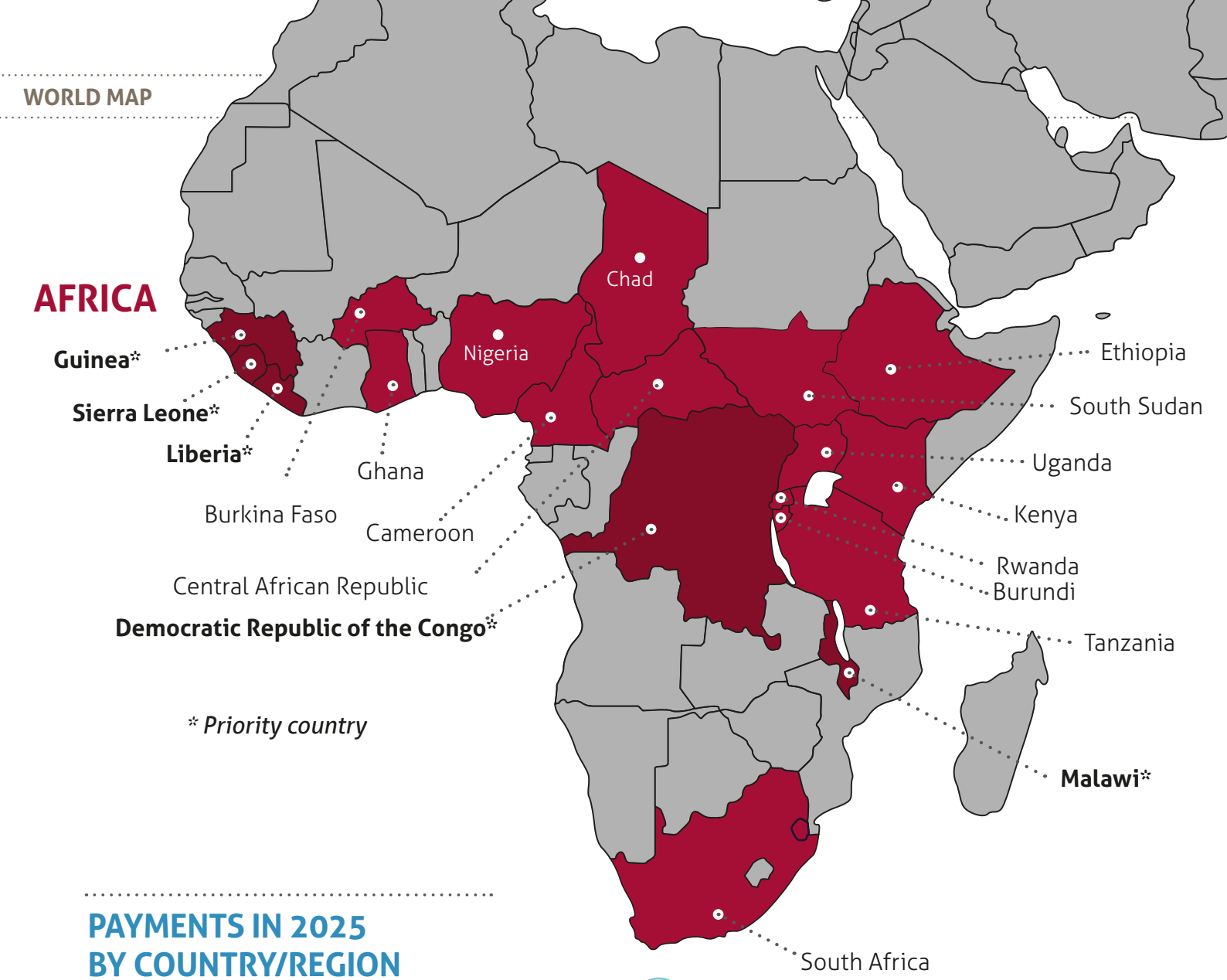
Country: Tanzania

Goal: Strengthening oncological pharmacy

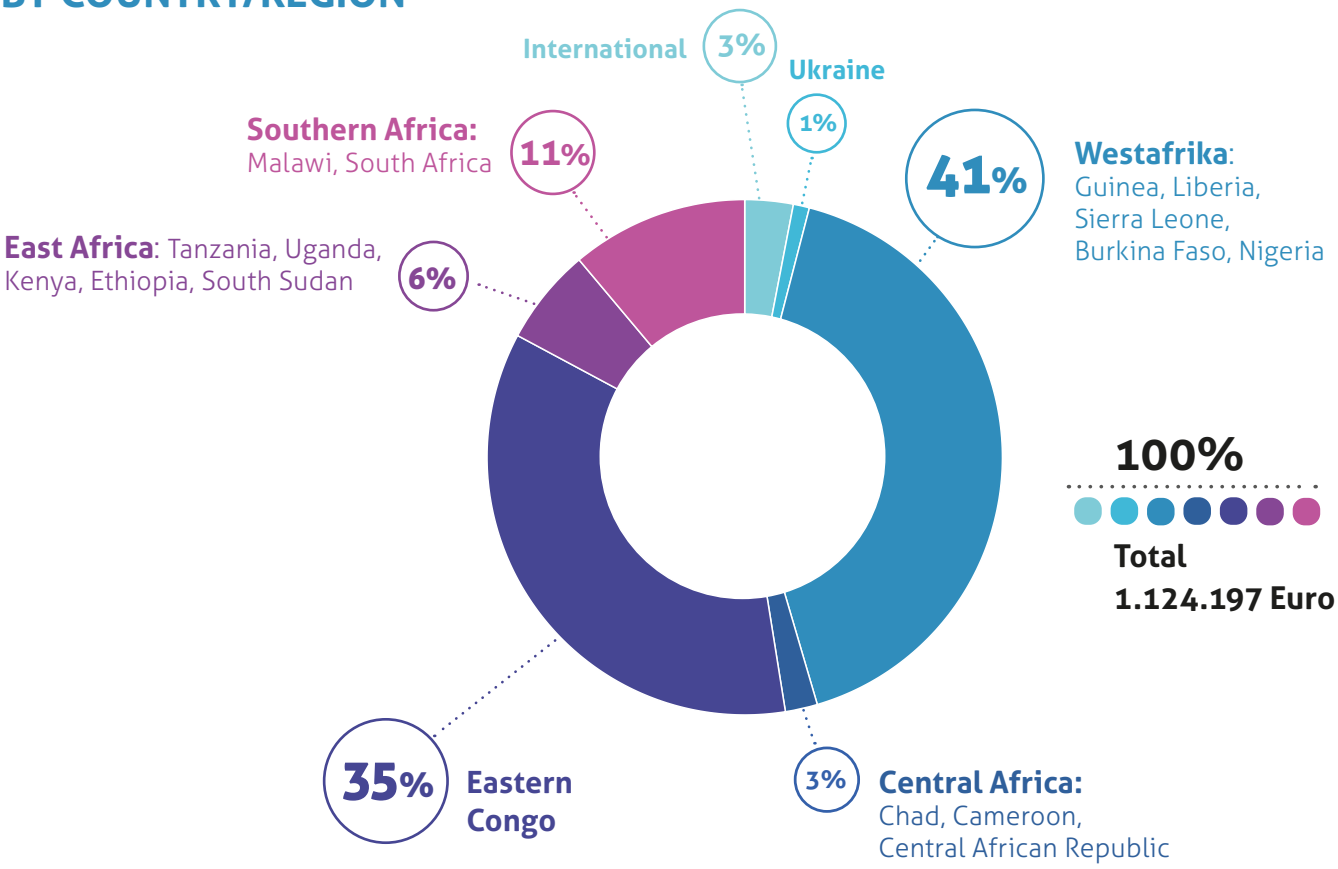
Project volume: 59,430 euros (study on cytostatics)







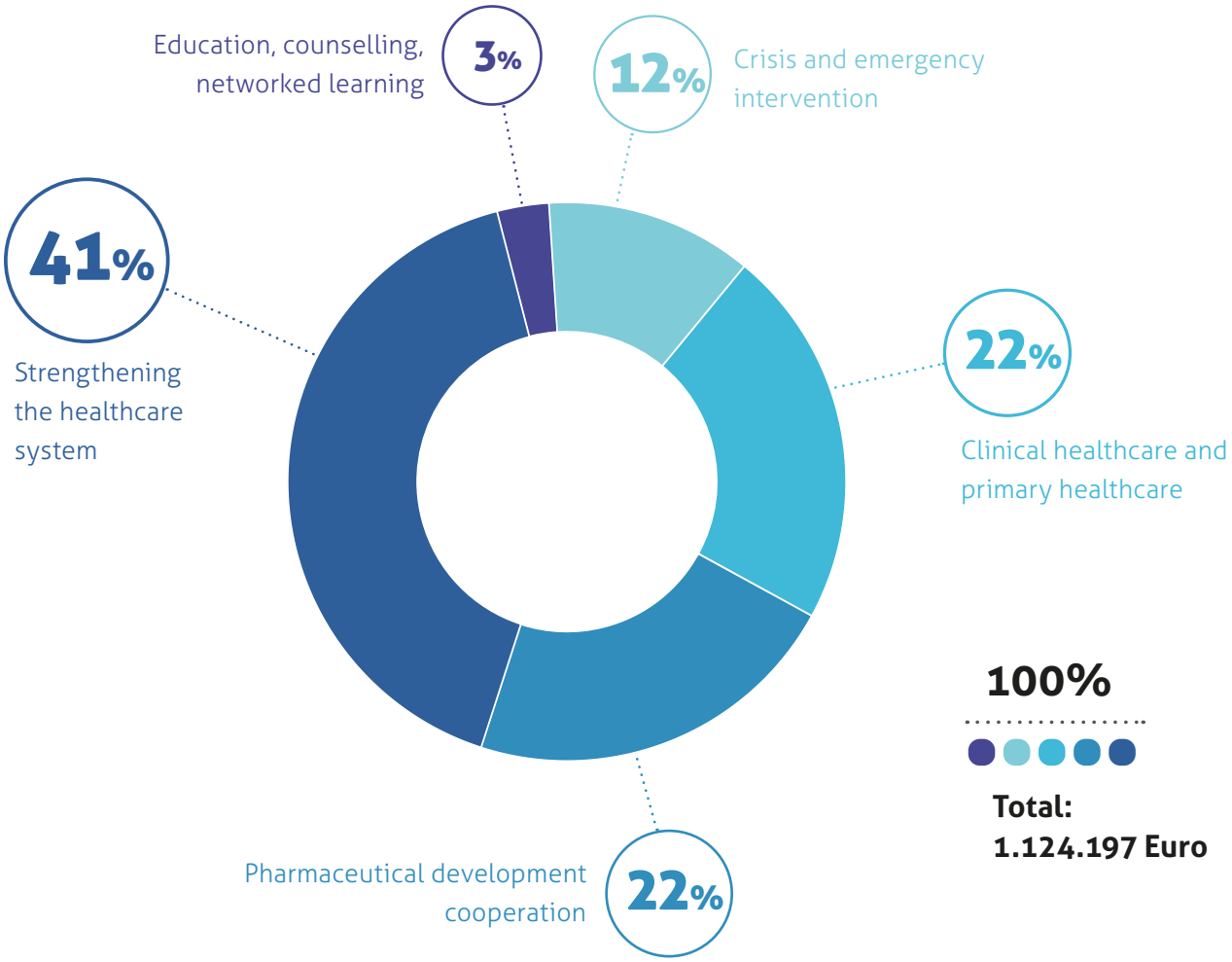
PAYMENTS IN 2025 BY COUNTRY/REGION





Graphic_World map: freepik

PAYMENTS IN 2025 BY STRATEGIC OBJECTIVE



100%

Total: 1.124.197 Euro

Difäm
Gesundheit in der Einen Welt



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