

Financial report 2014 / Outlook 2015

After 2013 turned out to be a difficult year from a financial perspective, the work of the Medical Section had a noticeably more solid financial basis in 2014. This is due, on the one hand, to the base financing initiated by Harald Matthes for the Section being implemented for the first time, at least to a considerable extent. It was the aspiration that the contributions of the medicine manufacturers and the clinics would guarantee the ability of the Medical Section to perform its work, including the staff costs for the Section head, her assistant and the Secretariat, as well as a certain share of public relations and the research assistant, independently of any project. Of the sum of CHF 500,000 required for this, it was possible to cover CHF 378,000 in the past year – we are very grateful to the relevant institutions for this! On the other hand our appeal for donations in summer 2014 received a welcome response so that we were able to post almost CHF 57,000 in unallocated donations – an important help for which we wish to thank all donors warmly here once more. And thirdly, there were a number of conferences in 2014 which produced a welcome surplus due to the good attendance and the many instances in which the lecturers did not claim their expenses or fees – thus for example the annual conference, the first module of the Teach the Teacher conference and the curative education conference.

On the other hand it can be seen from the 2014 annual accounts that it was not possible in the past year fully to cover the costs for training and further training activities, particularly for the *International Postgraduate Medical Training (IPMT)*. The main reason for this is that the withdrawal of the main sponsor meant that a budgeted sum which then became a shortfall of CHF 100,000 had additionally to be financed. There was some success in doing so through the welcome involvement of a number of foundations but unfortunately that did not cover the whole amount so that finally a shortfall of CHF 36,000 was posted. In contrast, the eurythmy therapy training at the Goetheanum closed in the black in 2014 which represents a good achievement in view of the slightly smaller number of participants in the current course compared to the previous one. An equally noteworthy result which is, however, still capable of improvement is that a good 75 percent of the expenditures for the *International Coordination of Anthroposophic Medicine (IKAM)* could be covered from contributions by medical associations, other associations and institutions (excluding medicine manufacturers and clinics). The IKAM activities essentially have to be financed independently of projects and with this result we are heading in the right direction. It continues to be somewhat difficult to cover the costs of the research associates. Although a not inconsiderable 50 percent of the costs of this work area could be financed on our own account – through book sales, author's and lecture fees – finance from third party funds for projects running over a longer period of time, such as the DAV project or the project to create an archive of the history of anthroposophic medicine, has been less successful. Here a deficit of CHF 40,000 was posted at year end.

In summary, 38 percent of the Section budget was covered by income from ongoing Section activities (attendance fees, book sales, authors' and lecture fees, exhibition stands,

certificate fees, etc.; 2013: 30 percent), about the same proportion (39 percent) was covered by grants and contributions from AM institutions, the medicine manufacturers, the AM professional associations and the GAS (2013: 25 percent) and almost a quarter (23 percent) through project funding from foundations and unallocated donations (2013: 35%). This indicates that the financial basis for the work of the Section became noticeably more sustainable in 2014 than in 2013.

A look at the budget for 2015 shows that we anticipate a continuation of the developments which started in 2014 and that despite growing tasks we anticipate a slight cost reduction rather than an increase. This is partly because the staff team of the Medical Section has not changed since summer 2013 and more processes could be standardised. We hope that with a combined effort the aimed for base contribution can be achieved in 2015 so that in the course of internationalisation there is financial security for the administrative, non-project related services which are increasingly in demand. The somewhat cautious budgeting for donation income and the anticipated conference earnings show the income that is necessary to achieve a balanced budget. Anything we receive beyond that would represent a welcome initiative budget for the worldwide work of the Section.

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