Front cover picture courtesy of A Chacun son Everest!
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Annual Report 2011
Europe
Middle East
Africa
The mission of the Johnson & Johnson Corporate Citizenship Trust is to make sustainable, long-term differences in human health.

We do this by investing in strategic partnerships and innovative solutions that add value to society and impact people’s lives.
2011 has been another exciting year for the Trust. Our journey took us to new spaces, enabling us to learn and grow in our efforts to find innovative solutions that make a real impact on people’s lives. The Johnson & Johnson Credo again served as our compass during this exploration.

In 2011 we partnered with a wide range of organisations that share our aims and aspirations to make long-term and durable differences to human health. Our main areas of activity focused on building health care capacity, saving and improving the lives of women and children, preventing disease and reducing stigma, and advancing and innovating in corporate social responsibility.

Collaboration is at the core of what we do as the Trust. We believe that the future lies in integrated solutions, through partnerships that cross the boundaries of business, government and society. In this vein in 2011, in partnership with the Academy of Business in Society (EABIS) and Rutgers University, we launched the Advancing Global Health Decision Making (AGHDM) initiative, a project that brings together thought leaders from across the global health spectrum to identify decision-making processes that lead to better health outcomes.

The Trust believes that unlikely partnerships can spark creativity, experimentation and innovation. The ColaLife project in Zambia is a good example of this approach. Together with a broad consortium of local and global partners, we supported the launch of a pilot programme for the distribution of kits to treat diarrhoea in remote rural communities in Zambia. The pilot provides us with an opportunity to experiment, learn and partner with organisations on ways to provide access to quality health care in remote communities.

In 2011, we expanded and deepened our partnership with the Aga Khan Development Network (AKDN). Employees of the AKDN joined forces with MBA students from INSEAD business school and employees of the Johnson & Johnson Family of Companies on the Deep Blue Ocean programme. The teams were tasked to develop innovative business solutions for unmet health care needs in Kenya and Turkey. At the end of 2011, the Board of the Trust agreed to fund further exploration of the LifeSpring project, a concept that emerged from the programme.

We would like to thank all those who travelled with us in 2011. We learned a tremendous amount from the commitment, dedication and expertise of our colleagues in our partner organisations and the Johnson & Johnson Family of Companies. We hope they will continue to support us in our efforts to make durable and long-term differences in health.

We invite you to further explore this report and find out where the journey is taking us.

Dirk Collier, Chairman,
Johnson & Johnson Corporate Citizenship Trust

Frank Welvaert, Managing Director,
Johnson & Johnson Corporate Citizenship Trust
The Trust on the ground in 2011

In 2011, the Trust supported 118 projects in over 40 countries across Europe, the Middle East and Africa. The articles and snapshot features on the following pages highlight a cross section of programmes, partners and countries that the Trust works with.
2011 Highlighted Programmes

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United Arab Emirates, Jordan, Saudi Arabia, Oman, Qatar, Egypt, Lebanon – Countries that the 2011 Middle East Health Leadership programme and Innovators for Community Wellness participants came from, p. 10

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Getting everyone involved
More than ten years ago, AKDN launched a three-pronged scheme to bring a better quality of life to communities in East Africa. In the last three years, the Trust and the AKDN partnership have explored and adopted an approach that integrates nursing, early childhood development and community health activities to address the physical, social and cultural conditions of communities.

Over the years AKDN has worked out ways to connect different players, by bringing local NGOs involved in supporting community-based early childhood activities and health departments responsible for nurse education together to share experiences and look for ways to collaborate to improve services being delivered to young children and families. By joining forces and sharing best practices the different players can make substantial contributions to the well-being of local communities.

In East Africa the Trust partners with the Aga Khan Development Network (AKDN)—a group of development agencies with mandates that include health, education, microfinance, culture, rural development, environment, disaster reduction, and the promotion of private-sector enterprise.

The partnership is based on a shared long-term commitment to regions and communities to improve community health care. In 2011, the Trust collaborated with the AKDN to advance programmes in Tanzania, Kenya, Zanzibar, Uganda, Egypt, Syria and Portugal.

Learning and earning in East Africa

Partnering with the Aga Khan Development Network for the well-being of communities in East Africa

Nursing
- Awarded 178 scholarships to nurses in Kenya, Tanzania and Uganda in 2011, bringing the number of students enrolled to 295, and the total number of scholarships awarded 2009-2011 to 556.
- Graduates act as role models for scholarship candidates.
- 45% of graduates 2009-2011 were promoted to leadership and management positions.
- Graduates influence and contribute to raising the standards of nursing care in their countries.

Early childhood development 2009-2011
- Made improvements to pre-school infrastructure that benefitted 1,054 pre-school children.
- Organised feeding programmes that benefitted 1,711 children.
- Trained 168 school staff in school improvement techniques.
- Developed health and nutrition materials and tools to assess children’s development in 22 pre-schools.

Community health 2009-2011
- Established Community Health Committees and Health Facility Management Committees to oversee the operations of health facilities.
- Arranged 14 health action and behaviour change days.
- Funded small grants for health activities in 41 schools.

“Being a single mother, the balance between study, work and home is difficult enough, but not having to worry about fees makes me a better student.”

An Advanced Nursing Studies student and scholarship recipient, Kenya
Advanced Nursing Studies programme
During the period of the partnership it has become clear that a few well trained health professionals can really make a difference, in terms of the delivery and quality of health care. This understanding led to development of the Aga Khan University’s Advanced Nursing Studies (ANS) ‘learn and earn’ programme that enables nurses to upgrade their skills while continuing to remain in service and earn.

Nursing scholarships fund a number of capable students who have no other way to pay for their studies or have difficulties trying to juggle their studies with work and raising a family. The ANS programme enables nurses to upgrade their knowledge and skills while on-the-job and to immediately apply new ideas, methods and practices in their everyday work, a learning approach that is very different from more traditional theoretical courses. To date, the Trust and the Johnson & Johnson Family of Companies have supported 1,600 nurses to complete their training.
Empowering rural communities in Afghanistan

Hand in Hand International and Hand in Hand Afghanistan have been helping rural communities in northern Afghanistan start, manage and build up micro-enterprises since 2007. In 2011, the Trust joined with Hand in Hand Afghanistan in a project to mobilise, train and economically empower 7,500 men and women by 2013.

Setting up micro-enterprises
By providing instruction in setting up micro-enterprises, Hand in Hand aims to empower people to take their future into their own hands. Hand in Hand Afghanistan is implementing this model of enterprise creation in the Balkh province, training men and women to form and run savings and credit, and producer groups.

The first step in the model is to establish common interest groups and help them to organise weekly meetings, draw up a constitution, elect group officials and start a savings pool. Groups learn how to manage group savings and how to arrange loans to members of the group from the pooled savings. The savings pools are the glue that holds groups together.

Turning traditional skills into money-spinners
Once groups are established Hand in Hand provides training in basic business principles. Armed with this knowledge, group members begin to weave silk, set up bakeries, make pickles, conserve fruit and keep chickens. Women find that there are micro-enterprises that can fit in with their daily activities in the home or can be carried out in the family compound.

As understanding of how businesses operate grows, groups are refining and redefining the savings funds in preparation for the time when they may need to take loans from banks and other lending agencies in order to expand their businesses. Groups are also looking at gaps in the market and demand from further afield that they could meet. Carpets in Kabul for instance fetch five times as much as in regional markets, but are hard to reach in the current security situation.
Improving health

With the Trust’s support, part of the project deals with hygiene. Poor hygiene in rural communities means that people are often sick. Hand in Hand Afghanistan’s programmes show rural families that there are simple ways to keep themselves healthy and avoid doctor’s fees. For the price of a bar of soap they can prevent diarrhoea. Simple changes in diet, such as switching from the sheep fat traditionally used in cooking to locally made vegetable oil, can help prevent heart disease, a particular problem in Afghanistan.

“We have quite a few examples of women who have started from almost nothing, from just being home and unemployed, who have then gone to establish a business and actually employ other people. So they’ve made that change—from first not being able to feed their own children to actually not only carrying their own family, but supporting another woman and thereby another family.”

Josefine Lindange, Hand in Hand International

Videos dubbed in Dari show Afghani communities simple ways to make their villages cleaner and healthier.

Afghani women look at options for micro-enterprises that will fit in with their household responsibilities.
Health care is becoming more complex as budgets and investments continue to grow significantly. Tomorrow’s leaders face enormous challenges in ensuring sound health care services and infrastructure for their fellow citizens. INSEAD, Europe’s top tier business school and the Johnson & Johnson Family of Companies, and later the Trust, partnered to set up the European Health Leadership Programme (EHLP). The programme aimed to identify and equip a new cadre of European leaders with cutting-edge health care concepts, tools, techniques and strategies.

As a result of the success of the EHLP, the Middle East Health Leadership Programme (MEHLP) was launched in Abu Dhabi in 2008 and, in 2011, INSEAD and the Trust piloted Innovators for Community Wellness (ICW), a novel programme aimed at senior health care managers who work in the areas of primary care, chronic disease and family medicine.

Preparing for the future of health care

www.insead.edu
Bringing together different perspectives
The EHLP brought together people with different viewpoints and perspectives from across the health care spectrum—policy, government, hospitals, nursing—to build understanding of the complexity of interactions in health care systems and how to manage them. For over ten years the programme sought to help leaders in health care develop the skills and mindsets to drive growth, innovate within their organisations and deliver efficient, customer-centred services.

Responding to a changing environment
When launched in 1998, the EHLP filled a much-needed gap in health care education. Since then the landscape has evolved significantly and in Europe there are now several health care management courses available. This is why, in 2011, the Trust brought the EHLP to a close and started exploring new opportunities with INSEAD to develop novel programmes on health care delivery innovation as well as programmes for leadership skills in other regions.

Expanding in the Middle East
The Trust is continuing to partner with INSEAD on the MEHLP. This programme takes forward the strengths of the EHLP that are most appropriate to day-to-day realities and the evolving health systems in the Middle East, and has a low-tech rather than high-tech approach.

Furthermore, in 2011, INSEAD and the Trust piloted a novel programme for senior health care managers who work in the areas of primary health, chronic diseases and family medicine. At the core of the ICW is exploring new grassroots solutions for primary care, chronic diseases and lifestyle diseases such as obesity.

“There is a blossoming science of Medicine and Management. The future lies not in asking health leaders to choose medicine or management, but rather in educating leaders to achieve a mastery in both.”
Jon Chilingerian, Ph.D., Professor of Health Care Management, Brandeis University and Tufts School of Medicine. Academic faculty director of the EHLP

European Health Leadership Programme 1998-2011
• Trained over 600 health care leaders from approximately 25 different countries.

Middle East Health Leadership Programme
Participants come from a range of nationalities and backgrounds, including chief medical officers, heads of nursing, department heads, health care insurance providers and government policy makers. Since 2008 the programme has reached 120 health care professionals in 10 countries.

Innovators for Community Wellness
This programme, piloted in 2011, is designed for people with medical, nursing, health education and public health backgrounds whose management responsibilities have increased significantly, and who are faced with the challenge of developing new approaches for health care service design and delivery. The programme is held at INSEAD’s Abu Dhabi campus. In 2011, 21 health care leaders from five Middle Eastern countries participated in the pilot programme.
Awakening
In September, the teams kicked off their journey with a workshop at INSEAD business school in France. An intensive programme of seminars and discussions exposed them to Blue Ocean Strategy* (BOS) tools and techniques. They studied the theory of the non-customer and ways to reach them. In the Deep Blue Ocean programme, the non-customer refers to the people whose needs are not being met by current offerings; this could be a result of poverty, health care constraints or environmental challenges. Building further on the new insights the teams selected their broad topics. The Kenyan teams chose maternal and infant mortality, and poverty, while the Turkish teams selected education, access to health care and maternal health. They were then assigned a coach to help them along their journey.

Exploring
The teams carried out initial research to prepare for the trip; however, their real learning only began when they hit the ground. Visiting cities, villages, slums, farms, churches, hospitals and NGOs opened their eyes and ears to voices of the non-customer, such as mothers, fathers, doctors, nurses, traditional birth attendants, community and religious leaders and business people.

Reconstructing
Back in their familiar environments, teams began to process their insights and develop ideas to meet the health care challenges. The mix of points of view—from finance, marketing, supply chains, from different countries and from development, business and academia—brought new perspectives and focused teams on core skills of businesses and partners.

In December, the teams presented their findings and ideas to an audience of AKDN, INSEAD, NGOs, Johnson & Johnson business leaders and the Board of Directors of the Trust. In a colourful and interactive display the teams brought to life the challenges experienced by the people that they met, and presented their concepts for addressing the issues.

"It’s a question of going beyond our usual boundaries and limits to areas where there is potential and significant opportunities. Opportunities where we can actually make an impact in people’s lives, providing access to health services."
Sisawo Konteh, Aga Khan Health Services, Tanzania

The Deep Blue Ocean initiative, a partnership with INSEAD business school and their Centre for Social Innovation aims to tackle unmet health care needs. It uses the tools and techniques of Blue Ocean Strategy business theory to open the eyes and expand the minds of its participants.

In 2011, the Aga Khan Development Network (AKDN) joined the initiative, and AKDN staff, along with INSEAD MBA students and Johnson & Johnson Family of Companies employees, travelled to Kenya and Turkey to explore new ways of tackling issues relating to poverty and access to health care.

Diving deep into the blue ocean
2011 Deep Blue Ocean concepts

At the end of 2011, the Trust decided to fund further research on the viability of one of the concepts, LifeSpring, a solution for preventing childhood diarrhoea in remote areas of Kenya. Project LifeSpring is a fully sustainable business model with the end goal of dramatically reducing the number of childhood deaths from diarrhoea in Kenya. In fact, diarrhoea kills more than 30,000 children every year in Kenya alone, and is the second biggest contributor to mortality of children under the age of 5, more than AIDS, malaria and measles combined.

At the centre of the model for Project Lifespring, is the creation of the community health entrepreneur. These locally recruited and trained individuals will provide education on basic sanitation and how to prevent and treat diarrhoea, while also renting out essential water filtration systems. This rental model provides an affordable approach for families to ensure clean water for the entire household at a cost of only a few dollars a month and can be paid through Kenya’s highly advanced and widespread mobile payment technology (M-Pesa).

Other concepts presented were the Circle of Life, to promote safe births in Kenya. The ‘circle’ involves educating mothers, fathers and families on safe birthing practices in remote areas of Kenya through mobile camel clinics and using mobile phone technology to provide information and incentives. In Turkey, teams developed three concepts, Afya Giris, a confidential 24-hour health line, Egitim, creating non-traditional channels for health information and DiaBEATers, to raise awareness of diabetes.


“We knew going into Kenya that the key to the long term success of any development project is the combination of ensuring access, awareness and affordability through a sustainable model design. The Deep Blue Ocean approach really helped us to think differently and ultimately lead to the successful development of Project LifeSpring which the team truly believes can make a significant impact on the lives of children in Kenya.”

Jakob Sveen, Johnson & Johnson Middle East

“A big learning was going out to Kenya and speaking to people. This helped see what was realistic.”

Mandira Ray, INSEAD MBA participant
Going the last mile in Zambia

Private sector supply chains could play a crucial role in going the last mile—putting basic health care supplies into kiosks, village shops, clinics and health centres in rural areas where they would be available to customers at the bottom of the pyramid.

The Trust and a range of local and global partners are testing to what extent an alternative distribution system can make anti-diarrhoea kits—containing oral rehydration salts (ORS), zinc tablets, soap, and basic health and hygiene messages—available in remote rural areas of Zambia.

Innovative and pragmatic
Simon and Jane Berry founded the NGO ColaLife to deliver anti-diarrhoea kits to children in Africa through soft drink supply chains. They believe that alternative supply chains could be an innovative and pragmatic way of ‘going the last mile’, one of the key challenges in delivering medicines to emerging markets.

ColaLife at a glance
ColaLife is a registered UK charity set up to make ‘social products’ available in remote rural areas by distributing them through alternative supply chains.

The challenge
One in seven children in developing countries dies before their fifth birthday.

The idea
Alternative distribution chains can supply affordable anti-diarrhoea kits through ‘last mile’ retailers in remote rural communities.
- AidPods contain treatment for diarrhoea,
- Delivered through alternative market chains,
- Every step in a distribution chain makes a margin,
- AidPods are added to crates at the wholesaler,
- AidPods are subsidised according to what the consumer can afford to pay,
- Subsidy applies at the distribution point,
- Social marketing turns need into demand, and
- Puts together tried and tested components.
“We want to...create a commodity that people can get close to home when diarrhoea strikes.”
Jane Berry, ColaLife founder

The Trust was among the first corporate partners to provide support, helping co-design the AidPod and develop a pilot project, and talking to partners. Other funders are the UK Department for International Development, Honda and SABMiller. Partners in the pilot project are a small innovative local NGO, Keepers Zambia Foundation, the Zambian Ministry of Health, the United Nations Children’s Fund (UNICEF) Zambia, Mobile Transactions Zambia, SABMiller Zambia, and a local agency, Medical Stores Limited. Both UNICEF headquarters and the World Health Organization are supporters of the project.

Supplies of ORS, zinc tablets and soap have been organised, the AidPods have been designed and a local partner to assemble the AidPods has been found. Formal approval by the Zambian Ministry of Health will enable the project to monitor and evaluate effectiveness.

**Testing and learning**
Understanding customers at the bottom of the pyramid—the largest but poorest socio-economic section of the global population—helps find ways to reach them with affordable health care products that will improve their well-being. The pilot project will test the AidPods and learn more about ways of delivering health care solutions through unlikely partnerships.

“...it has this pragmatic innovation aspect, it’s basically leveraging an existing logistic system and network to deliver essential medicine to children and mothers to whom it matters most.”
Christian Verbeeck, Johnson & Johnson Corporate Citizenship Trust Board Member
Moving forward in the UK

The Johnson & Johnson Family of Companies in the UK partnered with the Trust to develop a country-wide corporate social responsibility (CSR) strategy. While the UK companies already reach out to the communities in which they live and work locally, harmonising efforts brings synergies and enables a wider reach with a bigger and more strategic impact.

The Shaftesbury Partnership
Nurse First is a new training programme which aims to create a generation of community health entrepreneurs who will transform community health services for people living with long-term conditions.

In 2011, support from the Trust and the Johnson & Johnson Family of Companies in the UK saw 24 nurses start the programme. They will graduate in the autumn of 2012 when they will go on to start projects that will benefit the communities in which they work.

Using the skills of Johnson & Johnson UK employees
Representatives from the UK Johnson & Johnson Family of Companies, the Trust and the consultancy SustainAbility, developed a CSR strategy focused on improving health and well-being in the UK.

When building the strategy the team researched the needs and issues impacting UK communities. They also looked at the ways in which employees could contribute their skills and expertise to positively impact communities in need.
They identified the areas of prevention and wellness in under-served communities, with a specific focus on programmes and activities that build health care capacity, meet the health needs of women and children, and prevent disease.

The next step for the team was finding partners. After comprehensive research they identified three organisations that share similar aims and ideals: The Shaftesbury Partnership, MEND and Save the Children.

**Inspiring entrepreneurial health workers**
The Shaftesbury Partnership’s Nurse First is a ground-breaking programme that encourages go-ahead community health workers to develop entrepreneurial and business skills. As more people live with long-term health conditions this new generation of clinicians hope to transform community health care.

**Tackling obesity in deprived communities**
The MEND: Mind, Exercise, Nutrition, Do it! programme tackles the growing problem of obesity in the UK with an innovative ten-week programme. The Trust is supporting programmes for children and parents in deprived areas that aim to help them lead healthier lives.

“MEND has...helped me and my family to become more active and use a more ‘MEND-friendly’ way of eating.”
Sarah, a Mind, Exercise, Nutrition, Do it! participant

**Improving the lives of families living in severe poverty**
Around 1.6 million children live in poverty in the UK and over 100,000 babies a year are born into poor families. The Save the Children UK ‘Eat, Sleep, Learn, Play’ programme provides basic material needs and social counselling to families with new babies in deprived areas.

“Corporate social responsibility is at the essence of Our Credo. What we’re doing is not just an addition to our business. It is fundamentally who we are as a company.”
Rhoda Steel, Corporate Social Responsibility Johnson & Johnson Family of Companies in the UK

MEND: Mind, Exercise, Nutrition, Do it!
The Trust and the Johnson & Johnson Family of Companies in the UK are supporting programmes across the UK for families with children aged 7 to 13 whose weight is above the healthy range for their age and height.

Save the Children
The Trust and the Johnson & Johnson Family of Companies in the UK are partnering with Save the Children UK in the ‘Eat, Sleep, Learn, Play’ programme. This provides families living in severe poverty who are expecting a new baby or who have a child under 3 with material essentials and social support.
**Tackling violence against women in Spain**

Domestic violence is a major public health issue. In Madrid, the police, NGOs, health and safety agencies, and lawyers refer women who have suffered domestic violence to Acompaña T. The programme helps abused women map out and follow a path to employability.

Work is a way for women who have been treated violently to recover physically and psychologically from their trauma. For many it is the only way they can escape the cycle of ill-treatment. The programme helps women to build support networks. In 2011, 114 women directly benefitted from the programme and over a third gained the confidence to look for a job.

**Acompaña T, Spain**

One-on-one guidance helps Spanish victims of domestic violence find jobs and turn their lives around.

**Helping children with difficulties into school in Greece**

Children with mild developmental disorders have difficulties settling into school. They need special attention. Project Inclusion, run by the Theotokos Foundation, is a pioneering programme of group and individual therapy that costs families nothing. Special needs teachers help kids settle in. Project Inclusion shows teachers and communities that children with difficulties can attend ordinary schools given the right kind of support.

**Project Inclusion, Greece**

Specialist support means children and teenagers with mild developmental disorders can attend ordinary schools.
Volunteering with Special Olympics events in Ireland

Special Olympics Ireland is a sports organisation for people with an intellectual disability. It’s about fun, friendships and team spirit. It’s about a feeling of belonging, and ultimately an improved quality of life. Since its launch in 2005, the Johnson & Johnson Special Achievers Club Programme has created opportunities for Johnson & Johnson Family of Companies employees in Ireland, their families and friends to get actively involved.

In 2011, the volunteers helped run sporting events giving 720 people with intellectual disabilities the opportunity to compete in the Special Olympics. And, in doing so, reaped their own reward and enjoyment.

www.specialolympics.ie

Offering a home-from-home to children with cancer in Italy

The Peter Pan Onlus Association offers free hospitality to families with children suffering from cancer who come to Rome for treatment. The 'big house of Peter Pan,' in the centre of the city near the main paediatric hospitals, is the largest centre for children with cancer in the world. In 2011, this home-from-home provided 120 families with a space away from hospital where they could carry on as usual, while supported by people who understand cancer and cancer treatments. Accommodating children with cancer in the Peter Pan house also frees up hospital beds so that more patients can be treated.

www.peterpanonlus.it

Special Olympics, Ireland
Participating in the Special Olympics is rewarding for both athletes and volunteers.

Peter Pan Onlus Association, Italy
The Peter Pan home-from-home gives children with cancer and their families a better quality of life during treatment.
Providing health information for the chronically sick in Germany

Chronic illnesses and mental disabilities put families under enormous strain. Parents with children who are chronically ill, disabled, developmentally challenged or need continuous care are constantly on the lookout for information and practical support. The Kindernetzwerk network connects all those dedicated to the needs of sick and disabled children and adolescents—parents, self-help groups, doctors, politicians and health care services.

In 2011, Kindernetzwerk launched a new website bringing together information on disabilities and chronic diseases. Many thousands of people caring for sick and disabled children and adolescents benefit from being able to access this kind of information easily and being able to get in touch with one another on the internet.

www.kindernetzwerk.de

Kindernetzwerk, Germany
The Kindernetzwerk network supports the families of children with chronic illnesses and mental disabilities.

Learning to live with HIV/AIDS in Russia

In 2010, registered cases of HIV/AIDS in the Russian Federation topped half a million. The number of people infected may be twice that according to a 2008 UNAIDS estimate. Learn to Live was launched to meet growing demand for information about HIV/AIDS and therapies, both from people living with the disease and those who provide services for them. The programme reaches out through training courses, workshops, advocacy and a website. In 2011, the website received 18,000 unique visits. Eighty per cent of visitors live in Russia and Ukraine.

www.spdfund.org

Learn to Live, Russia
Learn to Live distributes information on HIV and connects people through a website.
Giving psychiatric patients a break in Austria
The Atempause project run by pro mente Austria arranges holidays and creative activities for psychiatric patients. Opportunities to step outside their normal routine—take a seaside or city break, try out riding, hiking, painting or hot springs—give patients confidence on their journey towards integrating in society. In 2011, 118 patients enjoyed a range of activities. Experienced attendants make these completely new and different experiences safe and enjoyable, boosting patients’ self esteem, confidence and social skills.

Speeding full recovery from cancer in France
A Chacun son Everest! puts children recovering from cancer on a fast track back to normal life. Nowadays, three-quarters of children suffering from leukaemia or cancer can be cured. But they do not fully recover until families and friends treat them just like other children. In 2011 the Trust funded 25 children to take on challenges offered by A Chacun son Everest!, change the way others see them and, just as importantly, the way they see themselves.
Pioneering home hospice care in the Czech Republic
Caring for patients with terminal illnesses in their homes is not yet common in the Czech Republic. A pioneering programme of hospice care enables patients to spend their last days in familiar surroundings.

Part of the reason terminally ill patients usually spend their last days in hospital is that insurance rarely covers the costs of caring for them at home 24 hours a day 7 days a week. As well as supporting families caring for the terminally ill, the St. Jan N. Neumann Hospice programme has had the added effect of demonstrating that this kind of care costs less than hospital care.

Some insurance companies are now changing their policies. The changes in policy are also changing attitudes to caring for terminal patients in their homes and are encouraging new services that meet both social and health needs.

www.hospicpt.cz

Catalysing early childhood development in Portugal
The Early Childhood Development Programme, launched in 2009, seeks to improve early childhood development in Portugal. The partnership between the Aga Khan Development Network and the Trust is based in the Olivais Centre, Lisbon.

The Centre brings together medical practitioners, academics and health care professionals to catalyse services for children and their families in socially and economically deprived communities. Training programmes and better working conditions for childminders lead to better care for children.

In 2011 the Centre provided a crèche for 73 children, pre-school care for 94 children, day care for 50 children, trained 25 childminders in home care, trained two staff in observation skills, 15 professionals in quality assurance and trained 19 support staff.

www.akdn.org
Making life safer for children in Europe

Injuries account for more deaths of children in Europe than anything else. Many of these could be prevented. The European Child Safety Alliance brings together child safety experts from medicine, public health, psychology, education, engineering and government to collaborate to prevent injury.

The Alliance shares evidence-based good practice, supports standardised collection of data and safety standards for child-related products and services, informs consumers and advocates in political arenas. The Alliance coordinates the synergies and critical mass of organisations across Europe to enhance injury prevention action, for example on Child Safety Score Cards and Child Safety Action Plans, and to align policies to the United Nations Charter of Rights for Children.

www.childsafetyeurope.org

Changing care for heart disease in Scotland

Chest Heart & Stroke Scotland (CHSS) improves the quality of life for people affected by chest or heart disease, or strokes, through medical research, influencing public policy, advice, information and support in the community.

The Trust, in partnership with LifeScan Scotland, is working with CHSS to develop the Highland Heart Failure Support Service (HFSS) and, within the Highland National Health Service, to conduct various research projects.

Through a befriending scheme, support to patients and their carers, forum meetings and a community newsletter, the HFSS aims to improve the lives of those affected by heart disease.

“It’s like having a magic carpet.”
Highland Heart Failure Support Service client

www.chss.org.uk

European Child Safety Alliance

Informed parents do the right things to prevent injuries to their children.

www.childsafetyeurope.org

Chest, Heart & Stroke Scotland

Volunteers befriend people with heart disease and help them manage their condition.

www.chss.org.uk
Johnson & Johnson
Corporate Citizenship Trust

Directors’ Report and
Financial Statements

For the year ended 31st December 2011

2011 Board of Directors

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Mission

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

The Trust is an independent organisation that reflects the Johnson & Johnson Family of Companies’ commitment to improve the quality of life of the communities that its employees live and work in. It is a company limited by guarantee and a registered Scottish charity.

The activities of the Trust as outlined in its Memorandum of Association are:

a) The prevention or relief of poverty,
b) The advancement of education,
c) The advancement of health,
d) The saving of lives,
e) The advancement of citizenship or community development,
f) The advancement of the arts, heritage, culture or science,
g) The advancement of public participation in sport,
h) The provision of recreational facilities, or the organisation of recreational activities, with the object of improving the conditions of life for the persons for whom the facilities or activities are primarily intended,
i) The advancement of human rights, conflict resolution or reconciliation,
j) The promotion of equality and diversity,
k) The advancement of environmental protection or improvement,
l) The relief of those in need by reason of age, ill-health, disability, financial hardship or other disadvantage,
m) The advancement of animal welfare,
n) Any purpose that may reasonably be regarded as analogous to any of the preceding purposes.

Strategies

1. Building health care capacity

The Trust believes that an investment in health education today will have a powerful impact on the quality of health care systems in the future.

Through its partnerships, the Trust provides leadership and development training to doctors, nurses, health care professionals and community members to enable them to build their skills and competencies to improve the quality of lives of the people that they serve.

Specifically the Trust supports organisations:

- Addressing global health care worker shortages,
- Supporting leadership and management training,
- Providing skills-based training for health care workers,
- Providing health education and development opportunities for community members.
2. Saving and improving lives

Each day around the world, women and children struggle to survive in places with limited access to health care, education or social support. The Trust supports organisations and community groups that are working to tackle some of the critical and complex issues that are impacting communities across Europe, the Middle East and Africa (EMEA).

The Trust invests in programmes:
- Promoting safe, healthy pregnancies, deliveries and infant care,
- Supporting life skills education for young people,
- Reducing abuse and violence against women and children,
- Enhancing effective preparedness and response efforts in complex disasters and humanitarian crises,
- Fostering economic empowerment for women.

3. Preventing diseases and reducing stigma

The Trust partners with community groups on programmes to prevent diseases such as HIV/AIDS, diabetes and other chronic conditions. It works to help people and their families cope with the social stigmas and suffering associated with disease and mental illness. The Trust believes that its community partners understand the needs of their people best and supports them in their efforts to make the greatest possible impact.

It partners with organisations:
- Supporting programmes to prevent HIV/AIDS,
- Donating products to reduce the impact of disease among the poor,
- Promoting hygiene and environmental stewardship,
- Reducing the impact of chronic diseases and obesity-related conditions,
- Supporting community programmes that reduce stigma related to diseases and mental illness.

4. Advancing and innovating in corporate social responsibility (CSR)

The Trust is driven by a commitment to create and add value to society. It believes that, by fostering and promoting the development of multi-stakeholder partnerships from government, business and society, it can contribute to the development of long-term and sustainable solutions to many of the issues impacting health care and society. CSR is about creating win-win situations for both business and society and the Trust is committed to advancing the further development of CSR across EMEA.

To do this it supports organisations:
- Developing and fostering networks that promote the CSR agenda,
- Improving the capacity for CSR research and development,
- Investing in innovative multi-stakeholder solutions to drive health and society platforms.

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 national and international initiatives.

With respect to national initiatives, the Trust consults informal CSR Country Committees, which are made up of local representatives from the Johnson & Johnson Family of Companies. These committees explore and manage partnerships with organisations that meet the needs of the local population whilst adhering to the mission and objectives of the Trust. Each country supported by the Trust has a dedicated Country Leader, Health Care Business Integrity Officer and Grant Coordinator, all of whom have a role in the grant application process.

International programmes are managed by the Programme Operations Committee (see page 27) and follow the same process. Every national and international grant approved requires sign-off by two Directors of the Board. National CSR Country Committees and the Programme Operations Committee meet regularly with their partners and are required to provide progress reports to the Board.
Performance against objectives set: an analysis of the public benefit provided

In 2011, grant giving totalled £5,474,130. Funding was used to support 118 projects in over 40 countries across EMEA.

The following chart maps the distribution of funding across the four main strategies.

- 40% Building Health Care Capacity
- 13% Advancing and Innovating in CSR
- 26% Preventing Disease and Reducing Stigma
- 21% Saving and Improving Lives

Total funding: £5,474,130

2011 Significant areas of activity

For an overview of some of the programmes supported in 2011 see pages 5 to 23.

Governing document

The Trust is governed by its Memorandum and Articles of Association. The liability of the members of the charity is limited and every member undertakes to contribute such amount as may be required (not exceeding £1) in the event of the charity winding up.

Relationship to Johnson & Johnson Family of Companies

The Trust is funded by the Johnson & Johnson Family of Companies as part of its commitment to CSR 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 CSR 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 2011, all 15 Directors are employees of the Johnson & Johnson Family of Companies.

Recruitment and appointment of Directors

The Trust has the capacity to appoint 15 Directors to its Board. Nominations for new appointees are made to and approved by the Board. The aspiration is to build a balanced and diverse board. Therefore, the following factors are taken into consideration when recruiting new Board members: an interest in the health and societal challenges of the EMEA region, relevant business track record, cultural background and gender.

Upon appointment, new Directors are provided with training and information on their role and responsibilities, the mission of the Trust, and the Johnson & Johnson Corporate Social Responsibility Strategic Framework which the Trust adheres to. They are also invited to meet and discuss their role, responsibilities and areas of interest with the Managing Director of the Trust.

Directors that formally and contractually leave the Johnson & Johnson Family of Companies must tender their resignation to the Board.

Organisation and decision making

The Board of Directors meets biannually and presides over the strategic direction of the charity, having responsibility and control of its affairs and activities.

The Programme Operations Committee

Whilst overall management of the Trust is decided by collective decision of the Board, much of the Trust’s functioning is undertaken by the Programme Operations Committee. The
people on this committee oversee the day-to-day coordination of the Trust’s activities. The Committee is made up of employees of the Trust and employees of the Johnson & Johnson Family of Companies.

The activities of the Programme Operations Committee during 2011 were aligned to the four pillars of the Trust’s Road Map (developed in 2009). These are partnering, communicating, innovating and improving process.

Partnering

In 2011, the Trust continued to pursue its Partnering Strategy of dividing investment between fewer, but larger and more high-impact programmes.

The Trust’s partnership with Hand in Hand International had a successful first year. The Trust supports the NGO’s work in Afghanistan, where it empowers women from impoverished communities to form self-help microfinance groups, and to set up and grow micro-enterprises. In addition, the partnership has focused on teaching women cost-effective ways of improving family health and hygiene.

In 2011, the Trust launched new partnerships with three organisations in the United Kingdom: The Shaftesbury Partnership, Save the Children and MEND. The Shaftesbury Partnership’s ‘Nurse First’ training programme encourages go-ahead community nurses and health workers to develop entrepreneurial and business skills with the aim of developing innovative projects to transform community health services. Save the Children’s ‘Eat, Sleep, Learn, Play’ provides families of new-born children living in severe poverty with material essentials and social support. MEND (‘Mind, Exercise, Nutrition, Do it!’) runs programmes across the UK for families with children aged 7 to 13 whose weight is above the healthy range for their age and height.

The Trust, in partnership with INSEAD business school, launched a pilot of the ‘Innovators for Community Wellness’ programme. The initiative was targeted at senior health care managers who work in the areas of primary health, chronic diseases and family medicine in the Middle East. As a result of the successful pilot, the programme is being run again in 2012.

2011 saw the close of the European Health Leadership Programme, after a successful run of 13 years. Both partners felt that the programme was innovative when it launched in 2008, as it was the only programme offering this type of curriculum to health care leaders. However, times have changed and there now are a number of institutions that offer similar initiatives. In 2011, INSEAD and the Trust worked on developing two new programmes focusing on innovation and emerging markets. A pilot of the innovation programmes is scheduled to be run in 2012.

The purpose of the ‘Deep Blue Ocean’ initiative is to help organisations across the global health spectrum to identify decision-making processes that lead to better health outcomes.

In 2011, the Trust expanded its communications activities in various ways. It employed an agency to manage the design and writing of the 2010 Annual Report, and worked to increase the Report’s circulation amongst Johnson & Johnson employees and external partners.

Additionally, numerous communications materials were designed and produced, including stationery, business cards, videos and a Trust website (to be launched in 2012).

Innovating

In 2011, the Trust continued its strategy to explore innovative solutions to health care challenges. Key efforts in this area included:

The ‘Deep Blue Ocean’ initiative

The Trust worked alongside INSEAD business school and their Centre for Social Innovation to organise a second run of the ‘Deep Blue Ocean’ programme. The initiative builds on the Blue Ocean Strategy (BOS) business theory. It uses the tools and techniques of BOS to explore the non-customer environment.

Thirty-five people took part overall, including Johnson & Johnson employees, INSEAD students and—for the first time—representatives from the Aga Khan Development Network. The participants worked in teams to design new solutions to social and health care problems in Turkey and Kenya. Their final concepts—presented to the Trust’s Board of Directors and Johnson & Johnson senior management for further consideration—addressed issues ranging from maternal and infant mortality in Kenya, to health education and access to health care in Turkey.

The ‘Advancing Global Health Decision Making’ initiative

The Trust also worked with the Academy of Business in Society and Rutgers University to launch the ‘Advancing Global Health Decision Making’ (AGHDM) initiative.

The principles underpinning AGHDM are (a) that health is a collectively owned asset to society, and (b) that developing health requires deeper and closer engagement between individuals, communities, policy makers and the providers of health products, solutions and services. With these principles in mind, the initiative brings together thought leaders from across the global health spectrum to identify decision-making processes that lead to better health outcomes.

Two seminars were held in 2011, one in the USA and one in France. The self-driven agenda focused particularly on improving cross-sector collaboration and coordination, and enhancing the sharing, use and effective interpretation of health data.
ColaLife
Together with local and global partners, the Trust supported the pilot of the ColaLife initiative in Zambia. ColaLife is an international non-governmental organisation. It aims to harness alternative supply chains in order to deliver anti-diarrhoea kits to isolated parts of Africa.

Improving work processes
In 2009 and 2010, the Trust identified two main challenges regarding its work processes. These were related to (a) the way in which funds donated to partners were monitored, and (b) the inconsistent use of the Johnson & Johnson Corporate Citizenship Trust name and brand.

To tackle the first concern in 2011, the Trust introduced a Beneficiary Agreement template.

Based on the recommendations of the Trade Mark Licensing Committee in 2010, the Trust developed and circulated two Trust branding manuals, one for external partners and one for Johnson & Johnson staff. These manuals gave access to the Trust’s official branding (comprising a suite of logos, colour schemes, typefaces and the Trust’s trademark ‘fingerprint’ icon), and set out strict universal guidelines for the reproduction and use of these graphic elements. By requesting strict adherence to the manuals, the Trust aims to build the identity, reputation and prominence of the Trust.

Risk management and assessment
The Trust adheres to the highest standards of diligence and transparency, and the Board of Directors works to ensure that all its activities are compliant with applicable rules and anti-corruption laws, including the UK Bribery Act.

In 2011, the Trust implemented a diligence process on prospective beneficiaries using questionnaires that have been aligned with and integrate the compliance processes and questionnaires of the Johnson & Johnson Family of Companies.

A risk matrix was tabled at the final Board meeting of 2011. The Programme Operations Committee will work with the Board to develop the matrix in order to ensure that risks are identified, and processes for their mitigation are put in place.

Financial review
The Statement of Financial Activities is reported on page 33.

Results for the period
2011 was another year of growth for the Trust, which saw it expanding programmes, and increasing investment in its communication and grant-processing procedures.

In order to increase visibility and build its identity, the Trust developed numerous communications materials, such as videos, stationery, branding manuals, and a Johnson & Johnson Corporate Citizenship Trust website (see page 28).

The Trust launched a new CSR strategy and new partnerships in the UK, and initiated two seminars as part of the Advancing Global Health Decision Making Initiative. This expansion of programmes and increased investment in communication and process improvement meant that the Trust incurred a small deficit in 2011.

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, restricted funds and designated funds.

1. Endowment funds
These are restricted investment funds donated to the Trust with the intention of producing income. While withdrawals from the principal amount may only be used for purposes of the Trust upon the donor’s decision, any investment income generated from the endowment can be spent for the Trust’s ongoing operations or other specific purposes. The Trust manages one endowment fund:

*The College of Surgeons of East, Central and Southern Africa (COSECSA) Endowment*
Donated by Johnson & Johnson Medical
COSECSA is an independent body that promotes postgraduate education in surgery and provides surgical training throughout East, Central and Southern Africa.

2. Restricted funds
These are private funds that are administered and distributed by the Trust on behalf of an organisation or individual. Within its portfolio, the Trust manages one restricted fund:

*Pathways Fund*
HIV/AIDS Pathways
The Trust works with communities to prevent the spread of HIV and reduce the burden of AIDS on women and their families. This restricted fund specifically works to prevent mother
to child transmission; prevent infections in women and youth; strengthen support and care services; and, provide care for orphans and vulnerable children.

3. Designated funds

These are unrestricted funds that are earmarked by the trustees to be used for particular purposes in the future. They are still accounted for as part of the charity’s unrestricted funds, as the trustees have the power to re-designate these funds to other purposes.

Social Innovation Fund
Funds donated by Janssen EMEA, Johnson & Johnson Medical and Johnson & Johnson Family of Consumer Companies
The Social Innovation Fund has been developed to enable the Trust to support projects and programmes that develop and promote new and innovative approaches to some of the major health care issues impacting society.

LifeScan Scotland Fund
Donated by LifeScan Scotland
As part of its commitment to communities in the Highlands and Islands, LifeScan Scotland (a Johnson & Johnson Family of Companies entity) made a donation to the Trust in 2010 and 2011.

Janssen Nordics Fund
Funds donated by Janssen EMEA
As part of its commitment to social entrepreneurial initiatives in Nepal, Janssen EMEA, on behalf of the Nordic Janssen organisation made a donation to the Trust in 2011.

Janssen Disaster Fund
Funds donated by Janssen EMEA
In the aftermath of the Pakistan 2010 flood disaster, the Trust created a designated fund to specifically support the short, medium and long-term relief and reconstruction efforts in Pakistan.

UK Corporate Social Responsibility Fund
Funds donated in 2011 by Johnson & Johnson companies in the UK to support the development and implementation of the UK CSR Strategy
Prior to receipt of these donations, money from this fund was spent in order to launch the CSR Strategy and partnerships in 2011. The donations are expected to be received in 2012, which will bring the balance of the fund back to a surplus (see page 29 – results for the period).

Janssen EMEA Fund
Funds donated by Janssen EMEA
In 2011 Janssen EMEA made a considerable donation to the Trust. The designated fund will be used to explore and support innovative solutions that improve health and well-being in underserved communities.

The Johnson & Johnson Corporate Contributions Worldwide Fund
Funds donated by Johnson & Johnson Corporate Contributions, New Jersey, United States of America, went towards two initiatives:

Skills and Education for Young People
The Bridge to Employment programme was established to help young people build solid futures by introducing them to a broad array of careers in health care. The idea is to demonstrate to students, through real life experiences, that learning can be meaningful, engaging, and relevant to their future.

Training Programmes for African Health Care Professionals
This fund has been developed to support training and education initiatives for African surgical and nursing professionals. It aims to improve access to surgical care, safety, and the quality of peri-operative services.

Investment Policy

The Trustees have full power of investment.

In 2011, the Directors continued to take a cautious approach towards investment, preferring not to establish a longer-term investment policy for the Trust’s charitable funds.

The Audit and Finance Committee are exploring investment opportunities that reflect this low-risk policy.

Reserves Policy

The Directors recognise that reserves were maintained in 2011. The Trust’s unrestricted funds represent the value of approximately four months of ongoing activities.

Plans for the future

At the end of 2011, the Trust initiated a process to survey a cross section of its partners, board members and employees. The purpose is to assess how the Trust has been progressing with regard to the roadmap developed in 2009 and to understand where its stakeholders see the Trust developing in the future. The feedback will be evaluated by the Board Members and the Programme Operations Committee. Together they will revisit the roadmap to assess how it is progressing in relation to its objectives. An assessment will also be carried out on the skills and competencies required by the Programme Operations Committee in order to ensure the continued growth and development of the Trust.

Partnership

Collaboration is at the core of what the Trust does. The Trust believes that the future lies in integrated solutions, through partnerships that cross business, government and society. In 2012, it will continue to build on its successful partnerships within the global framework of building health care capacity, saving and improving lives, preventing disease and reducing stigma and advancing and innovating in CSR. Among the initiatives planned for 2012 is the launch of a new health management innovation programme. The initiative will be launched and run in partnership with INSEAD business school.

Innovation

In 2012, the Trust will fund exploration into the LifeSpring project, an idea that emerged from the 2011 Deep Blue Ocean
Programme. LifeSpring is a concept that looks at tackling childhood diarrhoea in remote areas of Kenya.

The Trust will also continue to support the international non-government organisation ColaLife. A pilot initiative will test the extent to which an alternative distribution system can make anti-diarrhoea kits containing oral rehydration salts, zinc tablets, soap, and basic health and hygiene messages available in remote rural areas of Zambia. The pilot is a partnership between a broad range of local and international organisations.

Communication

Transparency is critical to the operations of the Trust and it constantly strives to improve its communication processes. In 2012, the Trust will work to distribute the 2011 annual report more widely among its partners and the employees of Johnson & Johnson Family of Companies.

The Trust will launch a new website, which aims to provide transparent information on the work and activities of the Trust and its partners. The website should also help in strengthening the Trust’s communication with Johnson & Johnson employees.

Process improvement

The roadmap review and the Programme Operations Committee skills assessment, scheduled to be carried out in the first half of 2012, are designed to evaluate the strategic operations of the Trust. The aim is to improve the overall impact of the Trust on the communities and partners that it works with.

The Trust will continue to move towards fewer, larger programmes that will have more impact to ensure that its partnerships are sustainable, that the impacts can be measured and that they deliver real value to people’s lives.

Directors’ responsibilities

The directors are responsible for preparing the Directors’ Report and financial statements in accordance with applicable law and regulations.

Company law requires 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 charity and company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the company’s state of affairs, and of the surplus or deficit it has sustained during that period. In preparing these financial statements, the directors are required to:

- Select suitable accounting policies and then apply them consistently,
- Make judgements 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 company’s transactions and disclose, with reasonable accuracy and at any time, the financial position of the company. The records must also enable the directors to ensure that the financial statements comply with the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005.

In addition, the directors are responsible for safeguarding the assets of the company, and hence for taking reasonable steps towards the prevention and detection of fraud and other irregularities.

Disclosure of information to auditors

As far as each of the directors, at the time the report is approved, are aware:

a) There is no relevant information that the organisation’s auditors are unaware of, and

b) The directors have taken all steps needed to make themselves aware of any relevant audit information, and to establish that the auditors are aware of the information.

Approved by the Directors on May 31st, 2012, and signed on their behalf by:

Dirk Collier,
Chairman of the Trust
We have audited the financial statements of Johnson & Johnson Corporate Citizenship Trust for the year ended 31 December 2011 which comprise the Directors’ Report, Statement of Financial Activities, Balance Sheet and related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Generally Accepted Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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 trustees, as a body, in accordance with section 44(i)(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 trustees 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 charitable company and its members and trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors

As explained more fully in the Statement of Directors’ Responsibilities set out on page 31, the directors (who are also the directors of the charitable company for the purposes of company 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 (i) (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, including “APB Ethical Standard – Provisions Available for Smaller Entities (Revised)”, in the circumstances set out in note 14 to the financial statements.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company’s circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- Give a true and fair view of the state of the charitable company’s affairs as at 31 December 2011 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 matters prescribed by the Companies Act 2006

In our opinion the information given in the Directors’ annual 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

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 charitable company 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 trustees’ remuneration specified by law are not made, or
- We have not received all the information and explanations we require for our audit.

Gillian Donald,
Senior Statutory Auditor

For and on behalf of Scott-Moncrieff,
Statutory Auditor Chartered Accountants Eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006 Exchange Place, 3 Semple Street, Edinburgh, EH3 8BL May 31st, 2012
## Statement of financial activities

for the year ended 31 December 2011

### Incoming resources

<table>
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<tr>
<th>Notes</th>
<th>Endowment 2011</th>
<th>Restricted 2011</th>
<th>Unrestricted 2011</th>
<th>Total 2011</th>
<th>Total 2010</th>
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<td>£</td>
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**Incoming resources from generated funds:**

- Voluntary income
- Investment income

**Other incoming resources**

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<tr>
<th>Notes</th>
<th>Endowment 2011</th>
<th>Restricted 2011</th>
<th>Unrestricted 2011</th>
<th>Total 2011</th>
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<td>£</td>
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**Total incoming resources**

- £834
- £6,179,225
- £6,180,059
- £5,647,250

### Resources expended

- Activities in furtherance of the charity's objectives
- Governance costs

**Total resources expended**

- £45,050
- £6,165,345
- £6,210,395
- £4,764,357

### Surplus/(deficit) for the year

- £834
- £(45,050)
- £13,880
- £(30,336)
- £882,883

### Net movement in funds

- £834
- £(45,050)
- £13,880
- £(30,336)
- £882,883

### Fund balances brought forward at 1 January 2011

- £12
- £100,025
- £45,050
- £1,472,316
- £1,617,391

### Fund balances carried forward at 31 December 2011

- £100,859
- £-45,050
- £1,486,196
- £1,587,055
- £1,617,391

There are no recognised 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 34 to 37 form part of these financial statements.

## Financial reports and accounts

**Balance sheet as at 31 December 2011**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2011</th>
<th>2010</th>
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<td></td>
<td>£</td>
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</table>

**Tangible fixed assets**

- £6,106
- £9,770

**Current assets**

- Debtors
- Cash at bank

**Creditors: amounts falling due within one year**

- £(482,372)
- £142,585

**Net current assets**

- £1,580,949
- £1,607,621

**Total assets less current liabilities**

- £1,587,055
- £1,617,391

**Net assets**

- £1,587,055
- £1,617,391

**Funds**

- Endowment funds
- Restricted funds
- Unrestricted
- Designated funds

**Total funds**

- £1,587,055
- £1,617,391

Authorised for issue and approved by the Board on May 31st, 2012 and signed on its behalf by:

Dirk Collier

Company Registration No: SC327028

The notes on pages 34 to 37 form part of these financial statements.
1. Accounting policies

**Basis of accounting**
The financial statements have been prepared on the historical costs basis in accordance with applicable UK accounting standards, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the Statement of Recommended Practice – Accounting and Reporting by Charities, revised 2005 (SORP 2005). The directors consider it appropriate that the financial statements are prepared on the going concern basis.

**Fixed assets and depreciation**
All fixed assets are included at cost. Depreciation of fixed assets is calculated to write off their cost or valuation less any residual value over their estimated useful lives as follows:

- Fixtures and fittings: 20% straight line

**Incoming resources**
Incoming resources are recognised when the Trust has legal entitlement, the amount is quantifiable and there is reasonable certainty of receipt.

**Resources expended**
Expenditure is recognised 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.

**Foreign currency transactions**
Foreign currency transactions are translated at the exchange rate in operation on the date on which the transaction occurred. All exchange gains and losses are reported as part of the surplus or deficit for the year.

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

**Grants awarded**
Grants awarded are recognised in full when there is a constructive obligation in the Trust to make the payment.

**Gifts in kind**
Gifts in kind are included in the financial statements based on a reasonable estimate of their open market value.

Pension costs
The Trust is recharged 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 and VAT**
The Trust is a charity and is recognised as such for taxation purposes, therefore no tax is payable. The Institute is not registered for VAT and therefore all costs are shown inclusive of VAT.

2. Voluntary income

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations - DePuy</td>
<td>5,283,772</td>
<td>5,311,301</td>
</tr>
<tr>
<td>Donations - other</td>
<td>867,790</td>
<td>332,433</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,151,562</strong></td>
<td><strong>5,643,734</strong></td>
</tr>
</tbody>
</table>

3. Activities in furtherance of the charity’s objects

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>5,474,130</td>
<td>4,225,120</td>
</tr>
<tr>
<td>Staff costs</td>
<td>263,644</td>
<td>192,355</td>
</tr>
<tr>
<td>Administrative costs</td>
<td>453,486</td>
<td>303,686</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,191,260</strong></td>
<td><strong>4,721,161</strong></td>
</tr>
</tbody>
</table>

4. Governance costs

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal fees</td>
<td>6,965</td>
<td>27,867</td>
</tr>
<tr>
<td>Audit and accountancy fees</td>
<td>12,170</td>
<td>13,955</td>
</tr>
<tr>
<td>Trustee costs to attend board meeting</td>
<td>-</td>
<td>1,384</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19,135</strong></td>
<td><strong>43,206</strong></td>
</tr>
</tbody>
</table>

5. Analysis of grants

The charity 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.
<table>
<thead>
<tr>
<th>Beneficiary 2011</th>
<th>Project Name 2011</th>
<th>Amount</th>
<th>Beneficiary 2010</th>
<th>Project Name 2010</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Chacun Son Everest!</td>
<td>A Chacun Son Everest! 2011</td>
<td>£82,184.60</td>
<td>A Chacun Son Everest!</td>
<td>A Chacun Son Everest! 2010</td>
<td>£81,893.00</td>
</tr>
<tr>
<td>Academy of Business in Society (EABIS)</td>
<td>Advancing Global Health Decision Making</td>
<td>£76,107.61</td>
<td>Academy for Business in Society (EABIS)</td>
<td>EABIS 2010</td>
<td>£107,288.00</td>
</tr>
<tr>
<td>Aga Khan Foundation</td>
<td>Enhancing Capacities in Nursing, Early Childhood Development, and Community Health (Egypt)</td>
<td>£126,602.08</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Aga Khan Foundation</td>
<td>Raha Leo Community Health Programme (East Africa)</td>
<td>£31,877.12</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Aga Khan Foundation</td>
<td>Operational Costs of Aga Khan East Africa Projects</td>
<td>£20,429.00</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Aga Khan Foundation</td>
<td>Enhancing the Capacity and Improving the Skills and Leadership Potential of the Nursing Workforce to Deliver Quality Health Care through Enrollment and Completion in the Programmes of ANS</td>
<td>£136,975.07</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Aga Khan Foundation</td>
<td>Improving the Well-Being of the Community Through Health and Early Childhood Development Initiatives (Syria)</td>
<td>£60,633.02</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Al Dar Al Mahalliyyah Public Affairs Agency</td>
<td>Safe Pregnancy Passport</td>
<td>£166,380.41</td>
<td>Al Dar Al Mahalliyyah Public Affairs Agency</td>
<td>Safe Pregnancy - Printing of Passports</td>
<td>£66,072.00</td>
</tr>
<tr>
<td>Child Health Foundation, ColaLife Limited</td>
<td>The Healthy Classroom, ColaLife Operational Trial Zambia</td>
<td>£84,000.35</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Community Volunteers Foundation</td>
<td>White Caps</td>
<td>£47,918.53</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Diabetes Interactive Education Programme</td>
<td>Diabetes Interactive Education Programme</td>
<td>£71,273.31</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Fondazione Johnson &amp; Johnson</td>
<td>House of Smile</td>
<td>£52,449.86</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Fondazione Johnson &amp; Johnson</td>
<td>Project Villa Chierici</td>
<td>£81,610.91</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Fondazione Johnson &amp; Johnson</td>
<td>The Big House of Peter Pan</td>
<td>£75,617.55</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Fondazione Johnson &amp; Johnson</td>
<td>The Third House</td>
<td>£60,068.43</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Hand in Hand International</td>
<td>Enterprise Development and Sanitation and Hygiene Education for Rural Families in Afghanistan</td>
<td>£64,856.89</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Hand in Hand International</td>
<td>Micro Credit for Rural Families in Afghanistan</td>
<td>£42,593.11</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>INSEAD Foundation</td>
<td>INSEAD Social Innovation Centre 2011</td>
<td>£103,495.54</td>
<td>INSEAD Foundation</td>
<td>INSEAD Social Innovation Centre 2010</td>
<td>£112,876.00</td>
</tr>
<tr>
<td>INSEAD Business School</td>
<td>European Health Leadership Programme (January &amp; July Session)</td>
<td>£360,876.53</td>
<td>INSEAD, France</td>
<td>European Health Leadership Programme (January &amp; July Session)</td>
<td>£586,624.00</td>
</tr>
<tr>
<td>INSEAD Business School, Middle East</td>
<td>Innovators for Community Wellness</td>
<td>£200,203.91</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>INSEAD Business School</td>
<td>Deep Blue Ocean Programme Tuition Fees</td>
<td>£156,367.59</td>
<td>INSEAD Business School</td>
<td>Deep Blue Ocean Programme Tuition Fees</td>
<td>£120,843.00</td>
</tr>
<tr>
<td>INSEAD Business School, Middle East</td>
<td>Middle East Health Leadership Programme 2011</td>
<td>£31,675.57</td>
<td>INSEAD Business School, Middle East</td>
<td>Middle East Health Leadership Programme 2010</td>
<td>£45,955.00</td>
</tr>
<tr>
<td>Beneficiary 2011</td>
<td>Project Name 2011</td>
<td>Amount</td>
<td>Beneficiary 2010</td>
<td>Project Name 2010</td>
<td>Amount</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------</td>
<td>------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Kidsave International</td>
<td>Malenkaya Mama (Teen Mother) Program - Moscow and Saint Petersburg, Russia</td>
<td>£61,698.06</td>
<td>Kidsave International</td>
<td>Malenkaya Mama (Teen Mother) Program - Moscow and Saint Petersburg, Russia</td>
<td>£63,529</td>
</tr>
<tr>
<td>L’Envol</td>
<td>L’Envol 2011</td>
<td>£51,959.68</td>
<td>L’Envol</td>
<td>NA</td>
<td>Na</td>
</tr>
<tr>
<td>MEND Central</td>
<td>Supporting Family Health and Well-being in Under-served Communities</td>
<td>£99,990.00</td>
<td>NA</td>
<td>L’Envol 2010</td>
<td>£50,953</td>
</tr>
<tr>
<td>Mission for Essential Drugs and Supplies</td>
<td>Miconazole MICMAT</td>
<td>£61,823.05</td>
<td>NA</td>
<td>NA</td>
<td>Na</td>
</tr>
<tr>
<td>Netherlands Foundation for Mental Health</td>
<td>Netherlands Foundation for Mental Health 2011</td>
<td>£71,527.78</td>
<td>Netherlands Foundation for Mental Health</td>
<td>Netherlands Foundation for Mental Health 2010</td>
<td>£88,391</td>
</tr>
<tr>
<td>Project HOPE</td>
<td>Nil Nocere</td>
<td>£179,875.62</td>
<td>Project HOPE</td>
<td>Nil Nocere</td>
<td>£158,663</td>
</tr>
<tr>
<td>pro-mente Wien</td>
<td>Atempause</td>
<td>£62,643.37</td>
<td>pro-mente Wien</td>
<td>Atempause</td>
<td>£33,234</td>
</tr>
<tr>
<td>RoSPA</td>
<td>European Child Safety Alliance 2011</td>
<td>£75,432.00</td>
<td>European Child Safety Alliance 2011</td>
<td>ECSA 2010</td>
<td>£76,767</td>
</tr>
<tr>
<td>Safe Kids Germany</td>
<td>Safe Kids Germany 2011</td>
<td>£69,284.25</td>
<td>Safe Kids Germany</td>
<td>Safe Kids Germany 2010</td>
<td>£64,184</td>
</tr>
<tr>
<td>Save the Children</td>
<td>Eat, Sleep, Learn, Play!</td>
<td>£99,993.00</td>
<td>NA</td>
<td>NA</td>
<td>Na</td>
</tr>
<tr>
<td>The Shaftesbury Partnership</td>
<td>Nurse First</td>
<td>£250,000.00</td>
<td>NA</td>
<td>NA</td>
<td>Na</td>
</tr>
<tr>
<td>Social Partnership Development Fund</td>
<td>Learning to Live</td>
<td>£61,281.86</td>
<td>Social Partnership Development Fund</td>
<td>Learning to Live</td>
<td>£36,184</td>
</tr>
<tr>
<td>Stockholm School of Economics, Riga</td>
<td>Effective Health Care Resource Management Course</td>
<td>£55,291.36</td>
<td>NA</td>
<td>NA</td>
<td>Na</td>
</tr>
</tbody>
</table>

6. **Surplus/(deficit) for the year**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time equivalents</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

None of the staff listed above are employees of Johnson & Johnson Corporate Citizenship Trust (2010: 2). The costs relating to Johnson & Johnson Corporate Citizenship Trust are charged on a quarterly basis.

7. **Salaries**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>168,250</td>
<td>168,295</td>
</tr>
<tr>
<td>Social Security</td>
<td>5,129</td>
<td>4,671</td>
</tr>
<tr>
<td>Pension costs</td>
<td>2,427</td>
<td>1,966</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>175,806</strong></td>
<td><strong>174,932</strong></td>
</tr>
</tbody>
</table>

None of the directors received any remuneration during the current or prior period. During 2011, expenses of £nil were reimbursed (2010: £nil). No employee’s emoluments exceeded £60,000 during 2011 (2010: 1).

8. **Staff numbers**

None of the staff listed above are employees of Johnson & Johnson Corporate Citizenship Trust (2010: 2). The costs relating to Johnson & Johnson Corporate Citizenship Trust are charged on a quarterly basis.

9. **Tangible fixed assets**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixtures and fittings</td>
<td>9,770</td>
<td>13,434</td>
</tr>
</tbody>
</table>

None of the staff listed above are employees of Johnson & Johnson Corporate Citizenship Trust (2010: 2). The costs relating to Johnson & Johnson Corporate Citizenship Trust are charged on a quarterly basis.
10. Debtors

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued income</td>
<td>8,333</td>
<td>-</td>
</tr>
<tr>
<td>Other debtors</td>
<td>64,518</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>72,851</td>
<td>-</td>
</tr>
</tbody>
</table>

11. Creditors: amounts falling due within one year

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants payable</td>
<td>386,862</td>
<td>73,097</td>
</tr>
<tr>
<td>Accruals</td>
<td>79,448</td>
<td>69,488</td>
</tr>
<tr>
<td>Amounts due to related party</td>
<td>16,062</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>482,372</td>
<td>142,585</td>
</tr>
</tbody>
</table>

12. Analysis of reserves

<table>
<thead>
<tr>
<th></th>
<th>Balance at 1 January 2011</th>
<th>Incoming resources</th>
<th>Transfers</th>
<th>Resources expended</th>
<th>Balance at 31 December 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment funds</td>
<td>100,025</td>
<td>834</td>
<td>-</td>
<td>-</td>
<td>100,859</td>
</tr>
<tr>
<td>Restricted funds</td>
<td>45,050</td>
<td>-</td>
<td>-</td>
<td>(45,050)</td>
<td>-</td>
</tr>
<tr>
<td>Designated funds</td>
<td>106,226</td>
<td>1,193,237</td>
<td>328,839</td>
<td>(794,551)</td>
<td>833,751</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>1,366,090</td>
<td>4,985,988</td>
<td>(328,839)</td>
<td>(5,370,794)</td>
<td>652,445</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,617,391</td>
<td>6,180,059</td>
<td>-</td>
<td>(6,210,395)</td>
<td>1,587,055</td>
</tr>
</tbody>
</table>

Included within the endowment fund is £100,859 (2010: £100,025) for the benefit of the College of Surgeons East, Central and South Africa.

Included in restricted funds is £nil (2010: £45,050) in relation to The Pathways Fund which is held to provide assistance to those suffering from HIV and AIDS.

Transfers were made during the year by Trustees for the purpose of setting up designated funds. These funds are detailed below.

<table>
<thead>
<tr>
<th></th>
<th>Balance at 1 January 2011</th>
<th>Incoming resources</th>
<th>Transfers</th>
<th>Resources expended</th>
<th>Balance at 31 December 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated funds</td>
<td>106,226</td>
<td>1,193,237</td>
<td>328,839</td>
<td>(794,551)</td>
<td>833,751</td>
</tr>
<tr>
<td>Social Innovation Fund</td>
<td>106,226</td>
<td>169,728</td>
<td>41,275</td>
<td>(254,151)</td>
<td>63,078</td>
</tr>
<tr>
<td>Janssen EMEA Fund</td>
<td>-</td>
<td>648,043</td>
<td>(41,275)</td>
<td>(64,250)</td>
<td>542,518</td>
</tr>
<tr>
<td>Janssen Disaster Fund</td>
<td>-</td>
<td>-</td>
<td>95,375</td>
<td>-</td>
<td>95,375</td>
</tr>
<tr>
<td>Janssen Nordics Fund</td>
<td>-</td>
<td>-</td>
<td>130,554</td>
<td>-</td>
<td>130,554</td>
</tr>
<tr>
<td>LifeScan Scotland Fund</td>
<td>-</td>
<td>102,910</td>
<td>(104,922)</td>
<td>-</td>
<td>47,988</td>
</tr>
<tr>
<td>UK CSR Operational Fund*</td>
<td>-</td>
<td>50,000</td>
<td>(64,482)</td>
<td>(64,482)</td>
<td>(104,922)</td>
</tr>
<tr>
<td>Designated Corporate Budget</td>
<td>-</td>
<td>325,466</td>
<td>(306,746)</td>
<td>18,720</td>
<td>18,720</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>106,226</td>
<td>1,193,237</td>
<td>328,839</td>
<td>(794,551)</td>
<td>833,751</td>
</tr>
</tbody>
</table>

* During the year the Trust had expended a total of £64,482 in relation to the UK CSR Project. The donations in relation to this fund were received post year end.

13. Analysis of net assets among funds

<table>
<thead>
<tr>
<th></th>
<th>Endowment funds</th>
<th>Designated funds</th>
<th>Restricted funds</th>
<th>Unrestricted funds</th>
<th>Total 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed assets</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6,106</td>
</tr>
<tr>
<td>Net current assets</td>
<td>100,859</td>
<td>833,751</td>
<td>-</td>
<td>1,366,090</td>
<td>1,587,055</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100,859</td>
<td>833,751</td>
<td>-</td>
<td>1,587,055</td>
<td>1,587,055</td>
</tr>
</tbody>
</table>

14. Non audit services

In common with many other organisations of its size and nature, the Trust uses its auditors to assist with the preparation of the financial statements.

15. Related parties

During the year, £5,283,772 of grant funding was received from DePuy International Limited (2010: £5,311,301). DePuy International Limited is a related party under common control.

C Morgan is a director of Johnson & Johnson Medical Limited, controlling shareholder of DePuy International Limited. At the year end no amounts were due to or from DePuy International UK. At the year end £16,062 (2010: nil) was due to DePuy International UK. These amounts are held within creditors.

16. Membership

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

2011 Board of Directors

Dirk Collier
Chairman of the Trust
Board Member
Janssen Pharmaceutica NV

Khaled Mansour
Chair of the Middle East Branch
of the Trust
Area Managing Director
Janssen MEWA

Laura Angelini
Vice President Global Strategic
Marketing
General Surgery
Ethicon

Jane Griffiths
Company Group Chairman,
Janssen EMEA

Pericles Stamatiades
Company Group Chairman
Johnson & Johnson Consumer
EMEA

Staffan Ternstrom
Regional Vice President
Emerging Markets
Johnson & Johnson
MD&D EMEA

David Atkins
International Vice President
Mentor and Acclarent
Johnson & Johnson MD&D

Jose Justino
Company Group Chairman
Johnson & Johnson Consumer
EMEA

Nikolaos Kefalas
President and Managing
Director
Janssen Greece

Gabriella Parisse
Vice President Skincare
Johnson & Johnson EMEA

Christian Verbeeck
Former International
Vice President
Janssen

Colin Morgan, OBE
Regional Vice President
General Surgery
Johnson & Johnson Medical
UK, Ireland, Nordics

Dirk Brinckman
Assistant General Counsel
Johnson & Johnson

Neil Wood
Finance Director
GMED Healthcare

Frank Welvaert
Trust Managing Director
Director CSR EMEA
Johnson & Johnson

Khaled Mansour
Chair of the Middle East Branch
of the Trust
Area Managing Director
Janssen MEWA
2011 Programme Operations Committee

Frank Welvaert, Managing Director
Johnson & Johnson Corporate Citizenship Trust
Director CSR, Johnson & Johnson EMEA

Virginie Delwart, CSR Manager EMEA
Johnson & Johnson

Bhavna Mehta, CSR Manager Middle East
Johnson & Johnson Corporate Citizenship Trust

Sarah O’Leary, Trust Services Manager
Johnson & Johnson Corporate Citizenship Trust

Ailbhe Timmons, Communications Project Manager
Johnson & Johnson Corporate Citizenship Trust

Christine O’Gorman, Project Manager
Johnson & Johnson Corporate Citizenship Trust

Paula Mulligan, Project Manager Middle East
Johnson & Johnson Corporate Citizenship Trust

Tiana Connor, Communications Fellow
Rutgers University

Graeme Turnbull, Intern
Edinburgh Napier University
The Johnson & Johnson Family of Companies Credo

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.