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Initialed on behalf of
Baker Tilly for
Identification purposes

ANNUAL REPORT

2021



Caribbean Prevention Center

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Forward

1. CARIBBEAN PREVENTION CENTER 'FUNDASHON PREVENSHON'



1.1 FORWARD

In this, my final Annual Report, I reflect on the many positive achievements we have realized in the last twelve years, during which time I had the privilege to serve as Chairman of the Board of the Foundation. I could not have been successful in this position without the support of my colleagues and the staff. Together, we made the Fundashon Prevenshon thrive. In 2022, after a twelve-year tenure, I am proud to hand over my Chairmanship to our colleague and friend, dr. Ashley Duits. As proposed by Ashley, I will become an honorary member of the Foundation, a position I accept with pride and humility.

As I reflect on my twelve years at the Foundation, I can say that we have much to be proud of.

We can be proud of our three screening initiatives: Breast Cancer Screening, Cervical Cancer Screening and Colorectal Cancer Screening, three vital screenings, housed in one location. This is unique. As a rule, these three types of screenings are run by independent organizations and therefore housed separately, which prevents the beneficial synergy we have experienced. The advantages are enormous. Most important is that we all, doctors and staff, motivate each other and learn from each other. We have a shared frame of reference, though we are in different fields. This collaborative approach was one of my main hopes and goals. And we succeeded.

We can be proud of the "audits" that we have instituted for our Foundation. Experts from a variety of fields were invited to assess the work performed at the Foundation critically. Over the years, I have been regularly involved in audits in the Netherlands and internationally. I found them very instructive for guiding both our Foundation as well as our center in Amsterdam. Implementing the recommendations of the audit report is crucial to our success. I recommend that such audits be performed regularly in our Foundation, as they should be in any such enterprise focused on healthcare.

As a result of the audits, we decided to create the position of a Quality Manager. Last year, we were fortunate to hire dr. Soraya Verstraeten for that position. Dr. Verstraeten has been doing a superb job. We could not be more pleased with her hard work and the positive results she has achieved in the newly created position.

A Foundation focused on healthcare cannot thrive without doing research. Research helps us do cutting edge diagnostics. For our Breast Cancer Screenings, for example, we purchased a 3D Mammography machine early on. The purchase was much debated. It was expensive. But it has proven invaluable. It is becoming increasingly frequent that 3D screenings are used to detect breast cancer earlier than with the conventional mammograph. Admittedly, it is more cumbersome, takes more time, and is more expensive. But our radiologists at the Foundation swear by it. However, continued research on the best way to utilize the 3D equipment remains mandatory.

We are proud to be the first Healthcare Foundations to screen for HPV when screening for Cervical Cancer. This bold step initially elicited much criticism. Now the entire world does it. We organized a visit from scientists at the National Institutes of Health (NIH) located in the United States. Their report was very favorable. However, it took time to convince the population of Curaçao of the value of Cervical Cancer Screening. It is quite gratifying that our awareness and instructional activities are paying off.

We also introduced innovations in Colorectal Cancer Screening. Our detection limit for the fecal FIT-test is lower than the usual limit. Still, we are detecting cancers at the very low levels. Why is that? Is this possibly related to the high temperature to which the sample is exposed during transportation from home to the laboratory? The fecal blood might be temperature sensitive and degrade somewhat. Our PhD student Shacara Blake is currently doing research on this and related subjects under the guidance of our external advisor prof. dr. Evelien Dekker and dr. Jacqueline Hugtenburg of the Amsterdam Medical Center.

The Collaboration Agreements signed with the University of Curaçao and Curaçao Medical Center in 2001 will undoubtedly facilitate further improvement of the quality of population screening in Curaçao.

We are proud of our Molenplein facility that has housed the Caribbean Prevention Center of the Foundation Prevenshon since 2018. Our new name, the Caribbean Prevention Center, does justice to our state-of-the-art facility as well as the expansion of our healthcare programs and activities. It also reflects the growing number of collaborative agreements with the other islands in the region. We never

could have achieved so much in the old building on Klipstraat. The Fundashon Bon Intention provided us this new facility for a period of ten years rent-free. Words cannot express our gratitude for this generous gesture.

With both the Breast Cancer Screening and the Cervical Cancer Screening it took us about five years to get the two programs running smoothly before we approached the government for a subsidy that we were successful in obtaining. It is our intention to follow the same path with the Colorectal Cancer Screening program. During the first five years our healthcare programs were entirely run with the support of private funds.

In closing, therefore, I would like to say how grateful I am personally for the support Fundashon Prevenshon has received from "The Friends of the Foundation." Our friends have helped us build the Center from the ground up. Without them, we would not have been successful. And while I may not here have named everyone who contributed to the effort, please know that you have been invaluable. I do have to make special mention of Mrs. Els Blokker who made it possible for the Colorectal Cancer Screening program to have a good beginning. I want to extend special thanks to our General Director Louise Elstak, without whose hard work none of this would have happened. She is always working for us. On all fronts at the same time! Amazingly, the Covid pandemic had no impact on the number of patients screened in 2020 and 2021. Screenings were not postponed in any of the programs during these two years. This success can be attributed to the hard work of Louise and her Team! The Foundation Team Louise has brought together is exemplary.

It has been my honor to serve as Chairman of the Board of the Foundation. I am confident that in the capable hands of our new Chairman of the Board, Dr. Ashley Duits, and our outstanding Foundation Team, we will have much more to be proud of in the future!

Sincerely,

Prof. Dr. H.M. Pinedo

1.2 HISTORY AND KEY MILESTONES 2021

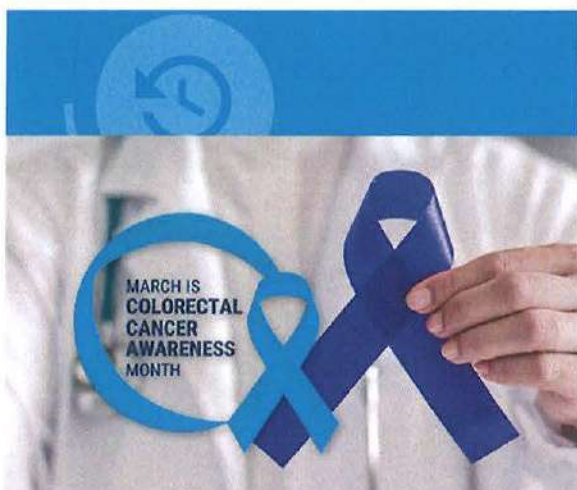
About 8 meetings on awareness were organized monthly for different groups in the community.



FEBRUARY

VISIT MR. EDISON RIJNA

Visit of the Island Governor of Bonaire, Mr. E. Rijna, to discuss further cooperation between the islands.

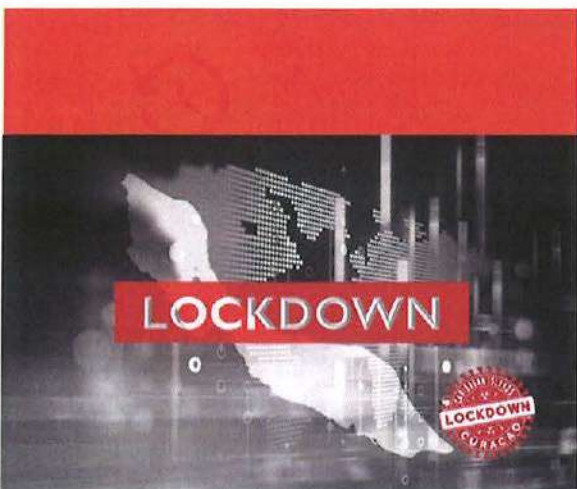


MARCH

WEBINAR COLORECTAL CANCER

Second Webinar in collaboration with NASKHO for GP's and medical professionals to inform them about the progress of the Population Screening for Colorectal Cancer, and to present the first results.

Meeting with Dr. F. Semper, President of the General Practitioners Association to get acquainted and to strengthen collaboration regarding the screening programs.



APRIL

CURAÇAO IN LOCKDOWN

Lockdown due to an increase in COVID-19 infections.

JUNE

PRESS CONFERENCE

Press Conference Colorectal Cancer Program.



VISIT MR. PAUL BLOKHUIS

Visit of Mr. Paul Blokhuis, State Secretary for Health, Welfare and Sport, and staff members of the National Institute for Public Health (RIVM) in the Netherlands. The State Secretary supports the screening activities of the Fundashon Center and proposes collaboration in screening matters with the BES islands.



VISIT TO BONAIRE

Prof. H. Pinedo and Ms. L. Elstak visit Bonaire by invitation of RIVM to meet with healthcare professionals on screening.



NOVEMBER

VISIT FROM DR. M. HAASTERT

Dr. M. van Haastert visits several GPs at their office to discuss the protocol on Colorectal Cancer for Curaçao, the findings so far and the importance of collaboration with the GP.

ROADSHOW MARIE PAMPOEN

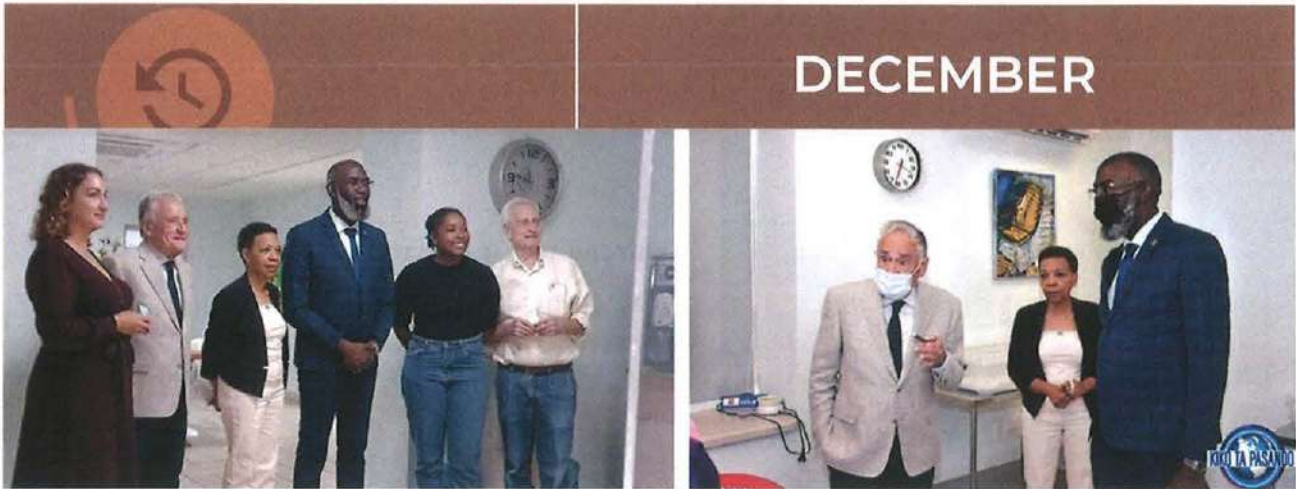
Roadshow with Fundashon staff in Marie Pampoen district to educate residents about Colorectal Cancer awareness.

MINI CONFERENCE COLORECTAL CANCER

A Mini Conference on Colorectal Cancer was held at the Renaissance Hotel for professionals with prof. dr. Evelien Dekker, Division of Gastroenterology and Hepatology Amsterdam UMC, as keynote speaker.

Don't measure life against time. Measure life
by the milestones you have reached.

Debasish Mridha



VISIT OF MR. GILMAR PISAS, PRIME MINISTER OF CURAÇAO.

The Prime Minister was welcomed by the President and Vice-president of the Fundashon. The Prime Minister showed a lot of interest in the current screening programs and the results. Mr. Pisas has also been informed about the future goals and the cooperation proposals of the Screening Center with other health professionals.



MCB PRICE 2021

Mr. Lionel (Chicu) Capriles presented the award to Fundashon Prevencion as the organization that has contributed most positively to the island for the screening programs that were initiated since 2010 for the Curaçao population.

Recurring consultation on collaboration on screening activities, follow up and improving of processes with Staff members of Social Insurance Bank (SVB), Princess Wilhelmina Foundation, and the Laboratories, Analytic Diagnostic Center (ADC) and Medical Laboratory Services (MLS).

1.3 MISSION STATEMENT, GOAL AND STRATEGY

OUR MISSION AND VISION are to establish, maintain and continue developing a Center for prevention by screening, early diagnosis and detection of various diseases. This will benefit the residents of Curaçao by ensuring a longer span of life in good health.

OUR GOAL is to promote public health on Curaçao by reducing mortality and decreasing the chance of advanced diseases through the implementation and continuation of cost-effective organized population screening.

OUR STRATEGY can be divided into three main fields:

- Fundashon Prevenshon organizes awareness and information meetings for the local population in consultation with the umbrella neighborhood organization SEFBA and other neighborhood centers. The aim is to provide information and education about the diseases as well as about awareness on population screening.

We also prioritize continuous training for our own staff, whilst striving to maintain the same dedication and commitment from our team members towards the clients.

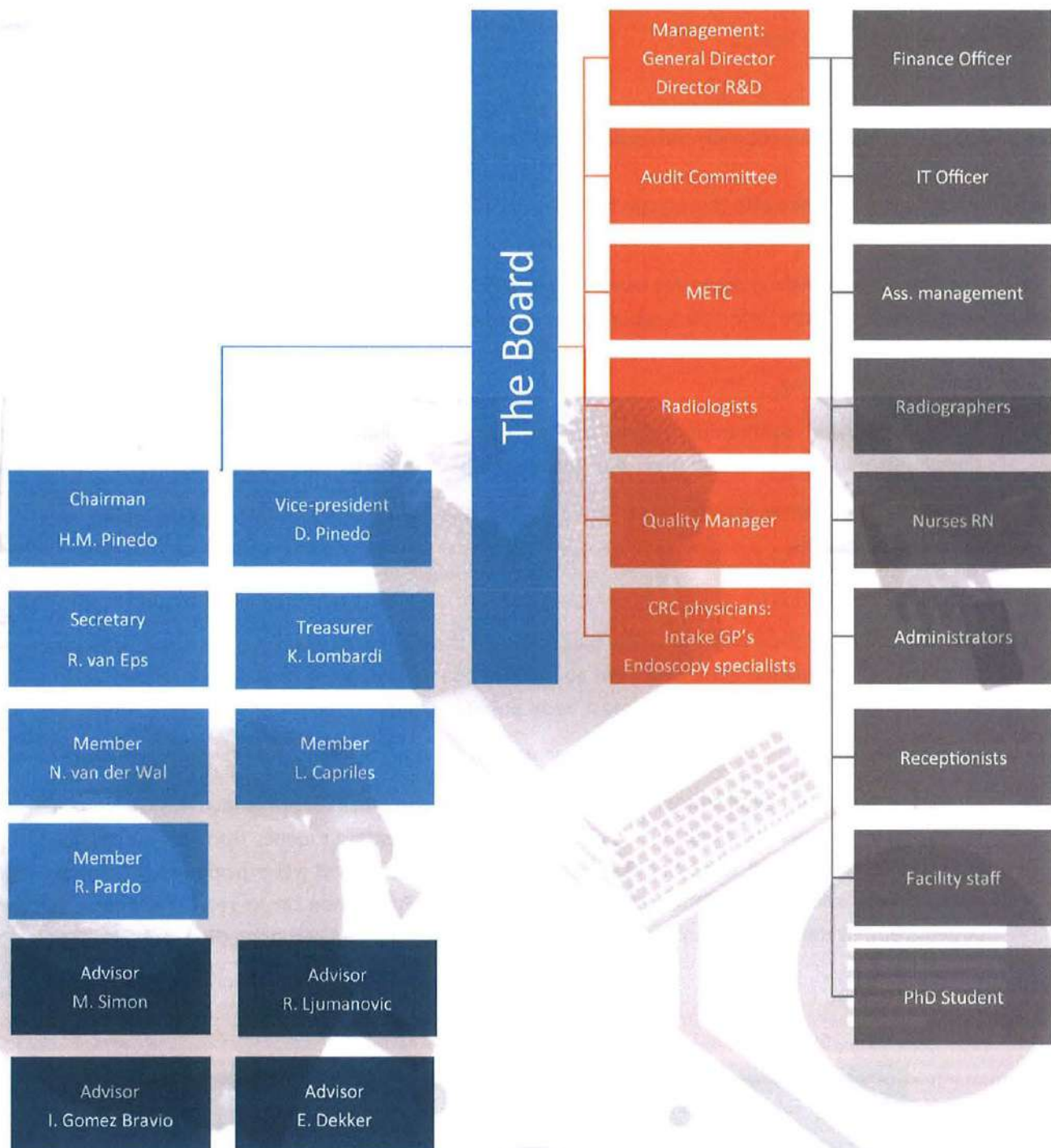
The Prevention Center invests in marketing and PR and the provision of information leaflets in 4 different languages.

- Fundashon Prevenshon performs early diagnostics in the context of disease prevention. Screening by means of population screening aims to prevent the development of serious diseases and to detect existing disease cases at the most early possible stage.
- Promoting and conducting scientific research on Curaçao in the field of preventive health care and, for example, conducting random research on non-respondents. Students from the universities are recruited to support in similar research. The information gained will provide insight into the approach and information of the target group and how the Fundashon can increasingly involve the target group in the distribution of information about screening and results in Curaçao.

A personal mission statement
becomes the DNA for every
other decision we make.

Stephen R. Covey

2. THE ORGANIZATION



2.1 THE BOARD OF DIRECTORS AND ITS ADVISORS

The board of directors consist of seven members, as shown in the organogram.

The Chair of the board, prof. dr. H.M. Pinedo, generally acts as the spokesperson for the foundation.

The board met 10 times in 2021. The main subjects this year were:

- Progress of the application for recognition as a Public Benefit Institution (ANBI-status),
- Financial support from Bienes BV, the Gieskes Strijbis Fund, Mrs. Els Blokker, Mr. Dick Hoyer, the Atlas Foundation,
- The growth of the number of clients visiting the Molenplein,
- Continuity of collaboration with gastroenterologists from the Netherlands and Aruba,
- Impact of the COVID19-pandemic on our activities and response to the challenge,
- Sales of property at the Klipstraat,
- Continuation of the cancer screening awareness campaign
- Appointment of our quality manager, dr. Soraya Verstraeten,
- Collaboration with the University of Curaçao.

The board is assisted by an (financial) audit committee, a Medical Ethics Committee and four advisors. The advisors each have their own specialty: Health Financing (M. Simon), Breast Cancer screening (R. Ljumanovic), Cervix Cancer screening (J. Gomez Bravio) and Colorectal Cancer screening (E. Dekker).

2.2 POLICY AND ORGANIZATION

In 2021 the Foundation employed approximately 30 people, both part-time and full-time. The General Director supervises the day-to-day conduct of activities. The Fundashon Prevenshon has grown in the past decade and has expanded its activities to three population screening programs, in addition to scientific research on this topic. Investing in employee development is crucial to attract and retain talented professionals. The Foundation is therefore committed to the further professional development of its personnel.



In 2021 this translated itself into a redefinition of the daily tasks into the three different population screening programs. Each program now has its own coordinator who is responsible for helping to oversee the successful execution of the program. Moreover, one of our Medical Imaging and Radiation technicians is being educated to become a trainer. After receiving her certificate, she will be able to train other technicians to become LRCB-certified.

In addition, five of our nurses have successfully completed the online certification course for endoscopy in December 2021. In the same month, a three-day training event took place for all personnel, during which we did communication and team-building exercises and informed them on the developments within the Foundation.



2.3 QUALITY MANAGEMENT SYSTEM

The Fundashon Prevenshon invests in the quality of its organization. Our employees are the pillar of the quality we offer. The quality management system supports their efforts. We monitor our quality with visitations of external specialists and our procedures for handling (near)accidents, client complaints and privacy, and will start with internal audits in the near future.

2.3.1 VISITATION POPULATION SCREENING BREAST CANCER BY THE LRCB

The National Reference Center for Population Research (LRCB) carries out a number of tasks within the breast cancer population screening program in the Netherlands, but also for the Fundashon Prevenshon in Curaçao. This includes carrying out the quality assurance of medical content and physical technical aspect of the breast cancer screening procedures and the assessment of professionals working in the population screening program.

The LRCB carries out the physical-technical quality control of the mammogram technology. The quality of the medical content is tested every three years by means of visitations on the basis of a visitation protocol. Among other things, this concerns the quality of the imaging, the performance of the radiologists and of the screening staff and an assessment of the false-negatives.

On September 11th and 12th 2021, a visitation took place at the Fundashon Prevension. A number of recommendations emerged. They are, among others: the setting technique of breast examination by the screening staff, the availability of follow-up information on clients who were referred and the collaboration among the radiologists. In total there were 23 improvement points. An action plan was made to implement these improvement points to improve the quality of the breast cancer population screening program. So far, 8 of 23 recommendations have been implemented, and the rest is foreseen to happen in 2022 or 2023.

2.3.2 VISITATION COLORECTAL CANCER POPULATION SCREENING PROGRAM BY GASTRO-ENTEROLOGIST PROF. DR. EVELIEN DEKKER

The quality of the Colorectal Cancer screening program will be evaluated periodically through visitations of external specialists. In November 2021 prof. dr. Evelien Dekker has carried out the first visitation of the Colorectal Cancer screening program. She has assessed the procedures from the invitations to the follow-up of colonoscopy patients, which resulted in 21 recommendations to improve the internal processes. These recommendations are, among others: improvements in the registration of clients in the database, standardization of the colonoscopy reports, the optimization of contacts and logistics with general practitioners and the improvement of feedback concerning referred clients. In addition, one of the recommendations involved training of the nurses and physicians in the endoscopy software program Endosoft. So far, 7 of 21 recommendations were implemented, and the rest is foreseen to happen in 2022.



2.3.3 (NEAR) ACCIDENTS

Employees report (near) accidents by means of a VIM (Veilig (bijna) Incidenten Melden) form. By increasing awareness on the importance of the VIM form for quality improvement among employees, the quality of our activities remains at a high level.

2.3.4 COMPLAINTS

Complaints are reported via the complaints form. Complaints are followed up by the director. If there is no immediate solution for a complaint, the topic matter is discussed at a board meeting.

2.3.5 PRIVACY

We generate a huge number of medical data and communicate with other medical professionals on a daily basis. This is why we are vigilant when referring our clients to other medical authorities. Due to privacy legislation, we will continue to look forward to the most advanced system to securely transmit data.

WHEN A TEAM OF DEDICATED INDIVIDUALS MAKE A
COMMITMENT TO ACT AS ONE, THERE ARE NO LIMITS.



2.4 THE TEAM

- Louise Elstak, General Director
- Dr. Jacqueline Hugtenburg, Director Research and Development
- Myrtra Barby, Assistant to the Director
- Darsy Martinus, IT Officer
- Liandra Inecia, Finance Officer
- Dr. Soraya Verstraeten, Quality Manager

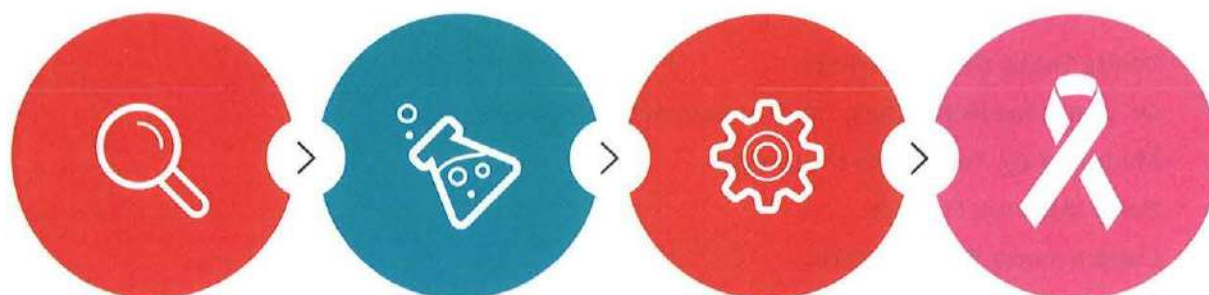
MEDICAL IMAGING AND RADIATION TECHNICIANS (MBB'ERS)

The technicians' team consist of five technicians who work independently and in shifts. The MBB'er monitors the client's radiation safety and guides her through the mammography procedure.

REGISTERED NURSES

The nursing team consists of six registered nurses who are skilled in the cervix and/or colon screening procedures. The nurses perform cervical smear tests. Guide the clients through the intake procedure and the preparations and assist the physicians during colonoscopy.





3. POPULATION SCREENING

3.1 GENERAL INTRODUCTION

The Fundashon Prevenshon offers cost-effective screening programs for the entire population of the island of Curaçao since 2010. Private funds are used for the development and implementation of new population screening programs while cooperation is sought with other local healthcare providers to propagate uniform health policies and practices. The Government of Curaçao has supported the Foundation with additional subsidies for the breast and cervical cancer screening programs.

The Fundashon Prevenshon invites participants by means of 1. personal invitation letters by postal mail, and 2. calls via (social) media campaigns, and 3. calls made in community centre and neighborhood visits. Although improving each year, up to now the participation rate of each population screening program is still below 50% (percentage of the number of people who were sent a personal invitation letter and who responded). In order to increase the participation rate, we have looked into the effectiveness of the postal invitation method in more detail.

Firstly, we assessed the quality of the Municipal Personal Records Database of Kranshi which is used to select people eligible for a screening. A 2017 National Health Survey selected 4,200 residential addresses from an address file of the same source. When the interviewers visited these addresses, 687 (16.4%) were found to be erroneous. Errors are caused by the fact that the residential administration is lagging behind in processing changes and mutations such as name changes of streets. It is suspected that the number of errors in the Municipal Personal Records Database of persons registered per address is even higher.

Secondly, the quality of the postal delivery service was examined. To this end, we called 74 people who had been sent an invitation to participate in the Colorectal Cancer screening several weeks prior. Only 60% of the invitees indicated that they had received the invitation letter, while 32% had not received it. The remainder (8%) was not sure whether they had received the invitation letter or not.

It is clear that the worrisome quality of both the Residential Records Database and the postal delivery services in Curaçao poses a challenge to our ability to effectively invite screening eligible individuals. Continuing the general calls for participation via (social) media and community centre and neighborhood visits therefore remain crucial activities to increase the participation rate.

Given its questionable value, we have therefore decided to no longer include the participation rates of our screening programs based on the number of invitations we send in our statistical reports.

3.2 BREAST CANCER SCREENING

3.2.1 BACKGROUND

Breast cancer is the most common form of cancer among women on Curaçao. According to the most recently available figures, the incidence of breast cancer is 102 cases per year (2009-2011) and the death rate is 28 per year (2005-2007).



The Fundashon features the breast tomosynthesis and monitors, the latest technology to combine multiple x-rays of the breast to create a three dimensional picture of the breast. With this technology, the radiologists can find the most invasive cancers at the most earliest stage possible.

The target population for the breast cancer screening are women aged 45- to 74-years. The number of eligible women increased from 31.656 in 2011 to 36.464 women in 2021. This increase reflects the aging of the (female) population on Curaçao over the past ten years.

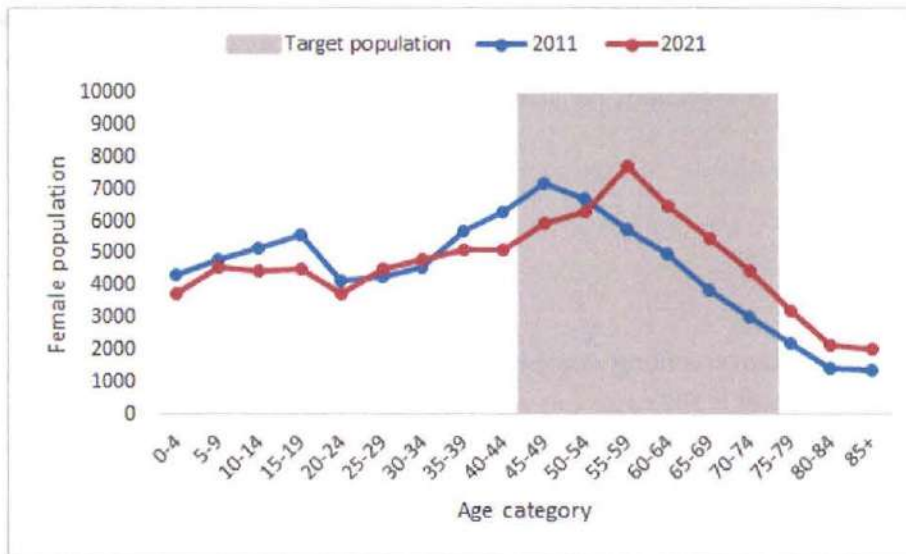
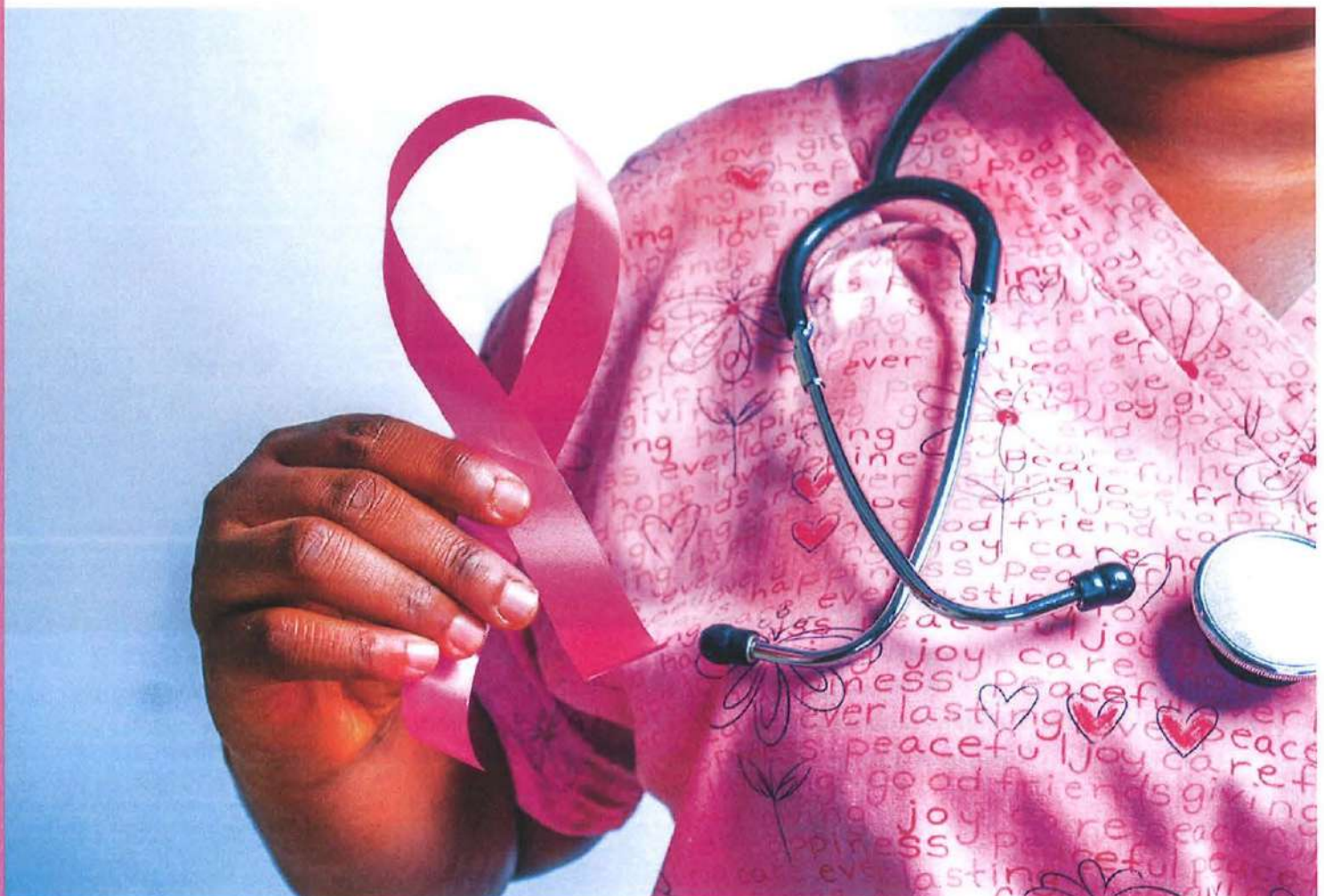
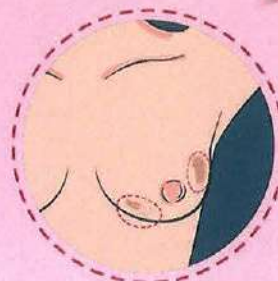


Figure 1. Female population of Curaçao by age category, 2011 vs. 2021 (Source CBS)





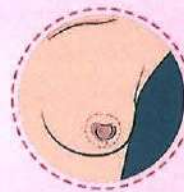
A **self-examination** should be done on a monthly basis 7-10 days after your period. If you're irregular or no longer menstruating, pick a monthly date, i.e. the 1st of the month



Stand in the front of mirror, arms relaxed and **look for any physical changes**, e.g. change in size or shape, redness or rash, lumps or swelling, any difference in the shape or position of the nipple

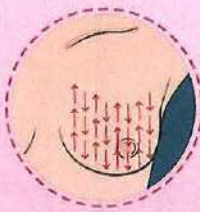


- Clasp your **hands behind your head**, press forward and look for any changes in shape or contour
- Place your **hands on your hips**, hunch shoulders and lean forward and check again

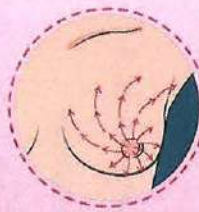


Gently squeeze each nipple and **check for discharge**

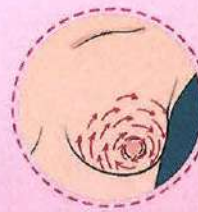
Raise one arm and feel your breast using the following methods:



Start at the underarm and move fingers downwards to below the breast then move upwards



Start at the outer edge of the breast and move fingers towards the nipple. Repeat and cover a small wedge-shaped section at a time



Beginning at the outer edge of the breast, move fingers in a circular motion in increasingly smaller circles until you reach the nipple

IMPORTANT



See a doctor if you feel anything out of the ordinary or a lump. Not all lumps are cancerous but the worst thing you can do is to ignore it



Mammograms should be carried out annually for women over 40

3.2.2 WORKFLOW OF SCREENING

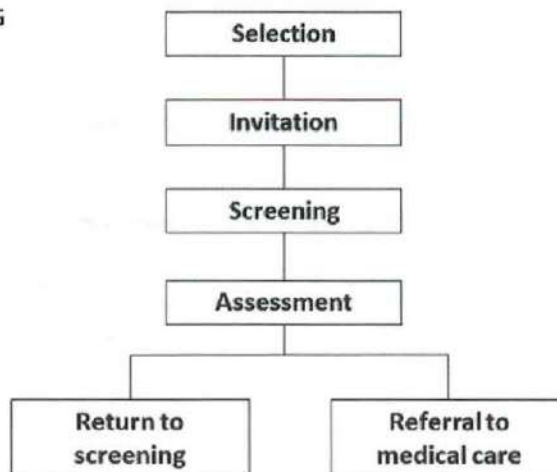


Figure 2. Work flow of the breast cancer screening program

3.2.3 COLLABORATION WITH PARTIES

The Fundashon Prevenshon collaborates with the LRCB for the physical quality controls of the mammographs (twice per year) and an external quality assurance audit every three years.

3.2.4 INVITATIONS PER MONTH 2021

In accordance with guidelines from the Government of Curaçao and in order to minimize client and staff exposure to the COVID-19 virus, during the second lockdown in April/May 2021 no women were invited to undergo breast cancer screening. Despite this set-back, a total number of 18,871 women were invited to participate in the screening. This is an increase of more than 4.000 invitees as compared to 2020, the first year of the COVID-19 pandemic.

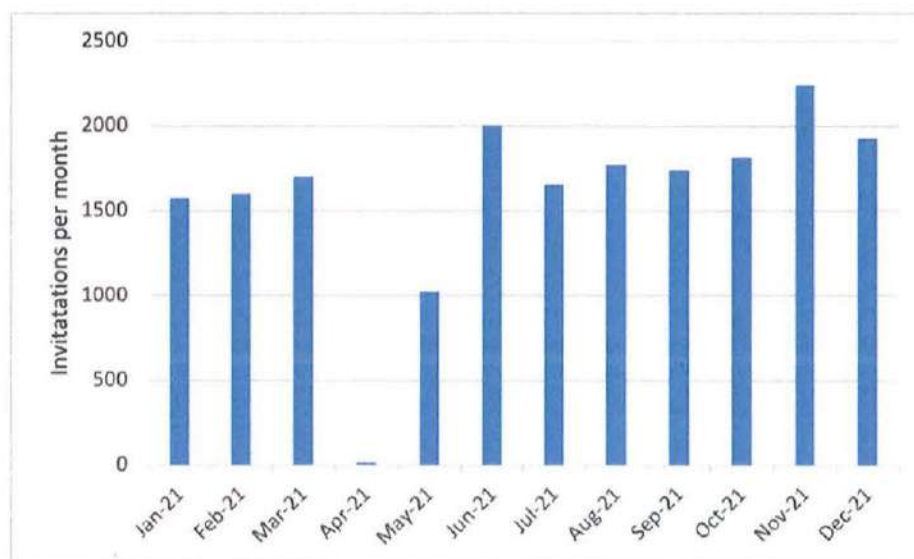


Figure 3. Invitation letters send per month, 2021

3.2.5 PARTICIPATION AND REFERRALS 2021

A total of 8483 women participated in the breast cancer screening program in 2021. Assessment of the breast photos by the radiologists resulted in 328 referrals for further diagnostics.

Table 1. Participation and referrals by age category, 2021

Age category	Number of tests	Referrals
<50	1567	90
50-54	1197	45
55-59	1801	54
60-64	1529	64
65-69	1405	43
70-74	978	32
>74	6	0
Total	8483	328

3.2.6 PRIMARY INDICATORS FOR THE BREAST CANCER SCREENING PROGRAM, 2016-2021

During the 2016-2021 period, the average number of screenings per day remained relatively constant with between 31.5 to 35.3 screenings per day. Due to COVID19 lockdown measures in 2020, the total number of mammograms in 2020 was lower than in prior years. The total number of mammograms picked up again to pre-COVID levels in 2021.

Table 2. Primary indicators for the Breast Cancer Screening Program, 2016-2021

	2016	2017	2018	2019	2020	2021
TARGET POPULATION	38440	39919	40250	44307	44762	45291
NUMBER OF INVITATIONS	20929	20984	17665	18245	14633	18871
MAMMOGRAMS	8699	8630	7837	7424	6513	8483
NON-PARTICIPANTS	1894	2107	1687	1370	1040	1430
REFERRALS	393	362	340	298	267	328
REFERRAL RATE (%)	4.5	4.2	4.3	4.0	4.1	3.9
NUMBER OF SCREENING DAYS	260	249	222	236	200	244
AVERAGE NUMBER OF SCREENINGS PER DAY	33.2	34.6	35.3	31.5	32.6	34.8

3.3 CERVICAL CANCER SCREENING

3.3.1 BACKGROUND

Cervical cancer is the fourth most frequent cancer with estimated deaths among women in the world and the second most common in reproductive-aged women, with the majority of cases occurring in low- and middle-income countries. With regard to mortality, it is also the fourth leading cause of cancer death in women. Cervical cancers and precancers are predominantly caused by the high-risk subtypes of the human papillomavirus (hrHPV). The two main subtypes are the genotypes 16 and 18 which cause about 70% of the cervical cancers.

The population screening for cervical cancer that started in 2016 currently counts ± 55,500 women in the target group and in the ages of 25 to 65 years.

3.3.2 WORKFLOW OF SCREENING

Women aged 25-29 only receive cytology testing after a cervical smear test. Women over 30 years receive a high-risk HPV (hrHPV) DNA test followed by cytology testing when hrHPV is detected. Women aged 25 to 29 with positive cytology (ASC-US, LSIL) are recalled after six months and 12 months. Women aged 30-65 with a hrHPV positive with a negative cytology (NIN, PAP1) test result are recalled after 12 months as most hrHPV infections are transient and do not require immediate intervention. The follow up based on the test results are described in the Protocol for Cervical Cancer screening in Curaçao.

The Fundashon Prevenshon has four branche offices that our clients can visit to have a cervical smear test taken. The smear is tested in the laboratory for the HPV virus. For the testing of PAP smears the Fundashon collaborates with the Medical Laboratory Services (MLS).

3.3.3 COLLABORATION WITH PARTIES

A uniform follow-up of clients requires a model of structured communication with the target group and a close, protocol-based cooperation with GPs. The nurses of the Fundashon, who are responsible for performing the smears and informing and supervising the women, consult on a regular basis with the relevant GPs.

3.3.4 ACTIVITIES TO PROMOTE PARTICIPATION

In order to better target the population and increase the participation rate, a plan has been drawn up to investigate the needs and wishes of the women in Curaçao with regard to the ways in which they are invited and how information about screening can be more effectively provided.

3.3.5 INVITATIONS, PARTICIPATION AND REFERRALS, 2021

Table 3 shows the primary indicators of the cervical cancer screening program over the years 2019 to 2021. In 2021, 8673 women from the target population were invited, which was considerably higher than this figure in 2020, despite the continued COVID19 conditions. The total number of women participating in our screening program in 2021 amounted to 4234. 215 women were referred for further diagnostics on the basis of the cervical smear test. This number was higher than the numbers in 2020 and 2019.

Table 3. Invitations, participation and referrals, 2019-2021

	2019	2020	2021
Number of invitations	7050	6802	8673
Screenings	3893	3114	4234
Non response	3157	3688	4974
Referrals	385	186	215
REFERRAL RATE %	9.9	6.0	5.1

Table 4. Participation and referrals by age category, 2021

Age category	Number of tests	Referrals
25-29	523	29
30-34	673	49
35-39	509	32
40-44	473	28
45-49	572	25
50-54	514	23
55-59	501	15
60-65	469	14
Total	4234	215

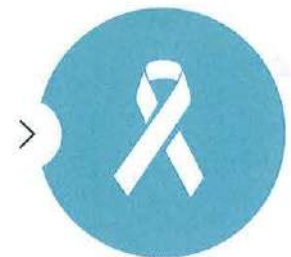
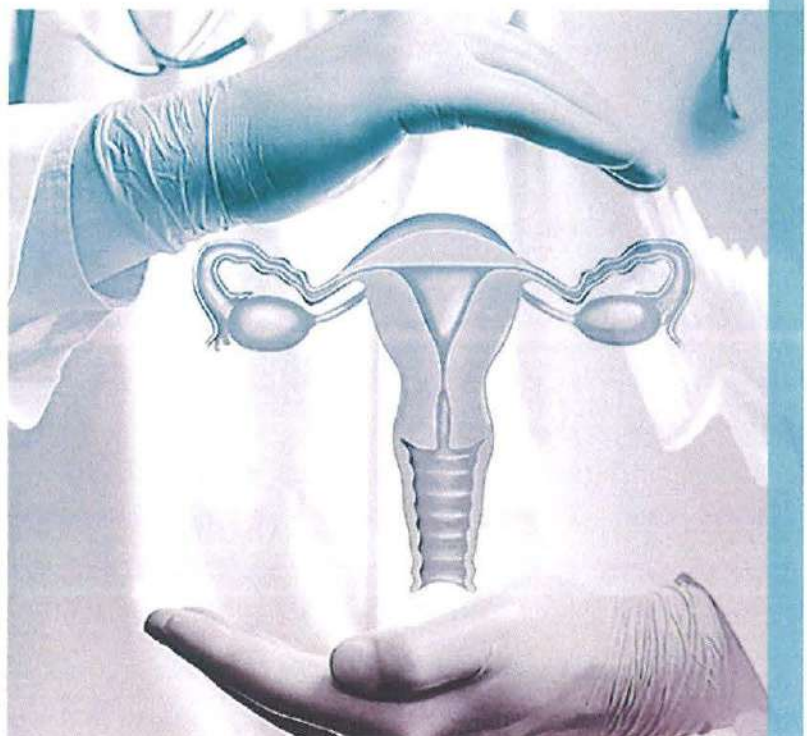
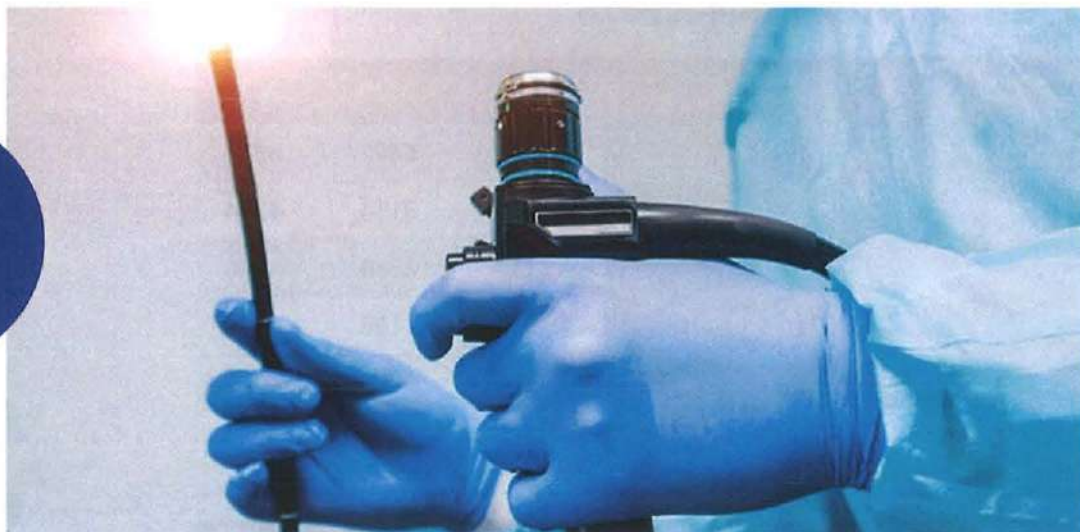


Table 5. Participation and referrals by age category, 2021

Number of clients	PAP
69	0
1827	1
105	2
34	3 a1
10	3 a2
16	3 b
1	4
2	5





3.3 COLORECTAL CANCER SCREENING

3.4.1 BACKGROUND

Colorectal cancer is the most common type of gastro-intestinal cancer. The incidence in men is higher than in women, approximately 23 versus 16 per 100,000 people, respectively. It sharply increases with age, especially above 50. With regard to cancer mortality, colorectal cancer ranks second worldwide: in 2020 935,000 deaths were estimated to occur.

This prompted the Fundashon Prevenshon to start a population screening program for colorectal cancer in the summer of 2020. Colorectal cancer screening, aiming both to detect and remove polyps and detect and treat more developed but still potentially curable cancer precursor lesions, is a highly appropriate and effective means to reduce colorectal cancer incidence and mortality. Indeed, early detection of colorectal cancer (less advanced stages and metastatic disease) is correlated with higher survival rates. Effective screening also avoids the high treatment costs of advanced and metastatic disease. The target group consist of men and women aged 50 to 70 years and included 44963 people on January 1th 2021 (Source CBS).

3.4.2 WORKFLOW OF SCREENING

The Colorectal Cancer screening-program consists of two steps. Firstly, men and women between the ages of 50 and 75 are invited to perform a fecal immunochemical test (FIT). Devices for the FIT-tests can be picked up and dropped off at participating laboratories, the Fundashon Prevenshon main building or the bus of the Fundashon Prevenshon which visits the neighborhoods of the invited population on a weekly basis as announced on the website and communicated in the local press

FIT is used to detect blood in the stool, which may be symptom of Colorectal Cancer. In the case of a positive test (a hemoglobin concentration of 47 ng/ml or more), the participant is invited to undergo a colonoscopy, the golden standard for Colorectal Cancer detection, at the Fundashon Prevenshon main building. The cut-off of 47 ng/ml is the lowest currently used in the world. High temperatures have shown to affect the sensitivity of the FIT and to reduce positivity rates. Because of the tropical weather conditions in Curaçao, with temperatures of 30°C to 35°C throughout the year, we have deliberately chosen to lower the cut-off in order not to miss positive

cases. Moreover, research is currently being carried out in collaboration with the laboratories processing the FIT, into the effects of higher ambient temperatures on the stability of the FIT test to determine the optimal limit value for Curaçao and other Caribbean islands.

Through a colonoscopy, abnormalities (polyps) can be identified and pre-stages of Colorectal Cancer can be removed in the same procedure. Guest gastro-intestinal specialists (Michiel van Haastert, MD; Chris Franca, MD) perform our planned colonoscopies based on positive FIT-results at the newly-built colonoscopy center of the Fundashon Prevenshon. A colonoscopy team of nurses assists the gastroenterologist during every colonoscopy. Patients with advanced adenoma which are too large to be removed at the colonoscopy center, and developed colorectal cancer are referred to the Curaçao Medical Center for further treatment.

3.4.3 COLLABORATION WITH PARTIES

Regarding the performance of screening by means of the FIT the Fundashon collaborates with the laboratories MLS and ADC, who also distribute and collect the FIT to the target population and analyze the FIT and with a team of general practitioners led by dr. D. Pinedo, who perform the intake counselling with people with a positive FIT to prepare them for the colonoscopy. The colorectal cancer population screening protocol has been developed in collaboration with dr. A. Saleh and R. Schotborgh, gastroenterologists and dr. J.J. Schnog, oncologist. We collaborate with prof Evelien Dekker as advisor of the colorectal cancer screening programme. In November 2021 she visited the Fundashon Prevenshon and performed an audit of the performance of the population screening as a whole.

3.4.4. INVITATIONS PER SESSION 2021

In 2021 we have bi-monthly invited 2500 to 3000 people from the target population by district by means of an invitation letter. The number of people invited are presented in figure 4. In the period April/May there was a decline of the total number of invitations as the result of the second lock-down due to the COVID-19 pandemic. In total, in 2021 7394 men and 8721 woman have been invited to participate in the FIT.

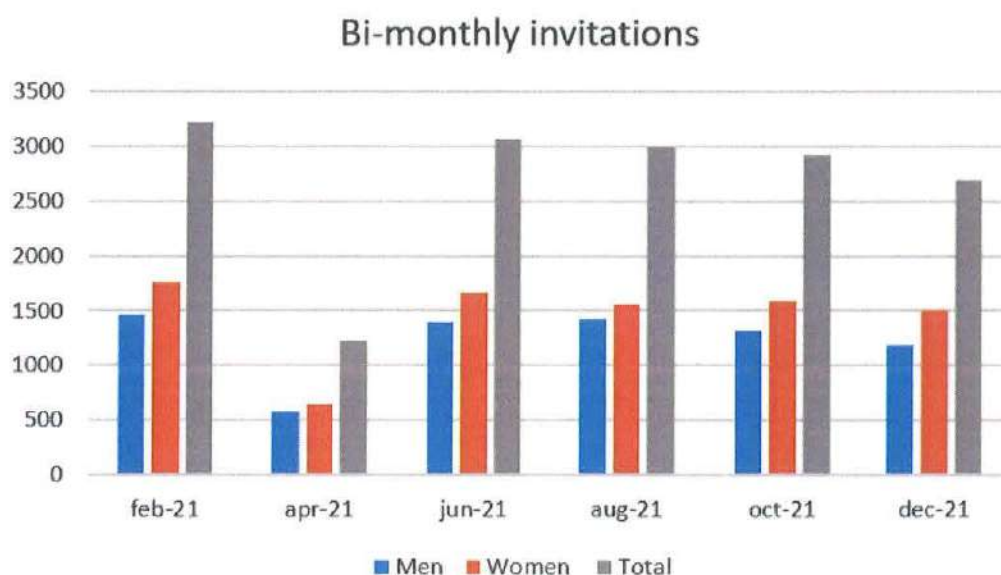


Figure 4. Invitation letters send per session, 2021

3.4.5 PARTICIPATION IN THE FIT SCREENING

The total number of people participating in the FIT screening amounted to 4,749 of which 1,576 (33%) and 3,173 (67%) were men and woman, respectively. It has become clear that the number of female participants is much higher than the number of male participants. We are planning a qualitative research project to gain insight into the background of this large difference. The outcomes will help us to improve the participation of men.

3.4.6 RESULTS OF THE POPULATION SCREENING ON COLORECTAL CANCER

In 2021 the total number of people with a positive FIT was 309, of whom 143 and 166 were men and women, respectively. Remarkably, because the number of female participants was much higher than male participants, the positivity rate among woman was much lower (5.2%) as compared to men (9.1%). The overall positivity rate was 6.5%.

At the colonoscopy centre 262 colonoscopies were performed, 124 and 138 among men and women, respectively. The number of colonoscopies in December was low, because the majority of colonoscopies of the December invitation session were performed in January 2022. In total 12 cases of colorectal cancer have been identified in 2021. It should be noticed that in the August/September session six CRC cases were identified. This number is exceptionally high but still within the statistical range that can be expected.

In addition, 62 advanced adenomas (AA) were found. Identifying and removing advanced adenomas is highly important because it ultimately results in a lower incidence of actual cases of colorectal cancer.

The total number of CRC tumours and AA identified in men and women amounted to 43 and 31, respectively. Although the figures of men are considerably lower than those of women, the detection rate of CRC tumours and AA is almost two-fold compared to women. This shows that it is of utmost importance to increase the participation of men. We will therefore make a special effort in 2022 and 2023 in the form of an evidence-based campaign to persuade men from the target group to participate in a FIT.

Table 6: Results of CRC screening 2021

	Men	Women	Total
Postal mail invitations	8218	9724	17942
FIT- participation	1576	3173	4749
FIT- positives	143	166	309
Colonoscopies	124	138	262
CRC*	7	5	12
AA*	36	26	62

*CRC: colorectal cancer, AA: Advanced adenoma's

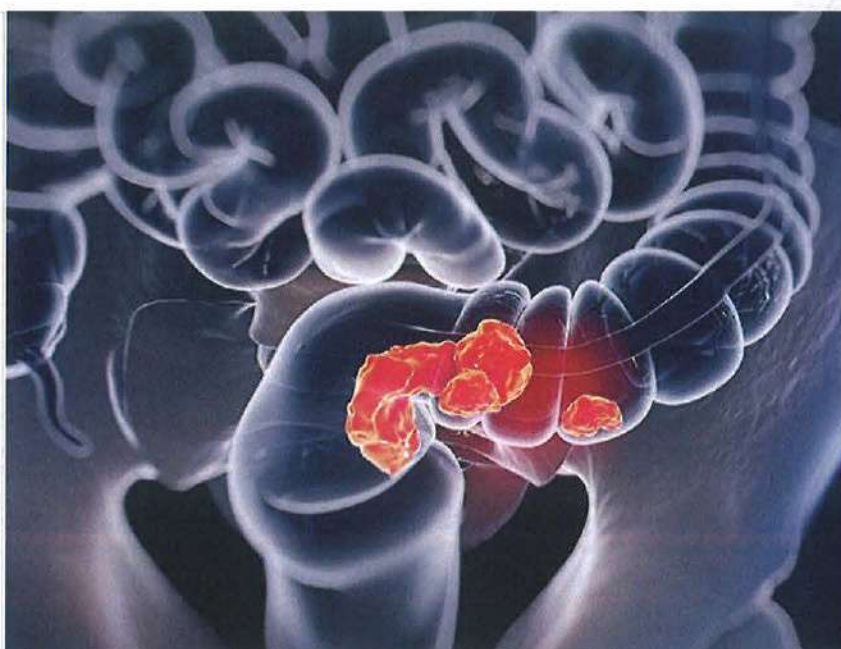
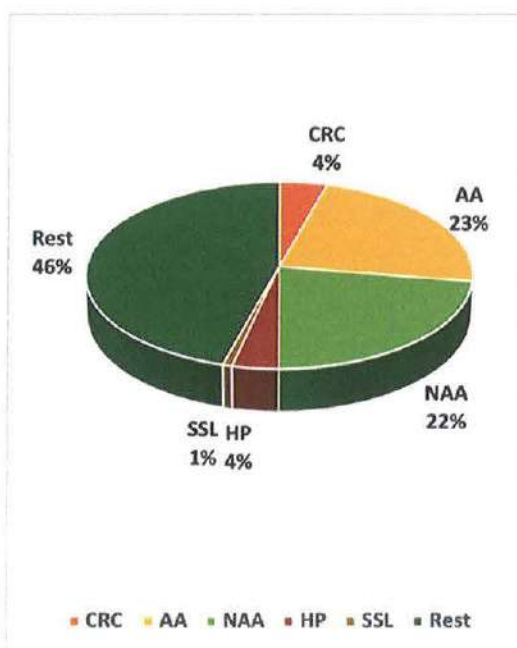
Colonoscopies

In 2021, the FP performed 262 colonoscopies from the 309 FIT positives. 14 additional colonoscopies were performed based on positive FITs from 2020.

Table 6 and figure 5 show summaries of the findings.

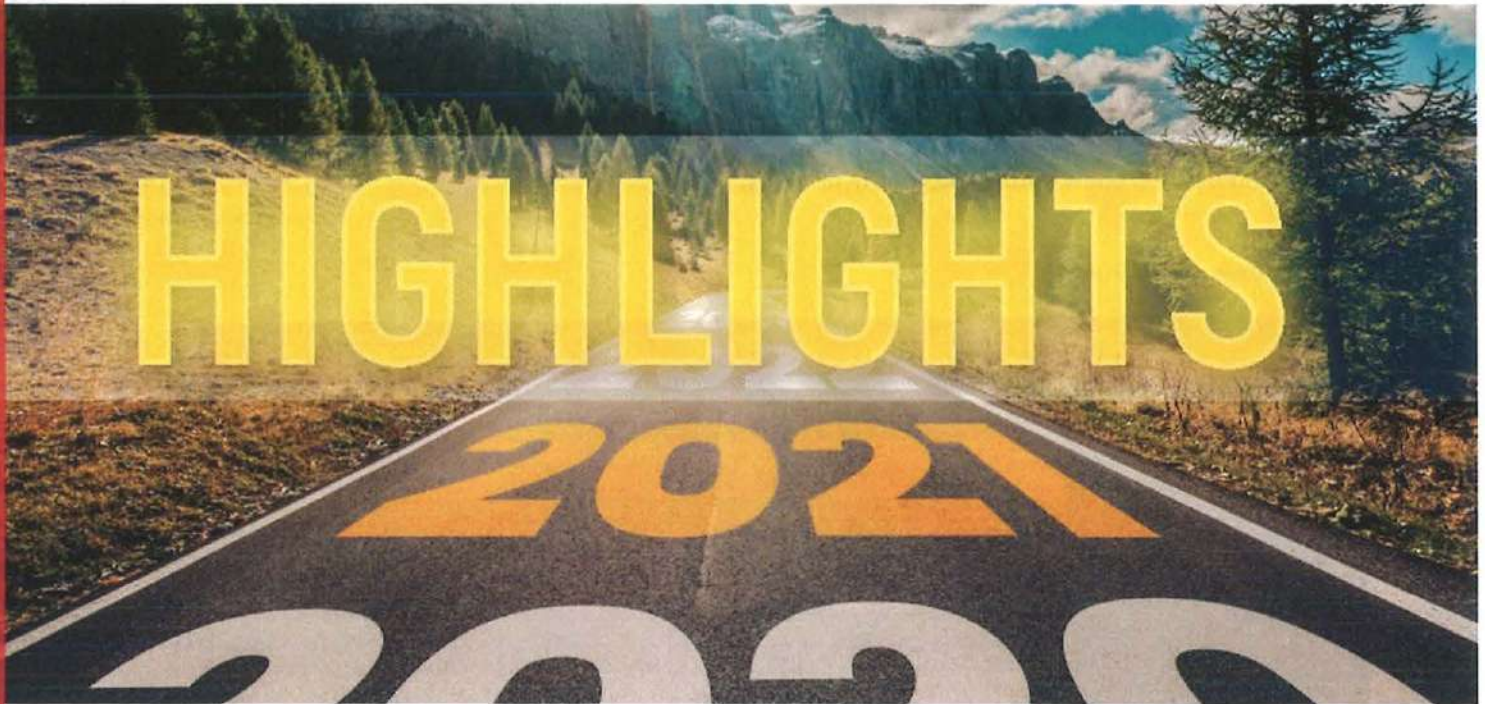
Table 7: Findings per session in 2021.

Month	Colonoscopies	CRC	AA	NAA	Other*
Jan	19	2	5	5	7
Feb- march	49	2	6	17	24
April - may	31	2	7	9	13
June- july	55	0	14	10	31
Aug - Sep	50	6	11	8	25
Oct- nov	49	0	17	7	25
Dec	9	0	2	4	3
Total	262	12	62	60	128



*Rest: hemorrhoids, diverticula, inflammatory polyps, lymphoid polyps. HP: hyperplastic polyps, SSL: sessile serrated lesions

Figure 5. Distribution of findings during the colonoscopies, 2021



4. HIGHLIGHTS OF 2021

4.1 AWARENESS ACTIVITIES

The Fundashon Prevenshon has many partners and collaborators that are essential in making the extensive community outreach possible. Throughout 2021 more than 70 visits were made to local radio and television stations, to government representatives, medical professionals, schools, health organizations, patient associations and community centers. The media campaign grew to encompass social media and the awareness activities in local businesses, churches and community centers were continued.

4.2 EFFECT OF THE COVID 19 PANDEMIC

2021 was an extremely challenging year due to the repeated lockdowns caused by the Covid-19 pandemic. We were determined to restart our operations after four weeks and urgently make up for the backlog of appointments. We are grateful to customers for understanding the delayed invitations and for accepting the new calls.

Despite the COVID19 lockdown measures in 2021, the number of participants for the breast cancer screening normalized to pre-COVID numbers and the number of participants in our Cervix Cancer Screening program remained stable.

The Board would like to express gratitude to the staff for guaranteeing of the formal protocol in remote processes. With the policy of adhering to formal protocols we are on the right track for customer loyalty and screening is an important part of preventive health care.

4.3 CONTINUOUSLY IMPROVING

4.3.1 QUALITY PROJECT

The Fundashon Prevenshon attaches great importance to the quality of care to its clients. In November 2021, a start has been made at the quality project with the appointment of our Quality Manager, dr. Soraya Verstraeten.



The full implementation of the quality project is expected to take five years. The project will result in a documented Quality Management System, of which the benefits include:

- Meeting the client's requirements, which helps to instill confidence in the organization, in turn leading to more clients, and;
- Meeting the organizational requirements, which ensures compliance with the regulations and provision of services in the most cost-efficient matter.

4.3.1.1 Plan of action

To guide the plan of action, dr. Verstraeten spoke to colleagues at the Fundashon, Ms. Freeja Reijntjes-Oldenburger (quality officer from the Netherlands) and Ms. Natasha Phelipa (manager quality, safety and innovation at the Curaçao Medical Center). Ms. Freeja Reijntjes-Oldenburger, who has extensive experience in auditing quality management systems for cancer screening programs in the Netherlands, will support dr. Verstraeten with the implementation of quality management system for Colorectal Cancer screening during the first year of the project.

The project entails four subprojects: the general processes (e.g., document management and internal audits) and the specific processes for the three screening programs for colon, breast and cervical cancer. Each of the four subprojects consist of three phases: 1. Evaluation, 2. Implementation, and 3. Maintenance.

Phase 1. Evaluation

This phase entails a baseline measurement of the current situation within the Fundashon Prevenshon. In order to do this, the situation is compared to the requirement of a full-functioning quality system. This phase gives clarity towards the picture we are working towards and the requirements that our quality management system will have to meet.

Phase 2. Implementation

The implementation phase consists of the following steps:

1. **Establishment of a project team.** The people on the project team know the processes and are able to make adjustments to the organization of the programs.
2. **Establishment of a table of contents.** The table of contents of the quality handbook is determined on the basis of the results of the baseline measurement in phase 1 and consists of different topics.
3. **Discussion of topics.** The topics as defined in the table of contents are linked to a topic owner and discussed on the project team. One person may have several topics.
4. **Elaboration of documents.** As a result of the discussions, the topics' documents are updated (if already present) or elaborated in procedures, instructions, forms, etc.
5. **Approval of documents by the director/board.** After approval of the director/board the document is given the status of "established" and gets published in our quality handbook.
6. **Implementation.** The implementation runs from the moment the baseline measurements has taken place and the plan of action has been established. As a result of the discussions in the project team and the approval process with the director/board, the responsible parties take care of implementation as part of the agreements that were made.

Phase 3. Maintenance

Maintaining the quality management system is an important condition for all efforts not to have been in vain. After all, procedures regularly change and the quality system must change with it. That's why there will be regular internal and external audits and management reviews to keep the quality handbook up-to-date.

4.3.1.2 Progress

The evaluation for the Colorectal Cancer program is planned for May 2022. In the meanwhile, steps to achieve a digital document management system so that everyone within the organization can consult our quality handbook have been taken. Moreover, the first general procedures for the quality handbook have been written and discussed with the staff, direction and board of the Fundashon.

4.3.2 PUBLICATION OF THE HOUSE RULES

As our Foundation has grown over the last decade, one of the challenges has been retaining the culture we established when we were with few people. With culture we refer to the shared set of values that make coming to work enjoyable and productive, keeps the center positive and what contributes to happy and long-term employees.

In December 2021, we published the House Rules among our employees. This is a document with shares values and behaviors, with which we aim to stay true to the culture and standards that we strive for.

4.3.3 SCIENTIFIC RESEARCH

Colorectal Cancer screening

Several studies aimed to gain insight into the effects and the implementation of the colorectal cancer screening program which has started in June 2020 are currently in progress. They are performed by our PhD student Shacara Blake under supervision of prof. dr. Evelien Dekker and dr. Jacqueline Hugtenburg. Studies include qualitative research using interviews and focus group discussions with the target population and stakeholders to get insight into their views and perceptions regarding various screening aspects as well as barriers and facilitators to participate into the screening program.

Quantitative research by sending questionnaires to the target population will be performed to obtain knowledge of the determinants of participation to screening and the effectiveness of our recruitment strategies. The results will be used to adapt and optimize population information and counselling on the colorectal cancer screening and other strategies to influence participation to colorectal cancer screening.

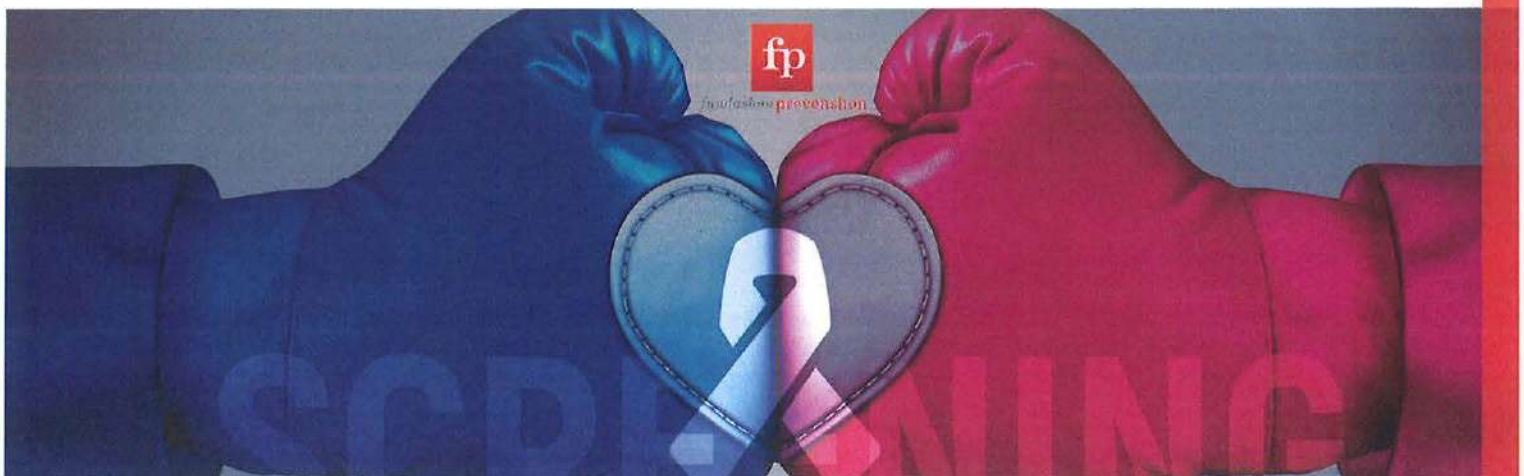
In addition, using laboratory studies the stability of the FIT test under high temperatures is investigated. In view of the relatively short stability of this test and the hot climate on Curaçao this of eminent importance. The results will guide us to recommendations for the participants to handle the FIT test. In addition, the results of this research will be used to define the optimal cut-off for the FIT test on Curaçao. The cut-off is now set on 47 ng/ml, but may be adapted on the basis of research.

The continuous ongoing collection and analysis of data on the performance of the screening program, including the participation and results of screening is another topic within the colorectal cancer research. Results of screening include numbers of colorectal cancer and advanced adenoma's which are precancerous lesion which can evolve into cancer. This will contribute to our knowledge of the effects of the colorectal cancer screening program.

Breast Cancer screening

During the last ten years the breast cancer screening program of Fundashon Prevenshon has been in existence. Data on participation, results of mammography and referrals are systematically collected in our registration systems. Dr. Soraya Verstraeten is currently preparing the evaluation of the ten-year breast cancer screening in collaboration with prof. dr. Harry de Koning and dr. Eveline Heijnsdijk of the Erasmus University using computer modeling techniques. We expect that this research will contribute to insight into the effectiveness of our breast cancer screening program.

In addition, we are preparing studies on the use of the 3D tomography in breast cancer screening.



4.4 COLLABORATION WITH OTHER ENTITIES

4.4.1 THE UNIVERSITY OF CURAÇAO (UOC)



In November 2021 the Fundashon Prevenshon signed an agreement on collaboration with the University of Curaçao - dr. Moises da Costa Gomez (UoC). The purpose of this agreement is to connect our institution's cancer prevention and screening activities and scientific research with the research and educational activities of the UoC and to jointly initiate and implement research and training projects. The signing took place at a festive gathering in the presence of rector dr. F. de Lannoy and dean mrs. de Castro as well as prof. dr. H. (Bob) Pinedo, dr. Jacqueline Hugtenburg and ms. L. Elstak and several staff members of the Fundashon Prevenshon. For the implementation of the collaborative project, dr. Jacqueline Hugtenburg will be appointed as professor at the Faculty of Social and Behavioral Sciences (FMG) of the UoC. She will supervise various project in the field of research and training, together with prof. H. Pinedo, affiliated with the UoC and chairman of the Fundashon Prevenshon.

Chronic diseases such as cardiovascular disease, kidney disease, diabetes and cancer are exceptionally common in the Caribbean. Screening, early detection and prevention are of great importance to enable timely treatment and/or prevent complications. There is also clear evidence that an unhealthy lifestyle substantially increases the risk of these diseases. Therefore, in the context of combating poverty and initiating social improvement, encouraging a healthy behaviour is of great importance in the prevention of these diseases.

The Fundashon Prevenshon focuses on the prevention and early detection of diseases in Curaçao by screening the population for cervical cancer, breast cancer and colorectal cancer.

The UoC's Faculteit Maatschappij en Gedragwetenschappen offers Applied Psychology, which focuses on human behavior, and Social Work, which focuses on the well-being and health of individuals in our society. Prevention, screening and early disease detection according to the methods applied by the Fundashon will be included in the educational program of the UoC and databases specifically developed for learning purposes based on the structure and content of the databases of Fundashon will be used for teaching in research methodology. This will contribute to bridging daily screening practice, research and academic teaching. Within the framework of collaboration with the UoC, scientific research will be specifically conducted to gain more insight into the determinants and influencing factors of healthy behavior that contribute to the prevention of diseases. Research will also be aimed at the development of interventions that are geared to the various target groups within the Caribbean society as well as the implementation and evaluation of these interventions. Students of the UoC will be involved in research projects initiated by the Fundashon Prevenshon. At present, a student of the UoC, Kimberley Richardson, is already involved as an assistant-researcher in the qualitative research of our PhD student Shacara Blake on views of the target population to participate in colorectal cancer screening.

4.4.2 EVALUATION OF BREAST CANCER SCREENING IMAGES FROM THE BOB FOUNDATION IN ARUBA

Due to the efforts of our IT Officer, Darsy Martinus, we are now able to download images from the PACS (Picture Archiving and Communication System) of the BOB Foundation in Aruba. This allows our radiologists to evaluate the images of the Aruban breast cancer screening program, thereby temporarily compensating reading capacity shortages in Aruba on their request.

5. FUNDASHON PREVENSHON

A human adventure

Client A

The two sisters and a friend made an appointment together for the breast cancer screening and were picked up by the Fundashon bus.

"We regard our appointment as a day out. We are used to having a mammography done and we are glad with the access of the screening center. I have a commitment to myself to screen and it's exciting every time. I love being at Molenplein for its peacefulness."

The Lab Technician was welcomed to record the visit of these clients.





Client B

"I hesitated to take the FIT test and became unsure when I was invited for further examination because my stool was positive. But I got to know a team of well-trained nurses and excellent caregivers. I was afraid of the colonoscopy exam but I was well guided and was put at ease. The nurses and the doctor made me feel comfortable from the moment that I arrived at the Colonoscopy Center of Fundashon Prevencion. I had a good time and the exam went smoothly. I will convince my husband and family members to take the FIT test because with screening you have the best chances to be there on time."

Client C

When I asked if Ms. C. had already done the cervical cancer screening, she replied that she still had the invitation letter in her car. With her consent I made a new appointment for the next day and later learned that she came in with two adult daughters that also took the smear test. I received a WhatsApp saying "we did it."

Initialed on behalf of
Baker Tilly for
Identification purposes

Janine van Jerland

ADMINISTRATOR COLORECTAL SCREENING PROGRAM

THE TREE CONTINUES TO BRANCH OUT

As administrator of the Colon Screening Program I have been committed from the start of this screening program to assist the program in the best possible way with accurate data and statistics so to ensure a successful project development. I am very proud that I can contribute with the groundbreaking legacy that Fundashon Prevenshon has been establishing since it's foundation in the healthcare segment for the population of Curaçao and the Caribbean.



Raquelita Noor

ADMINISTRATION ASSISTANT

BETTER SAFE THAN SORRY

I recently started working as an administrative assistant at FP. I am truly more convinced now than ever that by being proactive in participation at the screening programs. It is possible to identify early-stage changes in diseases to alleviate suffering and pain within families and improve treatment for patients. I call on all family members and friends who are invited to take advantage of this opportunity and not to miss this unique screening service. ***A healthy life is a happy life.***



Andjanie Dhawtal

SCREENING TECHNICIAN (MBB'ER)

I work for more than 1 year now as a screening technician at our Caribbean Prevention Center, Fundashon Prevenshon. It gives me great satisfaction that through my job I get the opportunity to be of service to the community of Curaçao. On a daily basis I participate in the noble act of contributing to early detection of breast cancer and I am very grateful as well for the fact that during this process I have developed the ability to calm and soothe nervous clients through my emphatic approach.



6. THANK YOU FOR YOUR SUPPORT

The board is very grateful that a Quality Management System is being set up and financed by private funds. A special thanks is addressed to the benefactors that made it possible for this project to start.

The screening center will ensure safeguarding of the screening activities for all people of Curaçao. Our sustainability is built on the vision of the founders, the late Mr. Lionel Capriles and Prof. Bob Pinedo. We could not allow another year to pass without acknowledging the incredible ongoing engagement and commitment of Prof. Pinedo. Thank you for your hard work and commitment in building and growing the Fundashon Prevenshon to what it is today.

We look back with great enthusiasm to the interested parties who have visited us in 2021 at Molenplein to share our experiences and granted us support.

The Screening Center is proud to have a group of 'ambassadors' over the years. Because of their unique involvement, these clients always convince 'new' clients, family, friends and colleagues to participate in the screening.

And we are grateful to all who have supported the screening center in every way. We also would like to thank the members and advisors to the Board, members of METC, Audit Committee, Auditors, Scientific research, GP's and doctors, for their special commitment and resilience. In particular, the GP's, the radiologists and the gastro-intestinal specialists.

Thank you

We would also like to thank all our sponsors
for their financial support this year,
especially the following:

Fundashon Bon Intenshon
Atlas Holding
Bienes B.V.
Edko Holding
Gieskes-Strijbis Funds
Mr. D.P. Hoijer
Stichting Cligga

fp

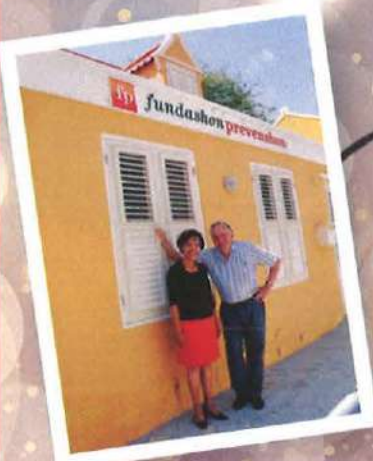
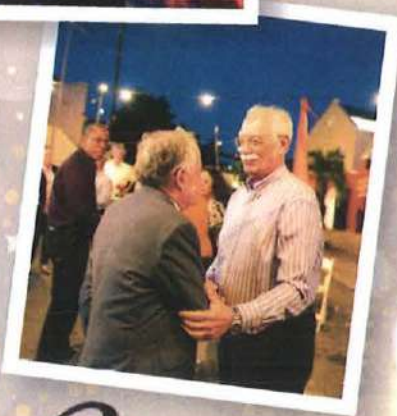
fundashon prevenshon



THANK







thank
you



7. A VISION OF THE FUTURE

7.1 NEW PROJECTS

7.1.1 COLLABORATION WITH CURAÇAO MEDICAL CENTER (CMC)

In order to increase the availability of follow-up information on the clients that participated in our population screening program for breast, cervix or bowel cancer, the establishment of a formal collaboration agreement to exchange health information with the main hospital on Curaçao was started in 2021. We hope to see the agreement with the Curaçao Medical Center (CMC) concluded in 2022, after which we can -finally- receive the follow-up information from our referred clients and evaluate the impact of our screening programs.

7.1.2 POLICY FRAMEWORK POPULATION SCREENING ON CURAÇAO

From two sides the Fundashon Prevenshon has been asked to draft a policy framework for population screening on Curaçao. One request was from Ms. Melissa Arias, sector director of health at the Ministry of Health, Environment and Nature, and one request from Prime Minister Gilmar Pisas when he visited the Fundashon in November 2021. The aim of the policy framework is the sustainable embedding of the Foundation's activities in governmental policy and granting of subsidies. The Fundashon Prevenshon will provide the draft to the government of Curaçao in the first half of 2022.

7.1.3 EXPLORATION OF HEALTH RESEARCH AGENDA IN THE DUTCH CARIBBEAN

The Fundashon Prevenshon has proposed a scientific research project on the exploration of a health research agenda for the 6 Dutch Caribbean islands. We look forward to start this project for ZonMW, the Dutch organization for health research and care innovation, in 2022.



Greatness starts with a
clear vision of the future.

Simon Sinek

20 220
1 342
44 872
51 720
19 544
63 118
70 93
54 1
80

100

100

100

100

100



Net Sales	1,070,000	1	800,000	48
Cost of Sales			1,920,000	1
	Current Month		Year to Date	
	Amount	% of Sales	Amount	% of Sales
Beginning inventory	540,000	1	45,000	
Plus goods purchased/manufactured	123,000	0	0	
Total goods available	200,000	0	250,000	0
Less ending inventory	38,000	0	295,000	0
Total cost of goods sold	20,000	0	200,000	0
Gross profit (loss)	1,050,000	1	95,000	0
			1,825,000	1

	Current Month		Year to Date	
	Amount	% of Sales	Amount	% of Sales
Selling				
Salaries and wages	122,000	0		0
Commissions	112,000	0	32,000	0
Advertising	335,000	0	22,000	0
Depreciation	10,000	0	37,000	
Total selling expenses	600,000	1	140,000	
General/Administrative				



Name : EXPENSES

Actual	Actual Cost Breakdown
\$300,00	
\$300,00	
Actual	
\$500,00	

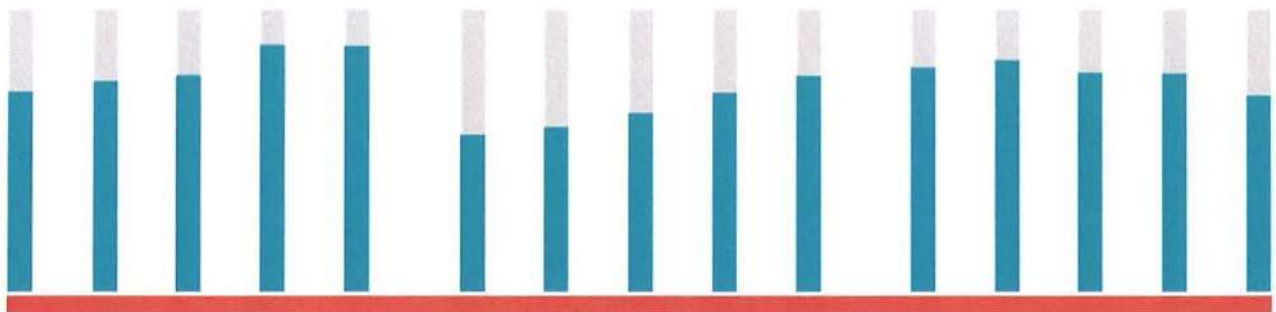


A 3D pie chart is shown, representing a cost breakdown. One slice is highlighted in a darker shade of pink and labeled '25%'. The chart is positioned to the right of the table.



335,000	1,165,000
335,000	1,181,000
335,000	1,197,000
335,000	1,213,000
335,000	1,229,000
335,000	1,245,000
335,000	1,261,000
335,000	1,277,000
335,000	1,293,000
335,000	1,309,000
335,000	1,325,000
335,000	1,341,000
335,000	1,357,000
335,000	1,373,000
335,000	1,389,000
335,000	1,405,000
335,000	1,421,000
335,000	1,437,000
335,000	1,453,000
335,000	1,469,000
335,000	1,485,000
335,000	1,501,000
335,000	1,517,000
335,000	1,533,000
335,000	1,549,000
335,000	1,565,000
335,000	1,581,000
335,000	1,597,000
335,000	1,613,000
335,000	1,629,000
335,000	1,645,000
335,000	1,661,000
335,000	1,677,000
335,000	1,693,000
335,000	1,709,000
335,000	1,725,000
335,000	1,741,000
335,000	1,757,000
335,000	1,773,000
335,000	1,789,000
335,000	1,805,000
335,000	1,821,000
335,000	1,837,000
335,000	1,853,000
335,000	1,869,000
335,000	1,885,000
335,000	1,901,000
335,000	1,917,000
335,000	1,933,000
335,000	1,949,000
335,000	1,965,000
335,000	1,981,000
335,000	1,997,000
335,000	2,013,000
335,000	2,029,000
335,000	2,045,000
335,000	2,061,000
335,000	2,077,000
335,000	2,093,000
335,000	2,109,000
335,000	2,125,000
335,000	2,141,000
335,000	2,157,000
335,000	2,173,000
335,000	2,189,000
335,000	2,205,000
335,000	2,221,000
335,000	2,237,000
335,000	2,253,000
335,000	2,269,000
335,000	2,285,000
335,000	2,301,000
335,000	2,317,000
335,000	2,333,000
335,000	2,349,000
335,000	2,365,000
335,000	2,381,000
335,000	2,397,000
335,000	2,413,000
335,000	2,429,000
335,000	2,445,000
335,000	2,461,000
335,000	2,477,000
335,000	2,493,000
335,000	2,509,000
335,000	2,525,000
335,000	2,541,000
335,000	2,557,000
335,000	2,573,000
335,000	2,589,000
335,000	2,605,000
335,000	2,621,000
335,000	2,637,000
335,000	2,653,000
335,000	2,669,000
335,000	2,685,000
335,000	2,701,000
335,000	2,717,000
335,000	2,733,000
335,000	2,749,000
335,000	2,765,000
335,000	2,781,000
335,000	2,797,000
335,000	2,813,000
335,000	2,829,000
335,000	2,845,000
335,000	2,861,000
335,000	2,877,000
335,000	2,893,000
335,000	2,909,000
335,000	2,925,000
335,000	2,941,000
335,000	2,957,000
335,000	2,973,000
335,000	2,989,000
335,000	3,005,000
335,000	3,021,000

8. FINANCIAL STATEMENTS



Initialed on behalf of
Baker Tilly for
Identification purposes

Fundashon Prevenshon

Curaçao

Annual report 2021

 Initialed on behalf of
Baker Tilly for
Identification purposes

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1.2 Statement of benefits and expenditure for the year 2021	5
1.3 Notes to the financial statements	6
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1.5 Notes to the statement of benefits and expenditure	11

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1. FINANCIAL STATEMENTS

 Initialed on behalf of
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1.1 BALANCE SHEET AS AT 31 DECEMBER 2021

	<u>2021</u>	<u>2020</u>
	ANG	ANG
ASSETS		
FIXED ASSETS		
Property, plant and equipment	<i>1</i>	
Land and buildings	109,152	7,782
Medical devices	1,837,009	2,264,643
Other tangible fixed assets	62,179	35,511
Fixed assets in progress	<u>-</u>	<u>19,520</u>
	<u>2,008,340</u>	<u>2,327,456</u>
CURRENT ASSETS		
Receivables		
Accounts receivable	<i>2</i> style="text-align: right;">307,039	10,679
Donations receivable	<i>3</i> style="text-align: right;">1,895,424	1,645,424
Other receivables and current assets	<i>4</i> style="text-align: right;"> <u>146,763</u>	<u>309,382</u>
	<u>2,349,226</u>	<u>1,965,485</u>
Cash and cash equivalents	<i>5</i> style="text-align: right;"> <u>419,329</u>	<u>1,110,241</u>
	<u><u>4,776,895</u></u>	<u><u>5,403,182</u></u>

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	<u>2021</u>	<u>2020</u>
	ANG	ANG
EQUITY AND LIABILITIES		
EQUITY		
6	<u>2,859,857</u>	<u>2,818,185</u>
OTHER RESERVES		
7	<u>1,695,414</u>	<u>2,150,039</u>
CURRENT LIABILITIES		
Trade payables	105,162	237,927
Payables relating to taxes and social security contributions	8 327	50,622
Other payables and short-term liabilities	9 <u>116,135</u>	<u>146,409</u>
	<u>221,624</u>	<u>434,958</u>
	<u>4,776,895</u>	<u>5,403,182</u>

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1.2 STATEMENT OF BENEFITS AND EXPENDITURE FOR THE YEAR 2021

		<u>2021</u>	<u>2020</u>
		ANG	ANG
Revenues and benefits	10	<u>3,474,156</u>	<u>3,493,633</u>
Expenses of employee benefits	11	1,459,743	1,120,373
Depreciation of tangible fixed assets	12	48,703	64,318
Housing expenses	13	334,663	316,577
Marketing expenses	14	291,511	168,469
Operational expenses	15	943,128	810,414
General expenses	16	<u>359,337</u>	<u>258,224</u>
Total of sum of expenses		<u>3,437,085</u>	<u>2,738,375</u>
Total of operating result		37,071	755,258
Financial income and expense	17	<u>-</u>	<u>12,543</u>
Total of result after tax		<u>37,071</u>	<u>767,801</u>


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1.3 NOTES TO THE FINANCIAL STATEMENTS

General notes

The most important activities of the entity

The objective of Fundashon Prevenshon is to promote public health in Curaçao and to reduce mortality through the implementation of periodic population screening.

The Dutch methodology is used as a model for the screenings with adaptations to the local situation. European guidelines for quality assurance are used as quality standard. The aim is to reach a high attendance rate (approximately 80% according to screening programs in other countries). Adequate follow up and treatment of the participants and periodic epidemiological evaluation are major conditions for the screening program.

General accounting principles

The accounting standards used to prepare the financial statements

The financial statements have been prepared in accordance with Book 2 of the Curaçao Civil Code and accounting principles generally accepted in the Netherlands. Preparation of financial statements according to these policies requires from management to make estimates and assumptions that may affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities reported in the financial statements and accompanying notes.

Accounting principles

Property, plant and equipment

Fixed assets are valued at cost less accumulated depreciation. Depreciation is calculated on the straight-line basis over the useful lives of the assets and an eventual residual value has been taken into consideration.

Current assets

Current assets are stated at face value, unless otherwise stated.

Current liabilities

Current liabilities are measured at face value, unless otherwise stated.

Accounting principles for determining the result

Revenues and benefits comprise compensation for treatments by insurers and of subsidies and donations. Compensation for treatments by insurers are recognized as they occur. Expenses are allocated to the reporting year to which they relate. Expenses are recognized in the income statement on an accrual basis.

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1.4 NOTES TO THE BALANCE SHEET

Fixed assets

1 Property, plant and equipment

	Land and buildings	Medical devices	Other tangible fixed assets	Fixed assets in progress	Total
	ANG	ANG	ANG	ANG	ANG
Balance as at 1 January 2021					
Cost or manufacturing price	482,869	3,331,894	229,131	19,520	4,063,414
Accumulated depreciation	(475,087)	(1,067,251)	(193,620)	-	(1,735,958)
Book value as at 1 January 2021	7,782	2,264,643	35,511	19,520	2,327,456
Movements					
Additions	109,755	108,121	34,777	-	252,653
Depreciation	(8,385)	(521,200)	(8,109)	-	(537,694)
Disposals	-	(39,557)	-	(19,520)	(59,077)
Depreciation on disposals	-	31,568	-	-	31,568
Adjustment		(6,566)			(6,566)
Balance movements	101,370	(427,634)	26,668	(19,520)	(319,116)
Balance as at 31 December 2021					
Cost or manufacturing price	592,624	3,400,458	263,908	-	4,256,990
Accumulated depreciation	(483,472)	(1,563,449)	(201,729)	-	(2,248,650)
Book value as at 31 December 2021	109,152	1,837,009	62,179	-	2,008,340
Depreciation percentages used	10%	14-20%	20-25%	0%	

- Investments in assets during the year are depreciated at half the annual rate.
- Residual value for the tangible fixed assets, excluding building improvements, is calculated at 10% of the historical cost price.

The **additions** to the fixed assets during the year consist of several investments, of which the most significant are:

- Land and Buildings: purchase of real estate Klipstraat 11;
- Medical Devices: new irrigation pump and insufflator, computers and monitors, repro and imaging equipment;
- Other tangible fixed assets: new doors, new security equipment, new office furniture.

The **disposals** of the fixed assets in 2021 consist of several items, of which the most significant are:

- Medical Devices: sale of Neo Medimax RSI;
- Other tangible fixed assets: alarm system.

Current assets

	<u>31-12-2021</u>	<u>31-12-2020</u>
	ANG	ANG

2 Accounts receivable

Debtors	<u>307,039</u>	<u>10,679</u>
---------	----------------	---------------

The receivables, invoiced according to the realized screening production, relate to both public and private insurance companies. The outstanding balance varies during the year. Per year-end 2021, the most significant amount was due from SVB (ANG 270,950), mainly consisting of December 2021 invoices which were settled in 2022.

	<u>31-12-2021</u>	<u>31-12-2020</u>
	ANG	ANG

3 Donations receivable

Receivable Stichting Preventiefonds	<u>1,895,424</u>	<u>1,645,424</u>
-------------------------------------	------------------	------------------

	<u>2021</u>	<u>2020</u>
	ANG	ANG

Receivable Stichting Preventiefonds

Balance as at 1 January	1,645,424	-
Donations for the year	<u>250,000</u>	<u>1,645,424</u>
Balance as at 31 December	<u>1,895,424</u>	<u>1,645,424</u>

The receivable Stichting Preventiefonds relates to donations Stichting Preventiefonds has committed to the Foundation in connection with the Colon project. The Foundation is in close contact with Stichting Preventiefonds in order to make arrangements for the settlement of this amount receivable.

4 Other receivables and current assets

Prepaid wages	3,587	-
Other receivables	47,626	213,832
Prepaid expenses	<u>95,550</u>	<u>95,550</u>
	<u>146,763</u>	<u>309,382</u>

5 Cash and cash equivalents

Maduro & Curiël's Bank N.V.	417,107	1,110,111
Petty cash	<u>2,222</u>	<u>130</u>
	<u>419,329</u>	<u>1,110,241</u>

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	2021 ANG	2020 ANG
6 Equity		
Cumulative results	2,859,857	2,818,185

Cumulative results

Balance as at 1 January	2,818,185	1,860,012
Prior year adjustments	4,601	190,372
Result for the year	37,071	767,801
Balance as at 31 December	2,859,857	2,818,185

	31-12-2021 ANG	31-12-2020 ANG
7 Other reserves		

Equalization reserve	1,695,414	2,150,039
Appropriated reserve	-	-
	1,695,414	2,150,039

Equalization reserve

Balance as at 1 January	2,150,039	1,018,964
Transfer from appropriated reserve to equalization reserve	-	522,827
Addition regarding donation	40,005	1,004,937
Amount released (equal to amortization note 12)	(488,991)	(396,689)
Adjustment regarding disposals	(5,639)	-
Balance as at 31 December	1,695,414	2,150,039

The equalization reserve has been formed in relation to the donations received for the purchase of certain assets. The annual release of the equalization reserve is equal to the annual depreciation of the assets donated.

Appropriated reserve

Balance as at 1 January	-	676,484
Adjustment	-	(153,657)
Transfer to (equalization) reserve	-	(522,827)
Balance as at 31 December	-	-

Current liabilities

	<u>31-12-2021</u>	<u>31-12-2020</u>
	ANG	ANG
8 Payables relating to taxes and social security contributions		
Social security premiums	327	41,965
Wage tax	-	8,657
	<u>327</u>	<u>50,622</u>

9 Other payables and short term liabilities

Other payables	86,463	118,726
Vacation payables	29,672	25,407
Net wages	-	2,276
	<u>116,135</u>	<u>146,409</u>

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1.5 NOTES TO THE STATEMENT OF BENEFITS AND EXPENDITURE

	2021 ANG	2020 ANG
10 Revenues and benefits		
Subsidy Government Curacao	1,900,000	1,900,000
Compensation for treatment from insurers	1,011,520	792,446
Donations Colon	562,636	801,187
	<u>3,474,156</u>	<u>3,493,633</u>

In 2021, the Foundation was granted a subsidy by the Government of Curacao for the amount of ANG 1,900,000 (2020: ANG 1,900,000). This subsidy has been granted to cover operational cost regarding:

- Prevention screening of Mammo and Cervix;
- Provision of information regarding prevention;
- Application of methods that stimulate prevention;
- Promotion and performance of research regarding prevention.

The donations for Colon include an amount of ANG 320,000 (2020: ANG 160,000) received from SVB as part of a five-year payment relating to expenses of the Colon project. The remaining amount of ANG 242,636 (2020: ANG 641,187) regards contributions for the Colon project by Stichting Preventiefonds.

11 Expenses of employee benefits

Wages and salaries	1,150,752	910,125
Social security premiums and pension premiums	216,783	174,199
Other expenses or employee benefits	92,208	36,049
	<u>1,459,743</u>	<u>1,120,373</u>

Education expenses of ANG 21,914 (2020: ANG 17,050) have been reclassified from "Wages and salaries" to "Other expenses or employee benefits" as per December 31, 2021. The comparative figures of 2020 have also been restated. The reclass has no impact on the Income statement.

Social security premiums and pension premiums

Premium BVZ	87,186	71,260
Premium AOV/AWW	86,645	68,293
Pension premiums	22,515	18,466
Premium ZV/OV	13,695	9,988
Premium AVBZ	5,622	4,432
Premium Cessantia	1,120	1,760
	<u>216,783</u>	<u>174,199</u>

The total number of employees in 2021 was 30 (2020: 25).

	<u>2021</u>	<u>2020</u>
	ANG	ANG
12 Depreciation of tangible fixed assets		
Depreciation of property, plant and equipment	<u>48,703</u>	<u>64,318</u>
Depreciation of property, plant and equipment		
Medical devices	521,200	435,718
Other tangible fixed assets	8,109	6,312
Land and buildings	<u>8,385</u>	<u>18,985</u>
	537,694	461,015
Release equalization reserve (note 7)	<u>(488,991)</u>	<u>(396,697)</u>
	<u>48,703</u>	<u>64,318</u>
13 Housing expenses		
Security	104,394	86,404
Repair and maintenance	75,770	117,478
Utilities	66,683	46,962
Telephone, fax and internet	44,605	39,783
Cleaning	12,965	10,165
Insurance premium	10,622	10,622
Rent	6,000	4,313
Other housing expenses	<u>13,624</u>	<u>850</u>
	<u>334,663</u>	<u>316,577</u>
14 Marketing expenses		
Postage and reminder	130,675	83,679
Advertising expenses	41,522	45,542
Travelling and lodging	19,378	-
Representation expenses	55,868	29,989
Awareness expenses	31,576	9,259
Cervix project start symposium expenses	<u>12,492</u>	<u>-</u>
	<u>291,511</u>	<u>168,469</u>
15 Operational expenses		
Screening fee radiologists	434,895	217,442
Material Colon (Medical material)	173,051	122,329
Repair and maintenance medical devices	169,672	150,092
Costs Laboratorial Fittest	81,110	49,425
Quality monitoring fee	63,285	22,497
Screening Cervix	<u>21,115</u>	<u>248,629</u>
	<u>943,128</u>	<u>810,414</u>


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	<u>2021</u>	<u>2020</u>
	ANG	ANG
16 General expenses		
IT Expenses	194,156	114,787
Travelling and hotel expenses	61,546	36,409
Car expenses	26,021	13,753
Professional fees	23,058	24,280
Board expenses	14,191	8,453
Office supplies	9,820	6,012
Bank expenses	6,304	5,042
Insurance premium	5,537	9,278
Exchange gains and losses	4,340	5,736
Other general expenses	<u>14,364</u>	<u>34,474</u>
	<u>359,337</u>	<u>258,224</u>
17 Financial income and expense		
Interest and similar income	-	13,130
Interest and similar expenses	<u>-</u>	<u>(587)</u>
	<u>-</u>	<u>12,543</u>
Interest and similar income		
Interest deposit	<u>-</u>	<u>13,130</u>
Interest and similar expenses		
Interest charges interest bearing loan	<u>-</u>	<u>587</u>

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INDEPENDENT AUDITOR'S REPORT

To: The Board of Fundashon Prevenshon

A. Report on the audit of the financial statements 2021

Our opinion

We have audited the financial statements 2021 of Fundashon Prevenshon, based in Curaçao.

In our opinion the accompanying financial statements give a true and fair view of the financial position of Fundashon Prevenshon as at December 31, 2021 and of its result for 2021 in accordance with Book 2 of the Curaçao Civil Code and generally accepted accounting principles in the Netherlands.

The financial statements comprise:

1. the balance sheet as at December 31, 2021;
2. the statement of benefits and expenditures 2021; and
3. the notes comprising a summary of the accounting policies and other explanatory information.

Basis for our opinion

We conducted our audit in accordance with Dutch Standards on Auditing. Our responsibilities under those standards are further described in the 'Our responsibilities for the audit of the financial statements' section of our report.

We are independent of the Foundation in accordance with the Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in the Curaçao. Furthermore, we have complied with the Verordening gedrags- en beroepsregels accountants (VGBA, Dutch Code of Ethics).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

ACCOUNTANCY•ADVISORY

NC Audit & Advisory B.V. trading as Baker Tilly is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. NC Audit & Advisory B.V. is registered at the Curaçao Chamber of Commerce with number 156871. The assignments we carry out are always subject to our General Terms and Conditions. A copy of these General Terms and Conditions can be obtained via <https://www.bakertillydutchcaribbean.com/terms-conditions/>. At your request, a copy of our General Terms and Conditions will be sent to you free of charge.

B. Report on the other information included in the annual report

In addition to the financial statements and our auditor's report thereon, the annual report contains other information that consists of the director's report.

Based on the following procedures performed, we conclude that the other information:

- is consistent with the financial statements and does not contain material misstatements;
- contains all the information regarding the management report and the other information as required by Book 2 of the Curaçao Civil Code.

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing these procedures, we comply with the requirements of the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements.

Management is responsible for the preparation of the management report and other information.

C. Description of responsibilities regarding the financial statements

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Book 2 of the Curaçao Civil Code and generally accepted accounting principles in the Netherlands. Furthermore, management is responsible for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, management is responsible for assessing the Foundation's ability to continue as a going concern. Based on the financial reporting framework mentioned, management should prepare the financial statements using the going concern basis of accounting unless management either intends to liquidate the Foundation or to cease operations or has no realistic alternative but to do so.

Management should disclose events and circumstances that may cast significant doubt on the Foundation's ability to continue as a going concern in the financial statements.

Our responsibilities for the audit of the financial statements

Our objective is to plan and perform the audit engagement in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion.

Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

We have exercised professional judgement and have maintained professional skepticism throughout the audit accordance with Dutch Standards on Auditing, ethical requirements and independence requirements. Our audit included among others:

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control.
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause a Foundation to cease to continue as a going concern;
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Curaçao, May 17, 2023

Baker Tilly


Caroline da Silva de Jesus RA



fundashon **prevenshon**

ANNUAL REPORT

2021



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