



**Malteser
International**

Order of Malta Worldwide Relief



HEALTH. CARE. DIGNITY.

REPORT 2025

Overview: Key Figures 2025

Figures from Malteser International Germany



1,032 employees worldwide

33

project countries in



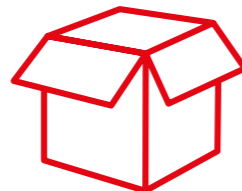
5

project regions worldwide



8 m

people supported through our projects



476,440

emergency packages (food, hygiene, water, etc.) distributed

551

healthcare facilities supported

5.9 m

people given health support

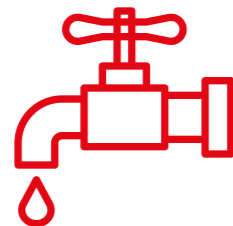


112,647

persons given psychosocial support

21,020

children under five successfully provided with nutrition therapy



523,430

people were given access to clean drinking water



529,417

people supported through food and nutrition security projects



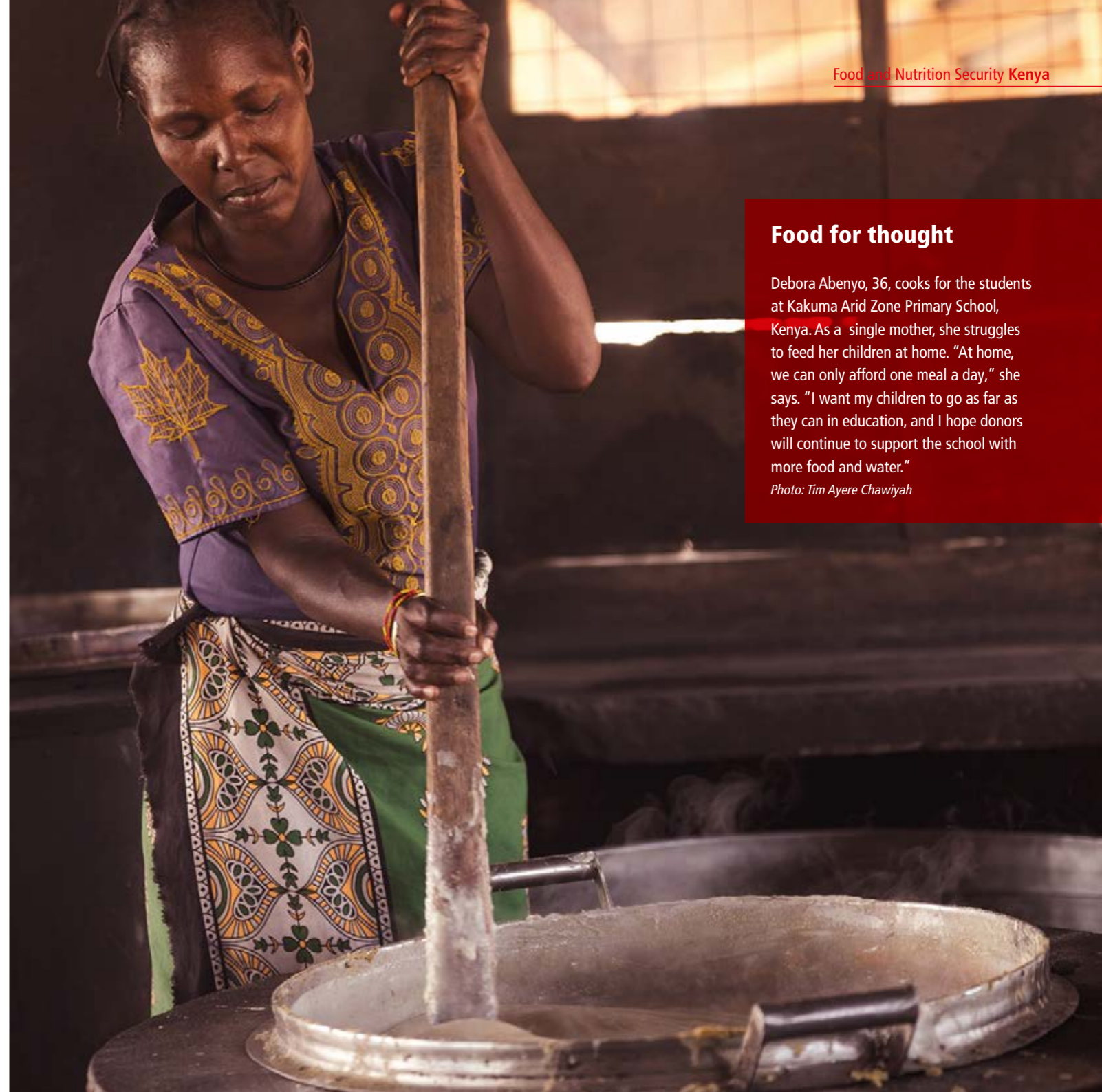
1.3 m

women provided with maternal healthcare

Food for thought

Debora Abenyo, 36, cooks for the students at Kakuma Arid Zone Primary School, Kenya. As a single mother, she struggles to feed her children at home. "At home, we can only afford one meal a day," she says. "I want my children to go as far as they can in education, and I hope donors will continue to support the school with more food and water."

Photo: Tim Ayere Chawiyah



Resonating tremors

In Myanmar, children affected by the earthquakes on March 28th, 2025, are monitored for malnutrition in October 2025. With magnitudes of 7.7 and 6.4, the earthquakes severely impacted central Myanmar and the southern Shan State. Markets and essential services collapsed, and millions required humanitarian assistance. Urgent needs included safe water, food, healthcare, cash assistance, emergency shelter, and protection.

Starting in April, we launched a wide-ranging, multisectoral emergency response together with local partners. Around 90,000 people across 110 locations in four regions received support, initially through life-saving assistance such as water, food, health services, and essential household items. As the response transitioned into the recovery phase, the focus shifted to sustainable, community-based support, strengthening local structures, protection, and awareness-raising. The goal is a long-term recovery and more resilient communities.

Photo: Malteser International





Water for a better future

Khaltum Adam Shekaf fetches water in Gorom refugee camp in South Sudan. In 2025, we built two solar powered water systems with five water collections points each and repaired seven handpumps here. Through these measures, another 7,109 people were helped with access to drinking water. In total, we now provide safe, clean water daily to 20,159 refugees in Gorom and residents from surrounding communities. Through these measures, we are also helping to prevent life-threatening diseases, such as cholera, which are transmitted by contaminated water. Water User Committees – made up of volunteers from among the camp residents – make sure that the collections points are clean and well maintained.

In total, we supported 94,911 people with access to drinking water every day at various project locations in South Sudan in 2025.

Photo: Paul Padiet



Doctors bring hope to Syria

As part of the German Syrian medical campaign "Shifa", over 100 German-Syrian doctors spent three weeks in Syria in May 2025. They supported the struggling health-care system and patients like this little girl, who was admitted with a fractured cervical spine. We supported this project through our Syrian partner organization Independent Doctors Association.

Watch doctors Tawfiq Ghonaim s and Majd Alkhatib's insight into their work in a public hospital in Damascus: malt-int.org/syria_shifa

Photo: Malteser International



We must act now to ensure health and dignity

Dear Friends,

In the foreword of our Annual Report 2024, we wrote about the growing pressure on funding for humanitarian aid and the rise of global instability. The first drastic consequences of these developments became apparent in 2025 – and today the situation is more alarming than ever. Around the world, refugees and displaced people in particular are seeing their situation grow rapidly more precarious, with schools and clinics closing, water supply systems going out of service, and food rations shrinking. At the same time, rising violence and conflict force even more people to leave their homes.

In 2025, we helped people affected by some of the largest refugee crises in Africa, Asia, the Americas, Europe, and the Middle East. Our focus in this Annual Report is on how our work upheld the health and dignity of more than 700,000 internally displaced people and refugees around the world – including in Ukraine (page 16), Uganda (page 22), and Bangladesh (page 28).

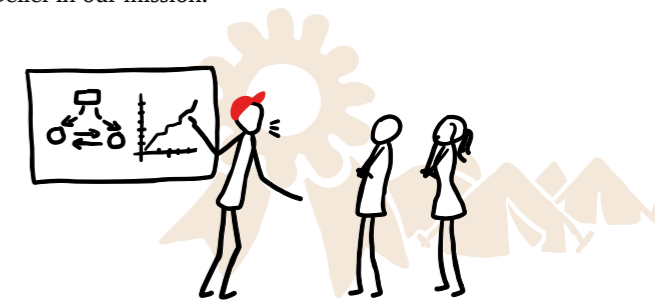
Over eight million people in 33 countries relied on our support in 2025 – they are counting on us again in 2026 and beyond. This year we will continue to invest in the efficiency and effectiveness of our organization. New approaches and joint action will be required in the future to sustain the urgently needed aid.

We will face these challenges with God's help, renewed wind in our sails, and our friends by our side. Thank you for your commitment, your trust, and your belief in our mission.

God's blessings to you all
Clemens Graf von Mirbach-Harff, Izabella Toth, Kees Zevenbergen



Clemens Graf von Mirbach-Harff
Secretary General and Executive Director
Izabella Toth
Director of Business Development
Kees Zevenbergen
Director Program and Operations





Healthcare that reaches further

Patients in the northern Lebanese region of Akkar wait for their appointment at one of the twelve Mobile Medical Units (MMUs) the Order of Malta Lebanon (OML) operates with our support.

The MMUs are buses which were converted into mobile clinics and now provide access to health services, medication, and referrals in rural areas where poverty is often high and infrastructure lacking. Since 2014, several MMUs – by now eight buses – have been providing people in need with basic medical care. In 2025, these were supplemented by four specialized service MMUs providing gynecology, cardiology, pediatrics, and dental services.

The MMUs' services are complementary to the eleven Community Health Centers (CHCs) operated by OML across Lebanon. The mobile teams bring healthcare to those who cannot come to a CHC by themselves, especially Lebanese people in vulnerable living conditions as well as refugees residing in Lebanon.

Photo: Lama Chidiac

Health. Care. Dignity.

Reliable healthcare systems strengthen displaced people and crisis regions

Driven by hunger, natural disasters, and ongoing conflicts, more than 117 million people were forced to live away from their homes last year. This is fundamentally a crisis of internally displaced people: nearly 60 percent of all displaced individuals – around 73.5 million people – are living like refugees within the borders of their own country. Providing effective health support for them is often challenging – but always crucial.

The vast majority of people who are forced to flee look for safety close to their point of origin. Remaining as close to home as possible offers a greater chance of returning soon. The familiar culture and environment provide important psychological support for those who have had to leave everything behind. For many families, there is also a pressing need to return to their homes, livestock, and fields as quickly as possible.

Providing the best possible assistance to displaced people is often a challenge for humanitarian organizations. It is comparatively difficult to work and gain access to regions affected by conflict, epidemics, and/or economic instability; or subject to widespread destruction following natural

disasters. In addition, cuts to public funding limit the scope of assistance, especially in protracted or “forgotten” crises.

RAPID ASSISTANCE, LONG-TERM STABILITY

Providing effective help is a crucial contribution to preserving the health and dignity of displaced people, as well as to maintaining stability in regions where they live. “Where there is reliable access to health and emergency medical services, drinking water, and food, fewer new conflict dynamics emerge. Where people have perspectives for the future, the pressure to flee or radicalize decreases. And where there are strong local structures, the foundations for dialogue and long-term stability grow.”

Our support in the DR Congo in 2025

337
health facilities supported

1,287,284
women received maternal health support

100,826
people provided with daily access to drinking water

2,939,523
medical consultations enabled



Read more about our work in the DR Congo:



malt-int.org/our-work-dr-congo



Macalister Usongo
Program Coordinator in the DR Congo
Photo: Malteser International

“The project ensures that internally displaced people can access quality healthcare services without discrimination and without financial barriers”, says Macalister Usongo, Program Coordinator for Malteser International in the DR Congo.

says Clemens Graf von Mirbach-Harff, our Executive Director and Secretary General.

Over the past year, we further expanded programmatic responsibilities entrusted to the teams in our fourteen country offices. “Many decisions can be made more effectively on site than from our headquarters in Cologne,” says Kees Zevenbergen, our Director of Programs. “We have also intensified our collaboration with partner organizations and institutions in the countries where we operate.”

DR CONGO: IMPROVED HEALTHCARE ACCESS, LESS EPIDEMICS

This approach guides our work in the Democratic Republic of the Congo (DR Congo), one of our largest project regions where we have supported 3.5 million people on average over the last three years – most of them through health measures. We have supported the development of the public health system together with four partner organizations, government health authorities, local health centers and referral hospitals in Ituri, Haut-Uélé, Bas-Uélé, and Kasai Central provinces since 1996. Our services range from providing medical materials and equipment to delivering training and improving communication and coordination among health facilities. The goal: to improve people’s health and stabilize their living conditions.

A key focus of our work is infection prevention, preparedness, and control (IPC). In 2025, our efforts in this area focused on the infectious disease Mpox. “Our project

significantly benefits displaced populations living in the health zones we support. Many of the internally displaced people (IDPs) live in overcrowded settlements or with host families. Due to these conditions, they face heightened vulnerability to infectious diseases such as Mpox. The project improves access to life-saving health services for displaced families and enhances epidemic preparedness”, says Macalister Usongo, our Program Coordinator in the DR Congo.

To curb the spread of Mpox, we have been working with our partner organizations MEMISA and ULB-Coopération since early 2025 to train healthcare workers, improve laboratory capacity, set up treatment centers, and strengthen communication and coordination in 40 health zones – thereby serving a catchment population of nearly 14 million people. In 28 health zones identified as Mpox hotspots, we also supply medicines, support vaccinations, and enable free treatment for affected communities.

Through these and other health measures, we reached a total of 4.3 million people in the DR Congo in 2025 – including 22,196 refugees and 111,427 IDPs. Additionally, the residents of the wider catchment areas benefit indirectly from improved health and stability across the region.

LEBANON: FLEXIBLE HEALTHCARE FOR REFUGEES AND IDPS

An estimated 2.9 million of the 5.3 million people in Lebanon are classified as in need of humanitarian assistance, and more than

one-quarter of households lack adequate access to health services. Lebanon hosts displaced people from Syria and Palestine and has repeatedly had to deal with waves of internal displacement. By the end of 2024, one million people were displaced inside Lebanon. By May 2025, all but 80,000 of these had returned home. Then, directly following the renewed escalation of conflict in March 2026, 500,000 IDPs were newly registered within 24 hours. In a matter of weeks, their number again surpassed one million. These significant fluctuations require a high degree of flexibility and rapid response in humanitarian action, for example through frequent route adjustments for mobile teams or swift relocation of health center staff from high-risk areas to safer operational sites.

In Lebanon, we support the Order of Malta Lebanon (OML) in operating eleven communal health centers (CHCs) and twelve mobile clinics. Through the CHCs, vulnerable population groups can access medical care, participate in awareness sessions, and receive medicines and other relief items. The CHCs play a key role in supporting IDPs: “In the Ain El Rummanah CHC, an on-site clinic inside a shelter was established to offer medical and social support and refer complex cases. Displaced people continue to access CHC services even after leaving shelters,” says Nayla El-Khoury, our Country Director in Lebanon at the time.

OML’s mobile clinics help close gaps in healthcare access for rural populations. They serve large numbers of refugees living in informal settlements and isolated

regions close to the border with Syria, as well as the local host communities. Eight of the mobile clinics provide general medical services, which have been supplemented since 2025 by four units specializing in gynecology, cardiology, pediatrics, and dentistry.

In 2025, together with OML, we supported a total of 85,524 people across Lebanon with health services, including 205,996 medical consultations. In the coming years, this support will be significantly expanded. El-Khoury explains: “OML and MI’s shared mission to serve the poor and the sick regardless of background or nationality is a key foundation to peace and coexistence in Lebanon. Despite the country’s instability and the resulting operational challenges, we stay aligned with our values of serving our communities with compassion and commitment to quality and excellence, and not allow operational constraints to distract or discourage us from our mission.”

COMPREHENSIVE SUPPORT

Our mission is to support the health and dignity of people in need in a comprehensive way. **Read more in the following articles** about the impact of community-based support for **mental health** in contexts of conflict and displacement (Ukraine, p. 16), how crucial the availability of **Emergency Medical Services** is for the well-being of refugees (Uganda, p. 22), and how **healthcare in a refugee settlement** is supported by refugee volunteers (Bangladesh, p. 28).

Our support in Lebanon in 2025

129,486

people supported through all measures

22

health facilities supported

67,087

packages with relief items distributed

20,471

IDPs and refugees received WASH support

Nayla El-Khoury, our former Country Director in Lebanon, shares her impressions of a visit in IDP’s shelters in March 2026. Watch the video here:



malt-int.org/IDP-support-shelters-lebanon



Free treatment – vital support

Antoinette Akumu, 63, was displaced with her family to Simbi, Ituri Province, in the Democratic Republic of the Congo (DR Congo). She takes care of her grandchildren after their parents were killed in the armed conflict between the M23 rebel militias and government forces. Across the DR Congo, approximately 10 million people are internally displaced. In 2025, the fighting increased again in the eastern part of the country, close to our project region in Ituri.

The health services offered with our support at Simbi Health Center are vital for Antoinette and her family: “We have access to free treatment and medicine at the health center close to our home. We got treatment in the past for malaria, diarrhea, flu and other illnesses. The children have been receiving all the vaccinations that have helped them grow up healthy”, says Antoinette. “[This support] has kept us going, especially because we do not know when we can go back home.”

Photo: Nyokabi Kahura



“Psychological support is really needed.”

For 40 years, Tamara lived with her family in the city of Hirske, Ukraine. When the war reached her hometown in 2022, a shell severely damaged their house, forcing her and her husband to flee. Seeking safety in Dnipropetrovsk Oblast, she instead found herself once again living under the threat of daily attacks. The constant insecurity has left her drained and struggling to hold on to hope.

Through our partner *Avalyst's* psychosocial hotline, Tamara received professional support and practical tools to better manage her anxiety and fears. For Tamara, this assistance has been a vital lifeline in an otherwise overwhelming situation.

“In this life, surely everyone dreams of peace on earth,” she says. As the war against Ukraine is well into its fifth year, Tamara hopes that one day her country will start to flourish again.



Watch Tamara's full story:
malt-int.org/tamara_ukraine
Photo: *Avalyst/Malteser International*



Mohammed El Hajj
Country Director Ukraine
Photo: Dzodzaev Arsen Arsenovich

Ukraine Strong and sustainable for what lies ahead

In line with the principle of subsidiarity, we have strengthened the operational responsibility of our Country Offices. We asked Mohammed El Hajj, our Country Director in Ukraine since January 2024, how this changed his work and how the support needs in Ukraine changed during the last year. El Hajj has lived in Ukraine since 2016.

Since January 2025, MI's country office in Kyiv has a much larger team of thirty staff members, most of whom are Ukrainian. Has this changed your role?

El Hajj: Yes, the growth marked a transition for me from being very operationally involved to focusing more on leadership, structure, and long-term direction. We moved from an emergency-style presence to a more established country program. I need to make sure we keep the balance between the flexibility needed in a crisis and

the stability required for a team of this size. Helping local colleagues to take on more responsibility and leadership is something I see as both necessary and positive. Overall, I make sure that the office is delivering today and is also strong and sustainable for what lies ahead.

To be strong and resilient for what lies ahead is also our goal for the people affected by the war in Ukraine. What have we focused on in 2025 to achieve this?

El Hajj: Overall, our work in 2025 has been about protecting wellbeing in a comprehensive sense – mental, physical, and social – while easing some of the pressure on the national system and helping people stay connected to their communities. This is essential for recovery.

We have noticed a kind of deep fatigue in many people over the past year. We hear more people talking about feeling numb, being constantly anxious, or unable to think about the future at all.

In 2025, we strengthened community-based psychosocial activities, group sessions, and safe spaces for children. People need suitable spaces and support that help them regain some stability and rebuild resilience over time.

With our support, our partner Avalyst opened such a space in June 2025: a Community Center in Kryvyi Rih in Dnipropetrovska Oblast. What makes it important?

El Hajj: Places like this Community Center are important because they are not only about services, but about helping people reconnect, regain routine, and feel part of a community again. That sense of normality is a key part of mental health. Staff also help visitors connect with other services if they need more specialized support, so the center acts as both a support space and an entry point to further assistance.

The center already provided more than 700 people with mental health and psychosocial support in 2025. Many of them have been

displaced at least once. What particular needs do they have?

El Hajj: Internally displaced people (IDPs) have experienced an immense loss. They are trying to rebuild daily life in an unfamiliar place, often with limited resources and without knowing how long they will stay, whether they can return, or what the future will look like. Some people feel isolated or unwelcome in their new communities. For children, being displaced can be particularly destabilizing. So, support for IDPs needs to go beyond coping with trauma. It is about helping people regain a sense of stability, rebuild social connections, and find ways to cope with long-term uncertainty.

Other people stay in their homes despite significant danger. Aid workers, including our own, often risk their lives to help them. Why is home support so important?

El Hajj: The link between health and home has become very visible in our daily work in Ukraine. When people lose their homes and support networks, their mental health is directly affected. We work at community level and link people with existing services, thus helping to ensure they can access care without being forced to move away. People who feel supported and connected cope better with stress and trauma.

In Ukraine, we see every day that “home” is not just a place, but a source of identity, dignity, and resilience. Understanding that better can help shape how we design support in long-lasting crises like this one.

Our support in Ukraine in 2025

20,958

people attended individual or group MHPSS* sessions

103,869

internally displaced people supported with health measures

135,553

packages with relief items distributed

12,172

children and adolescents supported through four mobile play units

Read more here! This text is an extract from a longer interview, the full version of which you can find on our website



malt-int.org/interview-elhajj-ukraine

*MHPSS: Mental Health and Psychosocial Support





A place to feel safe and supported

A psychologist supports teenagers at an art therapy class at our Community Center in Kryvyi Rih, Ukraine. The task: Recognizing, classifying, and expressing feelings. The goal: Coping better with the immense stress and anxiety that has become a daily part of their young lives.

The Community Center – operated by our partner organization *Avalyst* – offers psychosocial support activities, group and individual sessions, and structured activities for children and teenagers. It is a simple but very important space: A place where children can play safely and adults can sit, talk, take part in activities, and not feel alone. Through the center, we can support their emotional stability in a very practical way.

Photo: Martyn Aim

Realized/implemented by: **Malteser International** (Member of Malteser Worldwide Relief)

Фінансується за підтримки/financed by: **Aktion Deutschland Hilft** (Germany's Relief Coalition)

У партнерстві з: **Aktion Deutschland Hilft** (Germany's Relief Coalition)

“Забезпечення негайного реагування з порятунку життя на надзвичайні потреби та проблеми захисту постраждалого від конфлікту населення на сході України” / “Ensuring immediate life-saving response to the emergency needs and protection challenges of the conflict-affected population in eastern Ukraine”

Malteser International, Aktion Deutschland Hilft, АВАЛІСТ



“Everything changed since then”

Particularly in rural areas and refugee settlements, Emergency Medical Services (EMS) in Uganda are still developing, with major gaps across all stages of care. “You just pray: Oh, God, let this person reach [the hospital]”, says ambulance driver Fred Olwol, describing the realities of his job before our support.

We have been working since 2018 to strengthen Uganda’s Emergency Care System in close partnership with the Ugandan Ministry of Health. In 2025, we expanded this work to Nakivale Refugee Settlement.

“When the upgraded Type B ambulance was introduced, all our patients reached their destination, because they go on life-support machines which are now inside the ambulance. Everything changed since then”, says Fred Olwol. “If there was the opportunity to have more [upgraded ambulances], it would be the best for us.”



Watch the full interview with Fred Olwol:
malt-int.org/uganda_ems_olwol
Photo: Tonny Kasumba

Uganda

Emergency care protects the dignity of refugees



Benson Odong
Project Manager EMS
Photo: Malteser International

“By equipping ambulances and empowering local health workers, we are both saving lives and restoring dignity and confidence to those who have already lost so much.”

We have been working since 2018 to strengthen Uganda’s Emergency Care System in close partnership with the Ugandan Ministry of Health. In 2025, we expanded this work to Nakivale Refugee Settlement in south-western Uganda, providing improved and dignified emergency care for almost 270,000 refugees.

Uganda is at the center of one of the world’s most complex displacement crises. It is currently the country with the largest number of refugees in Africa. People fleeing conflict in South Sudan, the Democratic Republic of the Congo (DR Congo), and Sudan continue to arrive, seeking safety close to home and hoping for a more stable future. Uganda’s progressive refugee policy allows refugees to live alongside host communities, work,

access land, and use national services. Yet, even with this inclusive approach, the pressure on public systems and especially healthcare, is immense.

SURVIVAL OFTEN DEPENDS ON TRAVEL TIME

Uganda’s public healthcare system is required to reach people in often remote and under-resourced settings. While needs continue to grow, humanitarian funding has

decreased sharply in recent years. Health facilities face chronic shortages of trained staff, essential medicines, and equipment. In many parts of Uganda, ambulances are few, poorly equipped, and staffed by drivers without medical training. Transport times are long, and patients often travel without oxygen, monitoring, or lifesaving interventions along the way. For refugees living far from referral hospitals, the journey time itself can mean the difference between life and death.

THOUSANDS OF LIVES CAN BE SAVED YEARLY

Statistically, more than half of emergency related deaths in low- and middle-income countries like Uganda could be prevented by stronger emergency care systems (WHO, 2024). Recognizing this, we have worked together with the Ugandan Ministry of Health to lay the foundation for sustainable, high-quality nationwide emergency care by supporting national policies, standards, and training frameworks. In 2025, we continued to build on this foundation to enhance the Emergency Medical Services (EMS) for Nakivale Refugee Settlement in south-western Uganda. The majority of the almost 270,000 Nakivale residents are women and children, many of them newly displaced from the eastern DR Congo.

BRINGING LIFESAVING CARE CLOSER TO HOME

To improve the EMS for the refugees in Nakivale, we focused on one critical link

in the care chain: safe, dignified transport. Working closely with various expert partners, another three ambulances were upgraded to national Type B standards. These ambulances are now equipped with oxygen, monitoring tools, and essential emergency equipment.

Equally important was investing in people. Sixteen healthcare workers were trained in the WHO-accredited Basic Emergency Care course, strengthening their ability to recognize and manage emergencies. Ten ambulance drivers received Emergency Vehicle Operators training.

HEALTHCARE IS A STABILIZING FACTOR

As displacement continues and funding becomes more uncertain, investing in local capacity is critical. When people can access care close to where they live, even in displacement, they retain a sense of agency and belonging. By working through national systems and strengthening local professional bodies, we are supporting the development of an EMS model that can be replicated. The experiences gained in Nakivale are already being incorporated into plans to modernize ambulances in neighboring settlements and host communities.

With strong partnerships, local expertise, and sustained support, emergency care can become a pillar of dignity and hope for displaced communities in Uganda and beyond.

Our support in Uganda in 2025

27,513
refugees supported with health measures

8
ambulances upgraded to EMS standard

50
health facilities supported with training and equipment

12,546
people provided with daily access to drinking water

Read more about our Emergency Care Systems project in Uganda, Kenya, and Rwanda since 2018:



malt-int.org/ecs-uganda-kenya-rwanda



Health and WASH work best together

In our work, we recognize that health is closely linked to water, sanitation, and hygiene (WASH). Together with our local partner *Nsamizi* we improved medical waste management, provided building materials for individual toilets for 495 households, and rehabilitated seventeen tapstands for drinking water in Nakivale in 2025. "The water is flowing much better than it was before, and above all, the water is clean", says Emmanuel Tumusiime, 28, resident of Nakivale (right side of the photo), about the improved tapstand.



Watch the video:
malt-int.org/water-nakivale-25

Nakivale is among the top ten largest refugee settlements in the world and one of the oldest in Uganda. Officially registered in 1960, it currently hosts over 50,000 households in approximately 75 separate villages. More people arrive daily and many stay for years. They are in need of reliable, continued support.

Photo: Tonny Kasumba



Healthcare is a cornerstone of human dignity

Minuara, 34, and her baby son at a check-up appointment at the outpatient department of one of the health posts we support in three refugee camps in Cox's Bazar, Bangladesh. When she was diagnosed with eclampsia during week 37 of her pregnancy, the swift reactions of the health post staff saved her and her baby's life.

Displacement often disrupts health systems, fragments care, and pushes people into cycles of untreated illness. For Rohingya refugees, these challenges are compounded by overcrowding, poor living conditions, limited mobility, and deep psychosocial trauma.

We have been delivering people-centred primary healthcare services in the Cox's Bazar refugee camps through our local partner *Gonoshasthaya Kendra (GK)* since 2017. The project serves a catchment area of approximately 57,000 refugees – close to where they live, and in a manner that respects their dignity.

Read Minuara's full story here:
malt-int.org/minuara-bangladesh



Photo: K.M. Munumun Hafiz/Methodica



Bangladesh Nurul builds bridges

Nurul Amin is one in a million. One in a million refugees from Myanmar who live in overcrowded camps in Cox’s Bazar, Bangladesh. One in a million who do not know if they can ever return home again. And he is one of 27 Rohingya volunteers who contribute to the efficiency and sustainability of our health services in Cox’s Bazar despite ever-decreasing global humanitarian funding.

Nurul Amin was seventeen years old when he arrived in Bangladesh, crossing the border with thousands of others fleeing violence in Myanmar. He remembers arriving in what would become Refugee Camp 11 and, looking around at endless rows of bamboo and tarpaulin, wondering how anyone could build a life here.

DIGNIFIED AND SUSTAINABLE HEALTH SERVICE DELIVERY

With *Gonosshasthaya Kendra (GK)* as our partner, we provide respectful, confidential,

and inclusive primary healthcare to a catchment population of approximately 57,000 refugees. To this end, we have supported health posts at three different Rohingya camps in Cox’s Bazar since since 2017.

For displaced communities, dignity in healthcare is not only about what services are provided, but how they are delivered. Particularly in a humanitarian environment increasingly affected by funding cuts, sustainability depends on strong local systems and community ownership. Our approach emphasizes collaboration with local health

actors, Community Health Workers, and refugee volunteers to strengthen trust and continuity. This proximity to the community allows services to remain responsive to evolving needs while reinforcing accountability and trust.

A FATEFUL NOTICE

For months after his arrival, Nurul was lost in the crowd. A teenager among tens of thousands, he was invisible, uncertain: surviving but not living. Then, in September 2020, he saw a notice pinned to a community notice board. *GK* was hiring Community Health Workers. He completed the required process, and to his surprise, he was selected to begin the training.

That was nearly six years ago. Now, at twenty-five, Nurul Amin is no longer lost in the crowd. He is known. Every morning at nine o’clock, Nurul reports to one of the health posts operated by *GK* with our support. He checks in with the staff, receives any updates or special instructions, and then steps out into the camp’s narrow pathways to begin his rounds.

The people he visits do not see him as an outsider bringing foreign ideas. They see him as one of them – someone who shares their history, their language, their daily reality. That is why they open their doors to him. That is why they listen when he speaks. “Because you come to our homes and talk to us,” people tell him again and again, “we are much freer from disease than before.”

HEALTH AS A FOUNDATION FOR STABILITY

The Rohingya crisis is often framed as a humanitarian burden, yet access to dignified healthcare is an investment in regional and global stability. “When displaced people can maintain their health, manage chronic conditions, and protect maternal and child wellbeing, they are better equipped to withstand uncertainty and contribute positively to their communities – whether in displacement, return, or future resettlement,” says Keerti Keerti, our Country Director in Bangladesh.

AN ESSENTIAL LINK

None of our support services would reach the people who need it most without volunteers like Nurul. He builds the bridges that connect our healthcare services with the homes and people of his community.

Nurul’s work is not easy. The hours are long, the resources limited, the emotional weight heavy. Every day, he listens to painful stories. He carries those stories with him, and sometimes they sit heavy on his heart.

But he keeps knocking. He keeps talking. He keeps walking. He is one in a million who wait and pray for a better future and that the world will not forget him: In 2025, not even half the global funding needs assessed by the UN for Cox’s Bazar were met. “Continued and reliable funding is crucial to ensure that critical health services in Cox’s Bazar will continue uninterrupted to uphold wellbeing and basic human dignity,” says Keerti Keerti.

The Primary Healthcare Services we support in Cox’s Bazar include:

- Outpatient consultations for general, acute, and chronic illnesses
- Maternal, newborn, and child healthcare
- Mental health and psychosocial support
- Referral and follow-up for secondary and tertiary care
- Health and hygiene promotion to prevent communicable diseases
- Emergency health and disaster response, ensuring rapid support during shocks



Our support in Bangladesh in 2025

112,319

outpatient consultations performed

31,491

lab tests conducted

74,476

people reached through all projects

2,149

MHPSS* counselling sessions provided

Read Nurul’s full story and more about our support for people in need in Cox’s Bazar and the surrounding communities:



malt-int.org/bangladesh

*MHPSS: Mental Health and Psychosocial Support



“If we cannot change where we live, at least we can change how we support each other.”

For displaced communities, dignity in health-care is not only about what services are provided, but how they are delivered. Community Health Worker Nurul Amin (left) is a refugee like the people he serves. He lives in the same camp, walks the same dusty paths, faces the same shortages and uncertainties.

The training Nurul received through our partner organization *GK* with our support equipped the then nineteen-year-old with knowledge in hygiene promotion, maternal health awareness, emergency response, danger signs for pregnant women and newborns, the importance of vaccination, the connection between clean water and preventing disease. Now he carries that knowledge with him everywhere, and every day he passes it on. He is not just informing people about health topics: He is building a healthier, more resilient community, one conversation at a time.

Photo: K.M. Munumun Hafiz/Methodica

Thank you to our in-country partner organizations

We sincerely thank our partners and partner organizations in our project countries for their strong collaboration and dedication throughout 2025. Your commitment, local knowledge, and partnership have been essential in bringing hope and assistance to those most affected by ongoing humanitarian challenges.

In Africa

- **AAPU** (Association of Ambulance Providers Uganda)
- **AICHM** (Africa Inland Church Health Ministries)
- **CAAMENIHU** (Centrale d'Achat et d'Approvisionnement en Médicaments Essentiels du Nord-Ituri et du Haut-Uélé)
- **CAFOMI** (Care and Assistance for Forced Migrants)
- **Caritas Bamenda**
- **County Government of Machakos**
- **County Government of Marsabit**
- **County Government of Turkana**
- **CRUDAN** (Christian Rural & Urban Development Association)
- **ECAU** (Emergency Care Association Uganda)
- **Eco Brixs**
- **EMKF** (Emergency Medicine Kenya Foundation)
- **Ethiopian Red Cross Society**
- **EUP FASS** (Etablissement d'Utilité Publique)
- **Fondation Stamm**

- **GEC** (Global Emergency Care)
- **Gejja Women Foundation**
- **Gulu College of Health Sciences**
- **Health authorities (DPS), health centers, and general referral hospitals (HGR)** in the Provincial health Divisions of Ituri, Haut Uélé, Bas Uélé, and Kasai Central
- **ILRI** (International Livestock Research Institute)
- **JOOTRH** (Jaramogi Oginga Odinga Referral Hospital)
- **Kakamega County Referral Hospital**
- **Kakuma Mission Hospital** (Diocese of Lodwar)
- **KCEMT** (Kenya Council of Emergency Medical Technicians)
- **Kenya Red Cross Society**
- **KHPOA** (Kenya Health Professionals Oversight Authority)
- **KMPDC** (Kenya Medical Practitioners and Dentists Council)
- **KMTC** (Kenya Medical Training College)
- **Kulika Uganda**
- **LPF** (Lindii Peace Foundation)
- **Lubaga Hospital**

- **Masinde Muliro University of Science and Technology**
- **Mbarara Hospital**
- **Ministry of Agriculture, Nigeria**
- **Ministry of Environment, Nigeria**
- **Ministry of Health, Kenya**
- **Ministry of Health, Nigeria**
- **Ministry of Health, Uganda**
- **Ministry of Water and Environment, Uganda**
- **Ministry of Water Resources, Nigeria**
- **Ministry of Women Affairs, Nigeria**
- **National Drought Management Authority, Kenya**
- **NCWS** (National Council for Women's Societies, Adamawa and Borno Chapter)
- **Nsambya Hospital**
- **Nsamizi Training Institute of Social Development**
- **Office of the Prime Minister of Uganda**
- **PACIDA** (Pastoralist Community Initiative and Development Assistance)
- **Rescue.co**
- **Rhema Care Integrated Development Centre**

- **RUWASSA Adamawa** (Adamawa State Rural Water Supply and Sanitation Agency)
- **RUWASSA Borno** (Borno State Rural Water Supply and Sanitation Agency)
- **Salesian Sisters**
- **St. Francis Hospital Nsambya Training Institute**
- **St. Micheal Lubaga Hospital Training Institute**
- **STSI** (Save the Slum Initiative)
- **Suubi Rehabilitation Centre**
- **The Southern Ethiopia Borana Zone** (Dire and Moyale Woredas)
- **TVRA** (The Victim Relief Alliance)
- **UAP** (Uganda Association of Physiotherapy)
- **UCMB** (Uganda Catholic Medical Bureau)
- **UNKEA** (Universal Network for Knowledge & Empowerment Agency)
- **Vihiga County Referral Hospital**
- **Viva con Agua Uganda**

In the Americas

- **ABIUDEA** (Asociación de Biólogos de la Universidad del Atlántico)
- **AHAAMES** (Association Haïtienne d'Assistance Agricole, Médicale, Educative & Sociale)
- **Banco de Alimentos Diocesano de Santa Marta**
- **BALG** (Banco de Alimentos of the Diocese of Riohacha)
- **CEPIN** (Sociedad Civil Protección Integral al Niño)
- **HI** (Humanity & Inclusion)
- **IPSI Anashiwaya** (Anashiwaya Institución Prestadora de Salud Indígena)
- **M4H** (Meals 4 Hope)
- **Malteser Peru**
- **Orden de Malta Venezuela (AVOM)**
- **Order of Malta American Association**

- **Orden de Malta México**
- **PALUZ** (Primeros Auxilios LUZ 'Paul Rene Moreno Camacho')

In Asia

- **AFAD** (Association for Alternative Development)
- **CDD** (Centre for Disability Development)
- **ERA** (Efforts for Rural Advancement)
- **GK (Gonoshasthaya Kendra)**
- **KOSHISH** (National Mental Health Self-Help Organization)
- **KTWG** (Karen Teachers Working Group)
- **LSNF** (Legal Status Network Foundation)/ **DCCN** (Development Center Children and Community Network)
- **Mukti Foundation**
- **Partner organizations in Myanmar**
- **PHALS** (Program for Helpless And Lagged Society)
- **Philippine Association of the Sovereign Order of Malta, Inc.**
- **RSDC** (Rural Self-Reliance Development Centre)
- **RSWF** (Resham Shafiq Welfare Foundation)
- **SRSO** (Sindh Rural Support Organization)
- **SSK** (Sahbhagi Shikshan Kendra)
- **Union Aid**
- **UNNATI**
- **WEO** (Women Empowerment Organization)

In Europe

- **Avalyst**
- **CF BiY** (Believe in Yourself)
- **CF SSS** (Stabilization Support Services)
- **Early Birds**
- **MHS** (Mental Health Service)
- **Order of Malta Relief Organization Latvia**
- **Order of Malta Relief Organization Slovakia**
- **Order of Malta Relief Organization Ukraine**
- **Save Ukraine**
- **Words Help**

In the Middle East

- **ADRA** (Adventist Development & Relief Agency) **Yemen**
- **Bahar Organization**
- **HIHFAD** (Hand in Hand for Aid and Development)
- **IDA** (Independent Doctors Association)
- **LPJ** (Latin Patriarchate of Jerusalem)
- **OML** (Order of Malta Lebanon)
- **SAMS** (Syrian American Medical Society)
- **Shafak Organisation**
- **Tazoor**



Health and Dignity for People in Need

Vision

We aspire to a world where all individuals – particularly those in need and those who are displaced – live a life of health and dignity.

Mission

Our mission is to improve the health and well-being of suffering and displaced people around the world. We provide emergency and disaster relief in the immediate aftermath of acute disasters and work towards the rehabilitation and reconstruction of afflicted communities. We work on the frontlines to provide immediate and long-term relief to those who need it most.

We deploy our experts in crisis situations, conflict-ridden areas, during natural disasters and epidemics around the world. We intervene to provide medical and mental health support, clean water, sanitation, and hygiene (WASH), food and nutrition security where possible.

We take a holistic approach to health in our programming. We work with local resources and engage local partners, as well as the Order of Malta's global network, to provide rapid and effective responses in even the most remote locations.

People are at the center of our assistance. Our goal is to sustainably increase the resilience of those worst affected by disasters. We are also committed to contributing to the achievement of the UN Sustainable Development Goals. In doing so, we extend our support to all individuals in need regardless of gender, political belief, origin, or faith.

Christian values and the humanitarian principles of humanity, neutrality, impartiality, and independence are the foundation of our work. We are committed to the highest levels of innovation, professionalism, quality, and transparency. Driven by our values, and thanks to our over 65 years of experience, we remain a trustworthy organization for our donors, partners, and most importantly, for the people we serve. Through our work we experience joy, find greater meaning and a sense of belonging among like-minded individuals.

Globally, we are united by the goal of standing alongside the displaced, and people in need: Together, we're working to build a life of health and dignity.

The international aid agency of the Sovereign Order of Malta

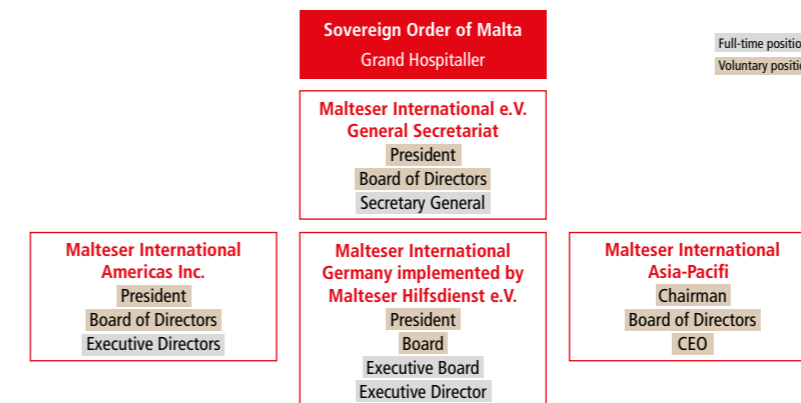
The Sovereign Order of Malta is a lay catholic Order of the Catholic Church. Its more than 13,500 members around the world are committed to works of faith and charity. The Order, headquartered in Rome, maintains diplomatic relations with 115 states and holds a permanent observer status at the United Nations. The Order of Malta is neutral, impartial, and apolitical.

STRUCTURE OF MALTESER INTERNATIONAL

Malteser International (MI) is the international relief agency of the Sovereign Order of Malta. The Order's Grand Hospitaller also serves as the patron of MI.

MI has three organizational units with their own structures that carry out programs and relief operations: MI Germany (a division of Malteser Hilfsdienst e. V.) based in Cologne, Germany, MI Americas based in New York, USA, and MI Asia Pacific, based in Australia.

These organizations are connected by an international board consisting of experts from the Sovereign Order of Malta worldwide. This board is elected for a four-year term by thirty Order of Malta Associations, who also contribute financially to the work of MI.



BOARD OF DIRECTORS MALTESER INTERNATIONAL:

Raphael Vermeir,
President (British Association)
Freiherr Richard von Steeb,
Vice-President (Grand Priory of Austria)
Alexandre Sacerdoti,
Treasurer (Swiss Association)
Douglas Graf von Saurma-Jeltsch,
President Malteser International Germany
Camille Kelleher,
President Malteser International Americas
The Hon. James Douglas,
Chairman of Malteser International Asia Pacific
Luca Aragone
(CISOM – Italian Relief Corps of the Order of Malta)
Cedric Chalret du Rieu *(French Association)*
Mariann Czirjak *(Hungarian Association)*
Fra' Gottfried von Kuhnelt-Leddihn
(Grand Prior of Austria)

Mgr. Dr. Everardus Johannes de Jong,
Spiritual Advisor

MANAGEMENT MALTESER INTERNATIONAL E.V.:

Clemens Graf von Mirbach-Harff,
Secretary General
vacant,
Deputy Secretary General

MALTESER INTERNATIONAL GERMANY/ MALTESER HILFSDIENST E.V.:

Executive Board: Dr. Elmar Pankau *(Chair)*,
Thomas Kleinert, Ulf Reermann
Executive Director: Clemens Graf von Mirbach-Harff



Theresa Tesan
Head of Emergency and Quality
Photo: Malteser International

“The current situation is a call to action for us”

Organizations like ours work in a highly tense environment between globally growing suffering, bureaucratic challenges, and ever-decreasing funds. Theresa Tesan leads our department of Emergency and Quality. In this interview, she explains how we are managing these challenges following Malteser International's (MI's) extensive restructuring in 2025.

Why was a restructuring necessary and what was the core idea behind MI's reorganization?

Tesan: The humanitarian landscape is currently undergoing rapid change, marked by greater financial pressure, increasing demands, and a growing number of increasingly complex crises. This global “reset” affects the entire humanitarian sector. It acts as a catalyst: organizations that fail to adapt today may no longer be able to operate tomorrow.

With the goal of continuing to provide people in need with high-quality assistance, we thoroughly reviewed our processes, roles, and responsibilities, adapted our organizational structure and streamlined procedures. Fortunately, we had already initiated a strategic process

several years ago that laid the foundation for change – an investment that is now paying off.

What concrete changes have been implemented, and how do they help us address the challenge of doing more with fewer resources?

Tesan: We are now placing a stronger focus on our core competencies: We have set a clear focus on our central sector, health, complemented through an integrated approach including WASH (water, sanitation, and hygiene), food and nutrition security (FNS), and emergency response.

Today, our fourteen country offices carry significantly more responsibility than in the past and manage projects more

independently (see also the interview on page 19). Strengthening local responsibility consistently follows the principle of subsidiarity and is a prerequisite for faster and more appropriate responses – particularly in emergency situations. Staff on location make decisions closer to the people they serve and the contexts they operate in.

The roles of staff at our headquarters in Cologne have also been adapted. They now provide targeted support and guidance to country offices, and develop organization-wide standards, for example for implementing sector activities or standardizing project indicators. This ensures that all locations can work flexibly while relying on shared quality frameworks.

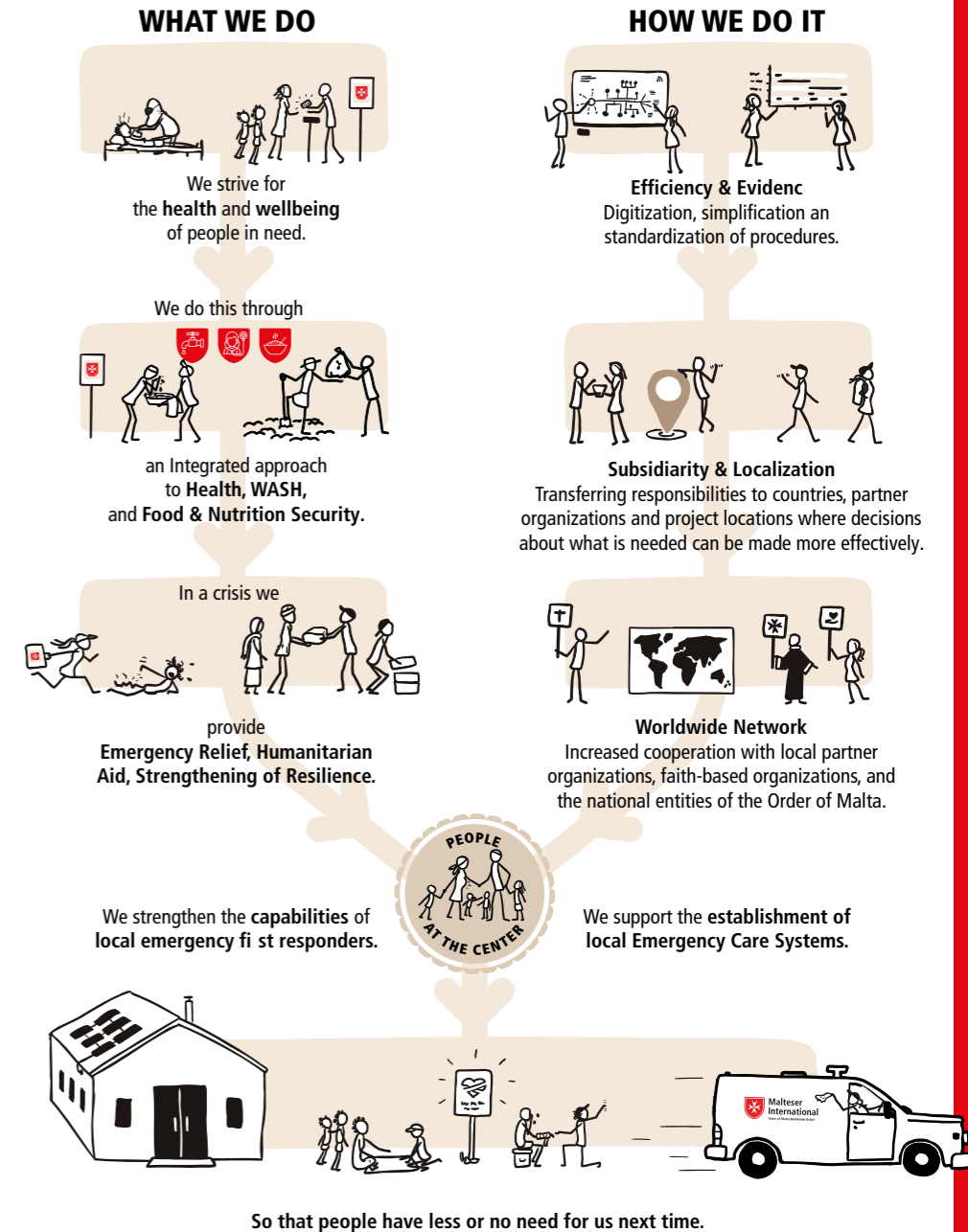
To break down silos and create synergies, we also strengthen exchange of expertise and knowledge between regions: Our new “Communities of Practice” bring together experts from our different locations to exchange insights and advise one another on their respective areas of work.

Friction is almost inevitable in such a far-reaching structural process. How do you continue ensuring the quality of your work under these circumstances?

Tesan: It is indeed a tremendous challenge. The changes have required a high level of adaptability from all of our staff within a very short period of time. At the same time, they continue to deliver outstanding performance under significant pressure and with reduced capacities. To provide the necessary orientation and stability, we defined the new roles and processes very clearly.

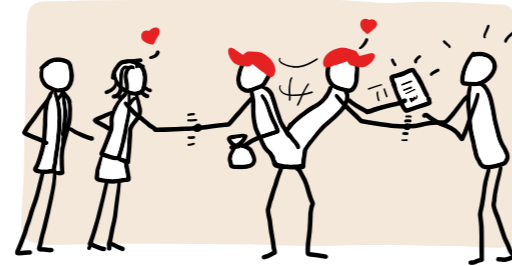
Particularly in the area of quality, we are able to build on strong foundational work that was put in place during earlier, more favorable years. For example, regulations were revised and extensive training programs were conducted. These investments are helping us to ensure the quality of our work today.

We view the current situation as a call to action for us to remain flexible and adapt continually while staying true to our strong set of values and a clear internal compass: We want to help as many people in need as possible in a way that is people-centered, locally anchored, safe, and dignified.



We say thank you!

None of our aid projects would have been possible without our sponsors. Thank you! All of you contributed to rapid and sustainable aid for people in need in 2025.



Thank you to our large-scale¹ donors:

- Aktion Deutschland Hilft e.V. (Germany's Relief Coalition)
- European Commission: Directorate-General for International Partnerships (DG INTPA)
- Federal Ministry of Economic Cooperation and Development (BMZ)
- German Federal Foreign Office (GFFO)
- United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA)
- Our private donors

We also thank for their valuable support:

- Agence Française de Développement (AFD)
- Alfred Neven DuMont-Stiftung²
- BILD hilft e.V. "Ein Herz für Kinder"
- Burma Children Medical Fund (BCMF)

- Child's Dream Foundation (CDF)
- CHRISTUS Health Foundation
- Czech Development Agency (CzechAid)
- Daimler und Benz Stiftung²
- Deutsche Gesellschaft für Internationale Zusammenarbeit und Entwicklung (giz)
- Deutsche Investitions- und Entwicklungsgesellschaft (DEG)
- Deutsche Welthungerhilfe e.V.²
- European Commission: Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO)
- Else Kröner-Fresenius Stiftung² (EKFS)
- Food and Agriculture Organization of the United Nations (FAO)
- Freudenberg Elementary School, Germany
- German City of Osterfildern
- Hoffnungsträger Stiftung²
- I-S-A-R Germany Stiftung gGmbH²
- International Committee of the Red Cross (ICRC)
- International Rescue Committee

- Latter Day Saint Charities Australia (LDSC)
- missio – internationales Katholisches Missionswerk e.V.
- Neighbor in Need (NiN)
- Nigerian Humanitarian Fund (NHF)
- Raskob Foundation for Catholic Activities Inc
- Regine Sixt Kinderhilfe Stiftung²
- Stiftung RTL – Wir helfen Kindern e.V.²
- Stiftung Überseehilfswerk²
- The Dutch Sisters of Mercy of the Most Sacred Heart of Jesus
- The Global Fund to Fight AIDS, Tuberculosis, and Malaria
- U.S. Department of State – The Bureau of Population, Refugees, and Migration (BPRM)
- UNICEF
- USAID Bureau for Humanitarian Assistance (BHA)
- Wasser ohne Grenzen e.V.
- Water is Right Foundation
- World Child Foundation
- World Food Programme

Stronger together – for people in need: We also thank our national and international **network partners** from the bottom of our hearts. Through this support, exchange and fruitful cooperation, our joint project work has an even greater impact. Please find the list of our valuable partnerships here: malt-int.org/network-partners



¹ Funding of over 1 million euros in 2025
² Original foundation names not translated ("Stiftung" = "Foundation")

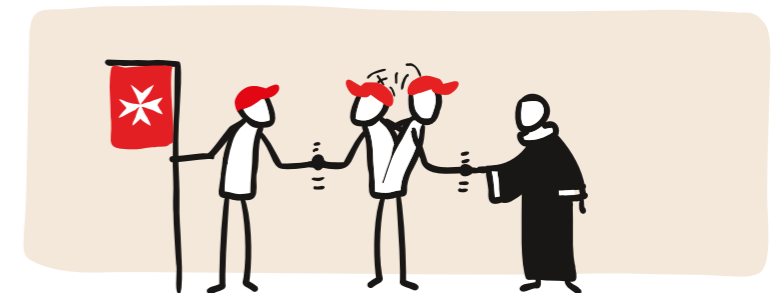
A unique network

Our special thanks go to our worldwide partners of the Sovereign Order of Malta and the Malteser network for their financial support and the excellent cooperation.

- Embassy of the Sovereign Order of Malta to Kenya
- Grand Hospitaller of the Sovereign Order of Malta
- Malteser Hospitaldienst Austria
- Malteser Stiftung*
- OMDP Foundation
- Stiftung Seliger Gerhard*

The 30 Associations and Pories that are member of Malteser International e.V.:

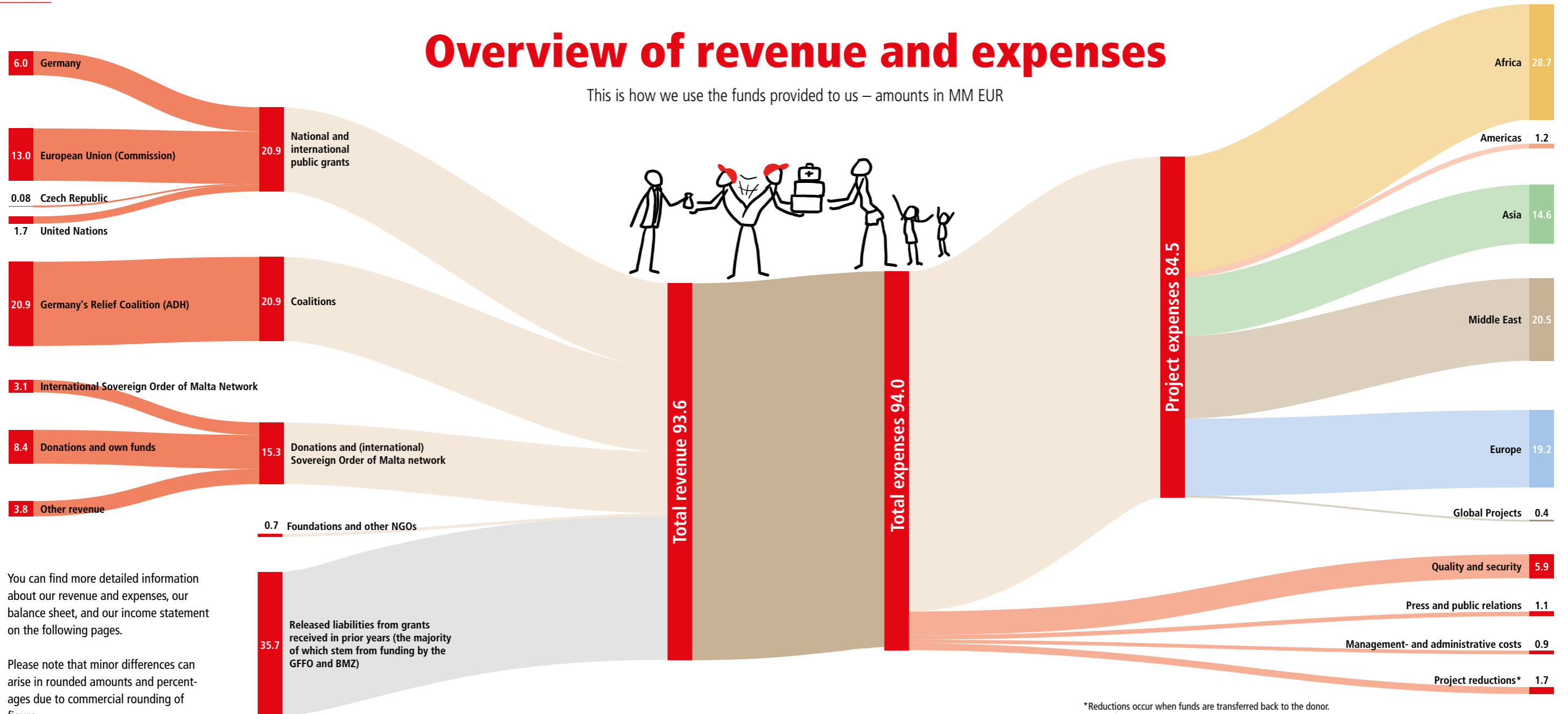
American Association, Australian Association, Belgian Association, British Association, Canadian Association, Colombian Association, Cuban Association, Dutch Association, Federal Association, French Association, German Association, Grand Priory of Austria, Grand Priory of Bohemia, Grand Priory of Lombardy and Venice, Grand Priory of Naples, Grand Priory of Rome, Hungarian Association, Irish Association, Italian Association, Lebanese Association, Maltese Association, Mexican Association, Philippine Association, Polish Association, Portuguese Association, Scandinavian Association, Singapore Association, Spanish Association, Swiss Association, Western Association



* Original foundation names not translated ("Stiftung" = "Foundation")

Overview of revenue and expenses

This is how we use the funds provided to us – amounts in MM EUR



You can find more detailed information about our revenue and expenses, our balance sheet, and our income statement on the following pages.

Please note that minor differences can arise in rounded amounts and percentages due to commercial rounding of figure .

*Reductions occur when funds are transferred back to the donor. This is often the case when projects are terminated early.

Detailed Revenue

	Amount in EUR
National and international public grants	
Germany	6,032,144
German Federal Foreign Office (GFFO)	4,804,111
German Federal Ministry for Economic Cooperation and Development (BMZ)	1,195,033
Deutsche Gesellschaft für Internationale Zusammenarbeit und Entwicklung (giz)	33,000
European Union (European Commission)	13,055,313
DG ECHO (Directorate-General for European Civil Protection and Humanitarian Aid Operations)	499,598
DG INTPA (Directorate-General for International Partnerships)	12,555,714
Czech Republic	80,000
Czech Development Agency (CzechAid)	80,000
United Nations	1,749,023
Food and Agriculture organization of the United Nations (FAO)	165,760
UN OCHA	1,338,142
UNICEF	215,738
World Food Programme (WFP)	29,384
Total	20,916,480
Coalitions	
Aktion Deutschland Hilft e.V. (Germany's Relief Coalition)	20,907,590
Total	20,907,590
Donations and (international) Sovereign Order of Malta network	
Malteser Hilfsdienst e.V.	3,000,000
Malteser Hospitaldienst Austria	1,005
Order of Malta Associations	142,857
Other revenue	3,785,517
Donations and own funds	8,428,212
Total	15,357,590
Foundations and other non-governmental organizations (NGOs)	
Alfred Neven DuMont-Stiftung	207,619
Deutsche Welthungerhilfe e.V.*	348,609
Hoffnungsträger Stiftung	25,000
International Rescue Committee (IRC)*	3,875
I-S-A-R Germany Stiftung gGmbH	8,400
Neighbor in Need	86,364
Wasser ohne Grenzen (WoG)	14,600
World Child Foundation	32,286
Total	726,752
Total revenue	57,908,412



Please note that minor differences can arise in rounded amounts and percentages due to commercial rounding of figure .

* Partial forwarding of public grants as a consortium partner.

Detailed Spendings

	Amount in EUR
Expenses by country and continent	
Africa	
Angola, Burundi, Central African Republic, Cameroon	148,883
Democratic Republic of the Congo	14,787,975
Kenya, Ethiopia	1,299,015
Nigeria	2,879,010
South Sudan	4,025,572
Uganda	2,448,516
Cross Country Expenses (incl. Rwanda)	3,067,232
Total	28,656,203
Americas	
Haiti, Mexico	119,227
Colombia	625,648
Venezuela	203,842
Cross Country Expenses	231,771
Total	1,180,487
Asia	
Afghanistan	223,821
Bangladesh	1,796,763
India	264,510
Indonesia, Nepal, Philippines, Cambodia	323,536
Myanmar	8,094,144
Pakistan	1,652,326
Thailand	1,607,320
Cross Country Expenses	607,307
Total	14,569,728
Middle East	
Iraq	167,937
Lebanon	2,636,774
Palestine	1,265,492
Syria	15,281,299
Yemen	271,896
Cross Country Expenses	849,591
Total	20,472,989
Europe	
Spain	11,943
Ukraine	18,423,956
Cross Country Expenses	796,709
Total	19,232,607

	Amount in EUR
Global	
Global Projects	255,059
Cross Country Expenses	104,283
Total	359,343
Project expenses total	84,471,356
Further expenses	
Management and administrative costs	5,913,946
Press and public relations	1,125,505
Quality and security	852,522
Total	7,891,972
Subtotal	92,363,328
Project reductions	1,679,304
Total	94,042,632



The total volume implemented in 2025 amounted to € 92.4 million. At around € 7.9 million, further expenses account for around 8.5 percent of total expenditure. For projects that extend beyond the current financial year, earmarked donations and contributions that have not been spent are allocated to liabilities. In 2025, released liabilities from grants received in prior years (the majority of which stem from funding by the GFFO and BMZ) amounted to € 35.7 million.

Balance Sheet

for the period from January 1 to December 31, 2025

Assets	2025 EUR	previous year EUR
A. Fixed assets		
I. Property, plant and equipment		
1. Other equipment, operating and office equipmen	75,264.15	118,639.02
B. Current Assets		
I. Inventories	125,738.13	129,936.05
II. Receivables and other current assets		
1. Trade receivables	9,902.91	89,310.99
2. Receivables from related corporate entities	2,067,134.04	6,915,975.54
3. Receivables from Malteser Hilfsdienst e.V. – internal –	18,535,550.73	9,500,000.00
4. Other assets	38,087,818.50	76,292,465.71
	58,700,406.18	92,797,752.24
III. Cash on hand and bank balances	20,646,027.60	39,850,699.92
	79,472,171.91	132,778,388.21
C. Prepaid expenses and deferred charges	3,600.53	143,256.34
	79,551,036.59	133,040,283.57
Equity and liabilities	2025 EUR	previous year EUR
A. Equity		
I. Proportionate association assets	6,033,081.18	6,033,081.18
II. Loss carryforward (prior year: retained earnings)	-2,733,467.46	480,583.28
III. Net loss for the year	-471,670.24	-3,214,050.74
	2,827,943.48	3,299,613.72
B. Provisions – other provisions	4,010,401.30	3,936,628.51
C. Liabilities		
1. Trade payables	480,855.24	866,616.45
2. Payables to related corporate entities	134,212.05	890,094.89
3. Payables to Malteser Hilfsdienst e.V. – internal –	426,299.86	2,254,524.40
4. Liabilities related to earmarked allocations	67,549,415.92	103,207,241.11
5. Other Liabilities there of from taxes € 8,952.36; prior year: € 3,160.64	2,302,643.83	15,340,428.58
	70,893,426.90	122,558,905.43
D. Prepaid expenses and deferred charges	1,819,264.91	3,245,35.91
	79,551,036.59	133,040,283.57



Income Statement

for the period from January 1 to December 31, 2025

	2025 EUR	previous year EUR
1. Sales revenue	197,555.21	148,076.19
2. Other operating income	57,199,114.90	105,404,092.86
	57,396,670.11	105,552,169.05
3. Cost of materials		
a) Cost of raw materials, supplies and purchased merchandise	8,375,65.26	9,828,577.96
b) Costs of purchased services	5,915,934.24	4,404,281.62
	14,291,592.50	14,232,859.58
4. Personnel expenses		
a) Wages and salaries	22,380,119.92	22,142,320.91
b) Social security contributions, pensions, and other benefits (of which for pensions € 511,358.94; previous year: € 560,323.94)	1,923,614.51	2,040,849.20
	24,303,734.43	24,183,170.11
5. Amortization and depreciation of fixed intangible assets and property, plant and equipment	43,374.87	70,864.31
6. Other operating expenses	55,154,641.91	47,510,479.05
Subtotal	-36,396,673.60	19,554,796.00
7. Other interest and similar income		
(of which from affiliated companies € 496,493.61; prio year: € 202,099.98)	503,686.86	205,019.85
8. Expenses due to addition to liabilities related to earmarked allocations	35,657,825.19	0,00
9. Expenses from the transfer to liabilities arising from earmarked grants	0,00	22,558,025.51
10. Interest and similar expenses (of which from the compounding of provisions € 1,528.00; prior year € 257.00)	17,540.97	87,691.24
11. Earnings before taxes	-252,702.52	-2,885,900.90
12. Other taxes	218,967.72	328,149.84
Net loss for the year	-471,670.24	-3,214,050.74

Notes on the main items of the 2025 income statement

1.- 2. The activities of Malteser International Germany are generally financed by public funds and donations. These are reflected in other operating income. Only a small amount of revenue is generated. In 2025, less donor contracts were signed, resulting in a 45 percent decline in revenue compared to the previous year.

3.- 4. The usage of our funds is reflected in the expenses of Malteser International Germany. The material costs item includes all expenses for the use of materials (e. g. medical supplies), relief supplies, and construction work for reconstruction projects. Expenses for the deployment of local and international employees are shown under personnel expenses. This also includes pro rata administrative personnel costs.

6. Other operating expenses include various items. These include direct project costs like project support of our partners, vehicle expenses, and costs for premises, maintenance, and servicing. Indirect project expenditures like press and public relations work as well as administrative costs are also included.

7. Funds that are not immediately used are deposited in short term savings accounts. The resulting interest and securities income is reflected in other interest.

8. Aid projects often have a duration of more than one year. Hence, it is common for earmarked donations not to be fully deployed in the current financial year. The grants still to be used are therefore recognized as liabilities. In the following year, these are released in accordance with their use.

9. Interest expenses generally arise from project funds that are not spent on time.

11. Tax expenses are often determined by tax regulations in the project country.

2025 Program Overview

In 2025, Malteser International reached 8 million people in need in 33 countries. Project expenses in Africa, the Americas, Asia, Europe, and the Middle East as well as for global projects totaled around 84.5 million euros.

Project countries in 2025

- Americas**
- 1 Colombia
- 2 Haiti
- 3 Mexico
- 4 Peru
- 5 USA¹
- 6 Venezuela
- Europe**
- 7 Lithuania
- 8 Slovakia
- 9 Ukraine
- Middle East**
- 10 Lebanon
- 11 Palestine
- 12 Syria
- 13 Türkiye
- 14 Yemen
- Africa**
- 15 Angola
- 16 Burundi
- 17 Cameroon
- 18 Democratic Republic of the Congo
- 19 Ethiopia
- 20 Kenya
- 21 Nigeria
- 22 Rwanda
- 23 South Sudan
- 24 Sudan
- 25 Uganda
- Asia**
- 26 Afghanistan
- 27 Bangladesh
- 28 India
- 29 Myanmar
- 30 Nepal
- 31 Pakistan
- 32 Philippines
- 33 Thailand

Americas Read more about our work in the Americas: malt-int.org/our-work-in-the-americas

€ 1.2m in program funding Malteser International Germany <small>¹ Project financing for Peru and USA via MI Americas/HQ New York.*</small>	6 countries
	16 projects

Health

Disaster risk management and climate change adaptation

Food and nutrition security

Improved living conditions

Europe Read more about our work in Europe/Ukraine: malt-int.org/our-work-in-ukraine

€ 19.2m in program funding	3 countries	14 projects
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Health

Mental health, psychosocial support

Food/Non food items

Emergency Relief

Asia Read more about our work in Asia: malt-int.org/our-work-in-asia

€ 14.6m in program funding	8 countries	34 projects
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Health

Improved living conditions

Water, Sanitation, & Hygiene (WASH)

Food/Non food items

Disaster risk management and climate change adaptation

Emergency Relief

Middle East Read more about our work in the Middle East: malt-int.org/our-work-in-the-middle-east

€ 20.5m in program funding	5 countries	14 projects
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Health

Mental health, psychosocial support

Food/Non food items

Water, Sanitation, & Hygiene (WASH)

Emergency Relief

Africa Read more about our work in Africa: malt-int.org/our-work-in-africa

€ 28.7m in program funding	11 countries	48 projects
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Health

Food/Non food items

Water, Sanitation, & Hygiene (WASH)

Food and nutrition security

MI Regional Headquarters:
Cologne, Germany
New York, USA
Australia

* Malteser International Americas is a legally independent organization based in New York, USA. Both Malteser International Americas and Malteser International Germany manage projects in the Americas region. Further information on Malteser International Americas can be found at www.orderofmalte-relief.org.

The Order's Cross



You know the iconic eight-pointed cross as part of the Malteser International logo – but it is much more than that. It symbolizes the founding values of the Sovereign Order of Malta, which still guide us today.

The eight-pointed cross is a key element of the Order of Malta's visual identity. The eight-pointed cross was originally used in the Byzantine Empire and adopted by the medieval trading republic of Amalfi, which contributed significantly to the development of the Hospital of St. John in Jerusalem, the founding place of the Order of Malta. The shape of the eight-pointed cross gradually evolved over the centuries. Its modern form has been established since

approximately 1530 and remains an iconic symbol of the island of Malta until today – it is even featured on the euro coins of the Republic of Malta. The cross can also be seen on buildings, churches, ambulances, and uniforms worldwide.

Every point has a meaning

Throughout history, various meanings have been attributed to the elements of the cross. For instance, the four arms have been interpreted as symbolizing the cardinal virtues of classical philosophy: justice, temperance, courage, and wisdom. Often, it is said that the eight points represent the Beatitudes from the Gospel of Matthew (5:3–10), or alternatively, they

symbolize knightly virtues: loyalty, piety, honesty, courage, honor and glory to God, contempt for death, solidarity towards the poor and the sick, respect for the church. We like to see the points in this last way especially, since even after centuries, most of the knightly virtues still represent our work values. Today, they stand for a community that treats everyone with dignity, regardless of origin or religion. A community whose members stand up for others with courage and solidarity and treat each other with loyalty and honesty. These values have shaped our global humanitarian commitment for centuries. Because, in the spirit of Jesus Christ, being there for people in need is our passion and our calling.



The Daily Prayer of the Knights of Malta

Lord Jesus, thou hast seen fit to enlist me for thy service in the Order of St. John of Jerusalem. I humbly entreat Thee, through the intercession of the most holy Virgin of Philermo, of St. John the Baptist, Blessed Gerard, and all the saints, to keep me faithful to the traditions of our Order:

Be it mine to practice and defend the Catholic, the Apostolic, the Roman faith against sacrilege. Be it mine to practice charity towards my neighbors, especially the poor and sick.

Give me the strength I need, to carry out this my resolve, forgetful of myself, learning ever from Thy Holy Gospel a spirit of deep and generous Christian devotion, striving ever to promote God's Glory, the world's peace, and all that may benefit the Order of St. John of Jerusalem.

Amen.

Prière quotidienne des chevaliers de Malte

Seigneur Jésus, vous qui avez daigné m'appeler dans les rangs des Chevaliers de Saint-Jean-de-Jérusalem, je vous supplie humblement, par l'intercession de la Très Sainte Vierge de Philerme, de saint Jean-Baptiste, du bienheureux Gérard et de tous les Saints, de m'aider à rester fidèle aux traditions de notre Ordre,

En pratiquant la religion catholique, apostolique et romaine, en la défendant contre l'impiété et en exerçant la charité envers le prochain, avant tout envers les pauvres et les malades.

Donnez-moi les forces nécessaires pour pouvoir mettre en exécution ces désirs, selon les enseignements de l'Évangile, avec un esprit désintéressé et profondément chrétien, pour la gloire de Dieu, la Paix du monde et le bien de l'ordre de Saint-Jean-de-Jérusalem.

Amen.

Das Ordensgebet der Malteser

Herr Jesus Christus, Du hast mich aus Gnade berufen, Dir als Malteser zu dienen. Demütig bitte ich Dich auf die Fürsprache der seligen Jungfrau Maria von Philermos, des heiligen Johannes des Täuflers, des seligen Gerhard und aller Heiligen:

Lass die Treue zu unserer Gemeinschaft mein Leben und Handeln durchdringen. Im Bekenntnis zur katholischen und apostolischen Kirche will ich mit deiner Hilfe den Glauben bezeugen und dem Nächsten in Liebe begegnen, besonders den Armen und Kranken.

Gib mir die nötige Kraft, als aufrechter Christ selbstlos im Geist Deiner Botschaft nach diesem Vorsatz zu leben. Zur Ehre Gottes, für den Frieden der Welt und das Wohl unserer Gemeinschaft.

Amen.

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Read the story of Munguryek
Abedirwoth, the young woman
on the photo.



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