

WORLD MEDICAL FUND

**Report and Financial Statements
for the year ended August 31, 2025**

WORLD MEDICAL FUND

LEGAL AND ADMINISTRATIVE INFORMATION

Charity registration numbers :	1063756 (England and Wales) SCO46207 (Scotland)
Trustees :	Christiane Burt Andrew Burt Dr Faiz Kermani Bernard Altenbourger Marie Altenbourger Carole Russell
Chief Executive Officer :	Michael C Burt
Registered Office :	St Helen's, Low Road Saddlebow Kings Lynn Norfolk PE34 3FN
Independent Examiners :	David Lindon & Co Chartered Accountants and Registered Auditors Avaland House 110 London Road, Apsley Hemel Hempstead Herts HP3 9SD
Bankers :	CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JQ

WORLD MEDICAL FUND

REPORT OF THE TRUSTEES

for the year ended August 31, 2025

The Trustees present their report and the financial statements of the charity for the year ended August 31, 2025. The trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" (FRS 102) in preparing the annual report and financial statements of the charity.

TRUSTEES OF THE CHARITY

The trustees of the charitable incorporated organisation ('the charity') serving during the year and since the year end were as follows :

Christiane Burt
Andrew Burt
Dr Faiz Kermani
Bernard Altenbourger
Marie Altenbourger
Carole Russell

OBJECTIVES OF THE CHARITY

The organisation applied to the Charity Commission for England and Wales to change from being a company limited by guarantee, which was appropriate in 1997 when it was founded, to the more appropriate Charitable Incorporated Organisation (CIO). The Commissioners approved this application and conferred this status on the organisation on July 18, 2022.

The charity's main objects are now as set out in its Constitution :

"The charity's objects are the relief of sickness and the preservation and protection of health by providing or assisting in the provision of medical equipment, facilities and training to those areas of the world where there is urgent need."

Our vision is that every child should have access to free medical care. To achieve this, our efforts are directed towards delivering high-quality medical services to children residing in one of the world's most impoverished nations where, in the past, far too many died in childhood simply because they had no access to medical care and treatment. It is particularly distressing that a vast majority of these fatalities could have been prevented, as diseases like malaria are readily treatable with the appropriate diagnostics and medicine.

Our approach involves close collaboration with local communities and partners in our operational areas to identify and address the most pressing healthcare needs. Moreover, we greatly value the contributions of volunteers from the local community, which significantly enhances the efficiency and cost-effectiveness of our programmes.

ACHIEVEMENTS AND PERFORMANCE

A year of challenges, but all successfully overcome, and no sick child who came to us for help was turned away. Malawi faced desperate shortages of foreign exchange and several revaluations of the currency which, combined with inflation, led to shortages of everything that is imported. Availability of medicines was an issue but we always somehow managed to maintain adequate stocks through our long-term relationships with the wholesalers.

Malnutrition is more widespread than ever before in our experience and diagnosed in over twenty per cent of the children who present at our mobile clinics; RUTF (Ready To Use Therapeutic Foods) are an effective remedy, but with a five-week course costing £49.70 it is expensive to treat.

WORLD MEDICAL FUND

REPORT OF THE TRUSTEES

for the year ended August 31, 2025 continued

A big and heartfelt thankyou to our donors who made it possible for us to achieve all our targets and ensure no child who came to us for help was turned away.

The key facets of our work today are:-

1. The Children's Mobile Clinics : the demand for our mobile clinics has increased exponentially over the last twelve months as the rural poor are forced into desperate poverty by a rapidly worsening economic climate. The clinics are the most efficient and cost-effective solution to the needs of children denied access to medical care by distance, lack of transport and infrastructure. We pioneered the concept in 2003, employing robust 4 x 4 vehicles equipped with diagnostic tools and carrying a wide range of medicines and a highly skilled clinical team. They travel to villages on a planned four-weekly schedule, ensuring the community knows where they will be on any given day.

Parents and guardians travel for up to two days to bring their children for free treatment, as the mobile clinics provide their only realistic access to quality medical care. Our mobile clinics ease suffering and save young lives every day they go out. The need for our services increases every year and it is encouraging to note that our pioneering methodology has been copied by other organisations throughout sub-Saharan Africa.

2. The Centre of Excellence for children suffering from AIDS : children under 13 years of age were initially excluded from the Global Fund roll-out of ARVS (antiretroviral medicine) in Malawi. As an organisation whose focus is exclusively on children, it was impossible to stand by and watch these innocent children suffer the painful and undignified death that is the final outcome of AIDS. Our response in 2005 was to establish a programme buying the necessary test kits and antiretroviral medicine, and in the first year we began successfully treating 12 children. The project has since expanded and our dedicated centre has been awarded certification as a "Centre of Excellence".

3. HIV/AIDS Education : we continue to play a key role in this field as we have seen a rise in the HIV infection rate in adolescents presenting at our mobile clinics. This was of concern as whereas in the very young it will almost exclusively be through mother to child infection, in this teenage group it represents behavioural change. This rang warning bells and we felt it was essential to increase our commitment to HIV/AIDS education and to operate in the schools and villages, based on the successful methodology we had employed some years ago. We discovered there was a combination of a vacuum of knowledge and misconceptions on the subject and this intervention was long overdue. We are pleased to report successful outcomes from this initiative.

4. Three of the World Health Organisation's most Neglected Tropical Diseases: closely following the WHO guidelines, we took on the infestations of water-borne Bilharzia blood flukes and soil-transmitted Helminth worms that are the cause of severe morbidity and can also prove fatal to the children we serve. We significantly reduced the incidence of these infestations through the highly cost-effective targeted large-scale treatment (preventative chemotherapy) of affected populations. Scabies cases were picked up by our mobile clinics and we treated the whole family and provided soap to ensure vital cleanliness to prevent repeat infections.

5. Medical Student electives and Volunteer Doctor placements : it is an immensely popular programme with our Malawi clinical team and works very well with the medical students and doctors from overseas. We are pleased to welcome back as volunteers, doctors who spent their electives with us as students many years ago and now wish to give something back to the organisation.

WORLD MEDICAL FUND

REPORT OF THE TRUSTEES

for the year ended August 31, 2025 continued

FINANCIAL REVIEW

We are pleased to report on a year during which the charity raised £153,361 in donations and sponsorship to carry out the programmes mentioned above. Of this, £66,540 comprised restricted funds from various trusts, all of which were expended in full by August 31, 2025.

The trustees worked closely with our Malawi team in seeking to develop sources of income in country to ensure the long-term sustainability of the organisation as our dedication to saving young lives remains unwavering, and funds are essential to continue our crucial work and fulfil our mission.

There is a substantial demand for our clinical expertise and diagnostic capacity, and by utilising locum staff, we can offer our services professionally, while ensuring uninterrupted delivery of our charitable services, and over the past five years we have successfully pursued this strategy. It is our firm belief that this model for generating income in country should, where practical, be part of the modus operandi of charitable organisations operating overseas.

We are grateful to all our supporters for every contribution, no matter how small, that directly supports our vital mission of providing free medical care to children in Malawi. Thanks to their generosity, we have never had to turn away a sick child seeking our help.

We provide our charitable services free of charge because our beneficiaries are among the world's poorest people and have no money to pay for medical care. Our work saves lives and eases suffering but as with any healthcare programme, salaries have to be paid, fuel purchased and medicines purchased.

Reserve policy and risk management : the work of this organisation is by its very nature a long-term commitment and there is a need to retain sufficient free reserves to meet whatever emergencies arise and ensure the vital continuance of our efforts on behalf of each child. Accordingly, the trustees' policy is to maintain a level of free reserves that enables them to guarantee this continuance.

As our work is focused on children, it was vital to have a coherent policy on child protection and in September 2001 we introduced our "Caring for Children Policy", subsequently updated to comply with the "Street Children protocol". This was further reinforced in 2018 by the range of policy documents from the leading international law firm Vinson & Elkins LLP, who act for us on a pro bono basis, covering protection for children, vulnerable persons, trustees and volunteers.

All members of staff are carefully vetted, all references are checked and their work is constantly monitored. To ensure we do not employ anyone with a history of offences against children we liaise closely with the Malawi policy authority, who carry out checks on our behalf.

Investment policy : the charity sometimes needs to react very quickly to particular and unpredictable circumstances, and has a policy of keeping any surplus liquid funds in a combination of interest-bearing current or short term deposit bank accounts.

WORLD MEDICAL FUND

REPORT OF THE TRUSTEES

for the year ended August 31, 2025 continued

STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution :

On July 18, 2022 World Medical Fund converted from being a company limited by guarantees given by its directors, who were also trustees of the charity, to a Charitable Incorporated Organisation. It functions as a charity within the framework of its constitution. As its focus is exclusively on children, the working name of “World Medical Fund for Children” was registered with the Charity Commissioners for England and Wales in 2008 and Medical Fund for Children in 2017.

Organisation :

The board of trustees maintain a close and proactive relationship to all relevant issues concerning the organisation through daily updates by electronic media and fortnightly teleconferencing. As well as the annual AGM, they also confer whenever there are pressing issues that require immediate attention. The trustees assume responsibility for decisions on strategy, long-term planning, internal audit and ethics, taking advice from external advisers as and when required. The day-to-day operations of the charity are managed by the C.E.O. (Michael C Burt) and Programme Co-ordinator (Nazlie M Chan-Wing-Yen).

Investment powers :

As defined in its constitution, the charity has the power to make any investment that the trustees see fit.

Related parties :

World Medical Fund raises funds to further its main objectives. To ensure the ultimate effective delivery of these objectives at local level, World Medical Fund necessarily works closely with a number of independent overseas partners. Chief amongst these is the “Medical Fund for Children”, a separate legal entity that delivers medical care in Malawi. World Medical Fund works closely with its overseas partners to ensure that donated funds, goods and services are utilised effectively and, where relevant, as stipulated by donors.

Risk management :

The trustees have a risk management strategy which comprises :

- an annual, or when appropriate, events driven, policy of reviewing the risks the charity faces;
- the establishment of systems and procedures to mitigate those risks identified; and
- the implementation of procedures designed to minimise any potential impact on the charity should those risks materialise.

STATEMENT OF TRUSTEES’ RESPONSIBILITIES

The trustees are responsible for preparing the Trustees’ Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure of the charity for the year.

In preparing these financial statements, the trustees are required to :

- select suitable accounting policies and then apply them consistently.
- observe the methods and principles in the Charities SORP 2019 (FRS 102).
- make judgments and estimates that are reasonable and prudent.
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

WORLD MEDICAL FUND

REPORT OF THE TRUSTEES

for the year ended August 31, 2025 continued

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of its constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

PUBLIC BENEFIT

The Trustees confirm that they have complied with the duty in Section 4 of the Charities Act 2006 to have due regard to the public benefit guidance published by the charity commission in determining the activities undertaken by the charity.

This report was approved by the Board on April 22, 2026

C Burt
Trustee

A handwritten signature in black ink, appearing to read 'C Burt', is positioned above the printed name and title.

WORLD MEDICAL FUND

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF WORLD MEDICAL FUND

I report to the charity trustees on my examination of the accounts of the charity for the year ended August 31, 2025 which are set out on pages 8 to 14.

Respective responsibilities of trustees and examiner

As the charity trustees you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the charity's accounts as carried out under section 145 of the Act and in carrying out my examination I have followed the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 130 of the Act; or
2. the accounts do not accord to those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report to enable a proper understanding of the accounts to be reached.



Jonathan Hankinson FCA
For and on behalf of David Lindon & Co
Registered Auditors
Chartered Accountants

April 22, 2026

Avaland House
110 London Road, Apsley
Hemel Hempstead
Herts HP3 9SD

WORLD MEDICAL FUND

STATEMENT OF FINANCIAL ACTIVITIES for the year ended August 31, 2025

	<u>notes</u>	Unrestricted <u>Funds</u>	Restricted <u>Funds</u>	2025 Total <u>Funds</u>	2024 Total <u>Funds</u>
INCOME AND ENDOWMENTS FROM :					
Donations and legacies	3	86,821	66,540	153,361	234,683
Investments	4	241	-	241	276
Other income	5	-	-	-	5,719
Total income and endowments		<u>87,062</u>	<u>66,540</u>	<u>153,602</u>	<u>240,678</u>
EXPENDITURE ON :					
Raising funds	7	3,428	-	3,428	2,820
Charitable activities	6	70,098	66,540	136,638	220,955
Other	7	3,789	-	3,789	3,686
Total expenditure		<u>77,315</u>	<u>66,540</u>	<u>143,855</u>	<u>227,461</u>
NET INCOME/(EXPENDITURE)		9,747	-	9,747	13,217
RECONCILIATION OF FUNDS					
Total funds brought forward		133,685	-	133,685	120,468
TOTAL FUNDS CARRIED FORWARD		<u>£143,432</u> =====	<u>-</u> =====	<u>£143,432</u> =====	<u>£133,685</u> =====

The notes on pages 10 to 14 are to be read as part of these accounts.

WORLD MEDICAL FUND

BALANCE SHEET

at August 31, 2025

	<u>notes</u>	<u>2025</u>	<u>2024</u>
Fixed assets : tangible assets	11	4,250	5,939
Current assets :			
Debtors and prepayments	12	4,738	4,065
Cash at bank and in hand		137,036	126,221
		<u>141,774</u>	<u>130,286</u>
Creditors : amounts falling due within one year	13	(2,592)	(2,540)
Net current assets		<u>139,182</u>	<u>127,746</u>
Total assets less current liabilities		<u>£143,432</u>	<u>£133,685</u>
Funds :			
Unrestricted	15	143,432	133,685
Restricted	14	-	-
Total charity funds		<u>£143,432</u>	<u>£133,685</u>

The notes on pages 10 to 14 are to be read as part of these accounts.

The financial statements were approved by the Board of Trustees on April 22, 2026 and signed on their behalf by

C Burt
Trustee



WORLD MEDICAL FUND

NOTES TO THE ACCOUNTS

at August 31, 2025

1. Accounting policies :

The principal accounting policies, all of which have been applied consistently throughout the year, are as set out below.

Basis of preparation :

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019, the Charities Act 2011 and UK Generally Accepted Accounting Practice.

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The charity has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows;
- the requirement of paragraph 3.17(d).

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are presented in sterling which is the functional currency of the charity and rounded to the nearest £.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

Fund accounting :

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Endowment funds represent those assets which must be held permanently by the charity, principally investments. Income arising on the endowment funds can be used in accordance with the objects of the charity and is included as unrestricted income. Any capital gains or losses arising on the investments form part of the fund. Investment management charges and legal advice relating to the fund are charged against the fund.

Investment income and gains are allocated to the appropriate fund.

WORLD MEDICAL FUND

NOTES TO THE ACCOUNTS

as at August 31, 2025 continued

Incoming resources :

Donations and grants :

Income from donations and grants, including capital grants, is included in incoming resources when these are receivable, except as follows :

- When donors specify that donations and grants given to the charity must be used in future accounting periods, the income is deferred until those periods.
- When donors impose conditions which have to be fulfilled before the charity becomes entitled to use such income, the income is deferred and not included in incoming resources until the pre-conditions for

Interest receivable

Interest is included when receivable by the charity.

Resources expended :

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of the resources.

Fund-raising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure of the objects of the charity and include project management carried out at Headquarters. Management and administration costs are those incurred in connection with administration of the charity and compliance and statutory requirements.

Tangible fixed assets :

Tangible fixed assets are depreciated over their estimated useful lives as follows :

Fixtures, fittings & equipment	20% p.a. on a reducing balance basis
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Foreign currencies :

Transactions in foreign currencies are recorded at the rate ruling at the date of the transaction Monetary assets and liabilities are retranslated at the rate of exchange ruling at the balance sheet date. All differences are taken to the SOFA.

2. **Legal status of the charity :** the charity is a Charitable Incorporated Organisation.
3. **Donations, grants and sponsorship :** includes restricted donations from various trusts.
4. **Investment income :** comprises bank interest received.
5. **Other income :** comprises compensation payments received from banks relating to their mishandling of a transfer in 2022.

WORLD MEDICAL FUND

NOTES TO THE ACCOUNTS

at August 31, 2025 continued

6. Analysis of charitable expenditure :

	Unrestricted <u>Funds</u>	Restricted <u>Funds</u>	2025 <u>Total</u>	2024 <u>Total</u>
Donations – programme expenditure	8,382	66,540	74,922	158,476
Prior year adjustment (see below)	-	-	-	-
Support costs (note 7)	61,716	-	61,716	62,479
	<u>£70,098</u>	<u>£66,540</u>	<u>£136,638</u>	<u>£220,955</u>
	=====	=====	=====	=====

7. Support costs :

Staff and other costs have been allocated on the basis of time spent on each activity.

	Generating <u>Funds</u>	Charitable <u>Activities</u>	<u>Governance</u>	2025 <u>Total</u>	2024 <u>Total</u>
Staff costs (note 8)	1,810	57,301	1,206	60,317	59,968
Printing, postage and stationery	16	491	10	517	632
Telecommunications	34	1,067	22	1,123	1,550
Advertising and fund-raising	-	-	-	-	-
Sundry expenses	-	-	-	-	96
Depreciation - equipment	35	1,128	24	1,187	1,237
Loss on disposal of equipment	15	477	10	502	-
Bank interest and charges	7	228	5	240	237
Independent examiner fees (note 9)	-	-	2,490	2,490	2,370
Subscriptions and memberships	1,479	-	-	1,479	751
IT and computer costs	32	1,024	22	1,078	2,082
Travel and subsistence	-	-	-	-	62
	<u>£3,428</u>	<u>£61,716</u>	<u>£3,789</u>	<u>£68,933</u>	<u>£68,985</u>
	=====	=====	=====	=====	=====

WORLD MEDICAL FUND

NOTES TO THE ACCOUNTS

at August 31, 2025 continued

	Unrestricted <u>Funds</u>	Restricted <u>Funds</u>	2025 <u>Total</u>	2024 <u>Total</u>
8. Staff costs :				
Wages salaries	52,000	-	52,000	52,000
Social security costs	866	-	866	791
Staff welfare	6,101	-	6,101	5,827
Staff pension	1,350	-	1,350	1,350
	<u>£60,317</u>	<u>£ -</u>	<u>£60,317</u>	<u>£59,968</u>

The average monthly number of employees during the year, involved in direct charitable and management activities, was 2 (2024 : 2). No employees received total employee benefits (excluding employer pension costs) of more than £60,000.

The trustees received no remuneration in the year and no expenses were reimbursed to them.

9. **Independent examiners remuneration :** the independent examiner's remuneration comprises an independent examination fee of £2,000 (2024: £2,000) and payroll and other compliance services of £490 (2024: £370).

10. **Taxation :** the charity is accepted as a charity by HM Revenue and Customs is therefore exempt from tax on its income and gains to the extent that income or gains are applicable and applied to charitable purposes only.

11. **Tangible fixed assets :**

	<u>Fixtures, fittings and equipment</u>
cost : at September 1, 2024	16,212
Additions	-
Disposals	(2,212)
	<u>14,000</u>
depreciation :	
at September 1, 2024	10,273
charge for the period	1,187
eliminated on disposal	(1,710)
	<u>9,750</u>
net book value at August 31, 2025	<u>£4,250</u>

	<u>2025</u>	<u>2024</u>
12. Debtors :		
Prepayments, accrued income and other debtors	<u>£4,738</u>	<u>£4,065</u>

WORLD MEDICAL FUND

NOTES TO THE ACCOUNTS

at August 31, 2025 continued

			<u>2025</u>	<u>2024</u>
13.	Creditors :	amounts falling due within one year :		
	Social security and other taxes		-	(18)
	Other creditors and accruals		2,592	2,558
			<u>£2,592</u>	<u>£2,540</u>
			=====	=====
14.	Restricted funds :			
		At September 1, <u>2024</u>	Incoming <u>Resources</u>	Outgoing <u>Resources</u>
				At August <u>31, 2025</u>
	Children’s mobile clinics	-	66,540	(66,540)
		<u>-</u>	<u>£66,540</u>	<u>£(66,540)</u>
		=====	=====	=====

Children's mobile clinics : represents restricted donations from various parties towards the ongoing running of the children's mobile clinics and the supply and application of antiretrovirals, as detailed in the Trustees' Report.

15. **Analysis of net assets between funds** : all net assets are represented by unrestricted funds.
16. **Related party disclosures** : during the year £74,922 (2024: £158,476) of funds and goods were forwarded by World Medical Fund to its overseas partners, chief amongst them the "Medical Fund for Children" in Malawi, to directly fund and support World Medical Fund's charitable objectives and, where relevant, as stipulated by donors.