

DOCTORS OF THE WORLD UK

England & Wales · Charity number 1067406

Details

Other names	DOCTORS OF THE WORLD UK, MEDECINS DU MONDE UK
Status	Registered
Legal form	Charitable company
Company number	03483008
Registered	1998-01-13
Register	View on the Charity Commission register

Contact

Address	Doctors of the World UK 244-254 Cambridge Heath Road Cambridge Heath London E2 9DA
Phone	02071675789
Email	info@doctorsoftheworld.org.uk
Website	www.doctorsoftheworld.org.uk

Activities

Objects: TO RELIEVE NEED AMONG PEOPLE WHO ARE VICTIMS OF POVERTY, FAMINE, DISEASE, NATURAL AND MAN MADE DISASTERS, WARS AND CIVIL WARS IRRESPECTIVE OF RACE , RELIGION, IDEOLOGY OR POLITICS.

Activities: As part of the Medecins du Monde network we participate in delivering programmes in 77 countries. Through our health programmes and advocacy we work to ensure excluded people overcome barriers to realising their right to health. We provide life-saving humanitarian healthcare and work with vulnerable migrants, people at risk of harm and on projects that advance sexual and reproductive health.

Classification

- **How:** Makes Grants To Organisations, Provides Human Resources, Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Other Charitable Activities
- **What:** General Charitable Purposes, The Advancement Of Health Or Saving Of Lives, Overseas Aid/famine Relief, Other Charitable Purposes
- **Who:** Children/young People, Elderly/old People, People With Disabilities, People Of A Particular Ethnic Or Racial Origin, Other Charities Or Voluntary Bodies, Other Defined Groups, The General Public/mankind

Geography

- **Area of benefit:** NATIONAL AND OVERSEAS
- Armenia
- Bulgaria
- Burkina Faso
- Greece
- Morocco
- Nepal
- Niger
- Philippines
- Russia
- Sierra Leone
- Syria
- Turkey
- Ukraine
- Throughout London

Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£1,708,937	£1,726,332	£312,310	18
2023-12-31	£1,247,661	£1,457,547	£329,705	16
2022-12-31	£1,403,879	£1,427,867	£539,591	28
2021-12-31	£1,585,073	£1,625,924	£563,579	28
2020-12-31	£1,750,332	£1,445,144	£604,430	25

Trustees

Name	Role	Appointed
Avril Lee		2018-10-31
Colin Brett Herrman		2021-11-03
Dr Nikita Kanani		2024-08-29
Dr Steven Lloyd		2024-08-29
Julia Mcdonald		2022-05-06
Mark Brython Ward		2024-08-29
PHILOMENE UWAMALIYA		2022-02-04

Accounts



REPORT AND FINANCIAL STATEMENTS



FOR THE YEAR ENDED 31 DECEMBER 2024



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WELCOME FROM THE PRESIDENT

2024 was a year where you didn't really want to look at the news in the morning. It was easier to stay in our bubbles to switch off from political and world events, and to remain detached from the growing hostility towards vulnerable communities here in the UK. Unfortunately, 2024 was a year of immense suffering and harm including from the evolving conflicts in Gaza and in Ukraine. In the UK, contextual and broader societal hostility towards migrants and asylum seekers further dehumanised people who really needed our empathy and our help.

Thanks to your support, Doctors the World has been here as a constant, aware, engaged, advocating, mobilising and providing support for people who have needed us. We are not enough, not by a very long way, but we do what we can, and we delivered in 2024.

There is a widespread belief that the NHS is free and accessible for all. But for many people, that simply isn't the case. Language barriers, a lack of awareness, restrictive rules on free hospital care, fear of arrest, discrimination, and digital exclusion all prevent access, particularly for the most vulnerable in our society. Through our services including static and mobile clinics, advice line and community partnerships, we continued to provide support and care to help people and to enable healthcare access. In 2024, we adapted to new challenges, delivering support and health assessments in asylum seeker hotels, meeting people at their point of need.

We exist to help people access healthcare, and in doing so, we help bridge gaps in a health system under pressure. Our Safe Surgeries programme is pioneering in this regard. By the end of 2024, over 2,250 GP surgeries had signed up to become Safe Surgeries. We delivered direct training to over 1,000 primary care staff, and a further 2,400 completed our e-learning over the course of the year. The programme is endorsed by the British Medical Association, integrated into NHS England training, and consistently rated highly. It is helping make primary care more aware, more accessible, and more compassionate at a time when these values are desperately needed.

We were also present in less welcoming environments. Our presence at Wethersfield was essential, both to provide support and to bear witness. We are not agitators, but we have a duty to speak the truth. Conditions in Wethersfield were typically extremely difficult for residents, and it was a tough experience for our teams trying to support. Our messages were hard to deliver but contributed to meaningful change. Our advocacy work has been relentless and has again been highly effective in influencing policy. Our experts by experience continued to drive community awareness, champion healthcare rights, and powerfully advocate for change.

Internationally, we responded to crises that have devastated millions. The humanitarian catastrophe in Gaza has been beyond words.

Through our Doctors of the World/ Médecins du Monde network, we have been present. Though our contribution is far from enough, we have delivered mental health and psychosocial support and supplied health facilities with critical medical aid. We will continue to expand this work and advocate urgently and unrelentingly, for the protection of civilians and an end to this appalling conflict. Similarly, in Ukraine, we remain active, addressing urgent health needs, building capacity, and helping to sustain a shattered health system. We also work in areas and crises under the radar of societal consciousness, like in Madagascar where less than a quarter of the population has access to safe drinking water.

I am proud of our work in 2024, though there is so much more to do in 2025 and beyond.

Thank you so much to our staff and volunteers who do such amazing work with dedication and care- you are incredible people and should be really proud of what you do. Thank you to my Trustee colleagues grafting behind the scenes.

Finally, a huge thank you to you, our supporters. These are not easy times to give, and we hugely appreciate that you are chosen to support us. We will do our utmost to ensure that we represent you, honour your trust, and deliver our absolute best every day to make a difference.

Dr James Elston
President

TRUSTEES' REPORT

The trustees present their report together with the audited financial statements for the year ended 31 December 2024.

Reference and administrative details

Charity name:
Doctors of the World UK

The company changed its name from Médecins du Monde UK on 26 April 2010.

Company registration number:
3483008

Charity registration number:
1067406

Board of trustees / directors

The following individuals are the trustees, also directors, who served during the year:

Dr. James Elston
President

Dr. Lisa Harrod-Rothwell
Joint Vice President
Resigned 29th April 2025

Julia McDonald
Treasurer

Dr. Hannah Theodorou
Joint Vice President
Resigned 27th August 2024

Avril Lee

Colin Herrman

Philomene Uwamaliya

Srijamya Raghuvanshi
Resigned 17th September 2024

Dr. Nikita Kanani
Appointed 29th August 2024

Dr. Steven Lloyd
Appointed 29th August 2024

Mark Ward
Appointed 29th August 2024

Registered office

The People's Place
80-92 High Street
London E15 2NE

www.doctorsoftheworld.org.uk

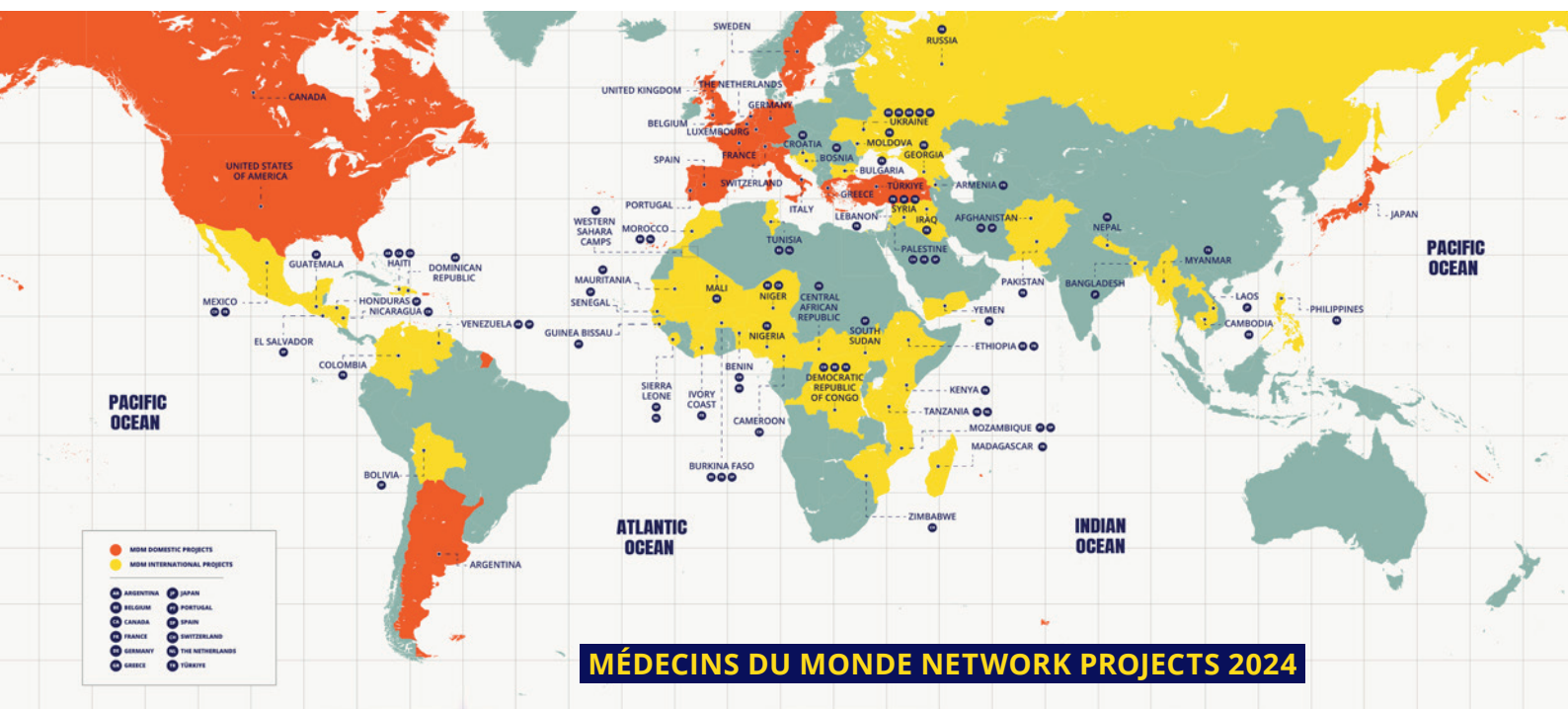
Auditor

Sayer Vincent LLP
110 Golden Lane
London, EC1Y 0TG

Bank

Lloyds Bank
3-5 Whitechapel Road
London E1 1DU

WHAT WE DO & WHY WE DO IT



MÉDECINS DU MONDE NETWORK PROJECTS 2024

Doctors of the World is the UK chapter of the Médecins du Monde international network, a human rights organisation made up of 17 chapters around the world working on both domestic and international health projects.

Founded in 1998, Doctors of the World provides emergency and long-term medical care to vulnerable people – wherever they are. We strengthen people's access to quality medical services, and fight for universal access to healthcare by advocating for sound evidence-based public health policy.

In 2024, the network delivered over 400 innovative medical programmes and evidence-based advocacy initiatives to improve access to healthcare in more than 70 countries.

OUR FOUR PRIORITY AREAS

- **People in crisis**
We provide life-saving humanitarian healthcare in times of war and natural disasters.
- **People in vulnerable situations**
This includes advocating for the right to health, in terms of both physical and mental health, across Europe for people who have migrated, people experiencing homelessness, Gypsies, Roma and Traveller communities and others excluded from health care.
- **People at risk of harm**
Especially those at risk from HIV or hepatitis C, such as drug users and sex workers.
- **Women and girls**
We believe strongly in the right to sexual and reproductive health, and work to empower women and girls around the world to access sexual and reproductive health services.

In the UK, Doctors of the World runs clinics in London, a national advice line, outreach programmes and a policy and advocacy programme. With an incredible team of volunteers, we support marginalised people including people seeking asylum, survivors of trafficking, undocumented people, and people with no fixed address by providing medical care, information, and practical support.

In 2024, through our clinics and advice line, we supported 1,600 people who were struggling to access NHS care, we delivered 437 clinic & advice line sessions and 2,553 engagements. This is alongside 6,775 follow-up calls to ensure continued care. These UK based activities were in addition to our significant support to our international network to help those living through crisis abroad, including in Occupied Palestinian Territories (both Gaza and West Bank), continued support to Ukraine and emergency preparedness in Madagascar.



CONTACTING DOCTORS OF THE WORLD

Advice line: Freephone 0808 1647 686

Email: clinic@doctorsoftheworld.org.uk

Website:

<https://www.doctorsoftheworld.org.uk/patient-clinic/>

Visit the clinic: Stratford, Tue, Wed, Thu

can help with:

term primary care

phone advice line

port to register with a GP

port, free prescriptions and eye tests

charged for

**OUR WORK
IN THE UK**



WHO WE HELP

Everyone living in the UK is entitled to free primary care, regardless of who they are or their immigration status.

To access primary care services in the UK a person must be registered with a GP and have an NHS number. GP practices may request proof of residential address and ID for registration, and an inability to provide these can lead to being wrongly denied GP registration. Other barriers include limited support for those for whom English is not a first language, a general lack of information about rights, restrictive laws that prevent people without status from access free NHS hospital care, discrimination, fear of arrest, immigration enforcement and technological barriers such as availability of internet or phone credit.

Following our support, over 90% of our patients at our London clinic and over our advice line were able to safely register with GP services. 70% of our clients are homeless or vulnerably housed and 84% live below the poverty line.

HOW WE HELP

Our CQC registered clinics, adviceline and health advocacy outreach work provide free and accessible medical support, rights education and support to register with an NHS GP. This work is delivered by a team of highly trained volunteers, made up of doctors, nurses, support workers and case workers supervised by our expert staff. Our goal is to support people to register with a GP so that their health is protected for the long term, and to provide immediate medical help where it is required.

Our highly trained volunteers conduct full social consultations for our clients, exploring social circumstances, immigration status, housing, physical and mental health, safeguarding concerns, and family circumstances, as we recognise that these factors have an impact on a person's health and wellbeing. We advocate for our clients to enable them to access the health services they require, advise them on their rights to access health services, support them to register with a GP and signpost to other specialist services. These conversations are not formulaic, as many clients do not speak English as first language, may have experienced trauma, may fear immigration enforcement and need to be supported to feel safe in discussing their issues.

LONDON CLINIC

Our London clinic continued to provide a safe and welcoming space for people struggling to access healthcare. This year we partnered with the charity Visioncare for Homeless People to provide free eye tests and glasses to people in vulnerable circumstances from our Stratford clinic. With more than 70% experiencing destitution, this partnership added real value to our holistic approach to healthcare.

ADVICELINE

Our adviceline provides direct casework support via telephone to people who need support to register for NHS health services as they cannot reach our clinic or outreach services in person. Last year our adviceline team managed just under 8,000 calls with people who needed support to access healthcare.

FOCUS ON THE ASYLUM SYSTEM

RAF Wethersfield

We continued responding to the needs of people living in the new mass asylum accommodation in Wethersfield RAF barracks in Essex. Until the end of 2024 one of our mobile clinics was based at the gates of the site, offering access to healthcare with a focus on mental health support. Our medical team provided vital care and referred high-risk individuals to safeguarding and emergency services. 62% of all people who came to us showed severe psychological distress, and 30% had suicidal thoughts or self-harmed. We found that 75% of men at RAF Wethersfield were too vulnerable to be placed there – breaching the Home Office's own guidelines. We were told of frequent medical emergencies and suicide attempts on the site. We heard of safeguarding failures that continued to put lives at risk.

We were informed of frequent medical emergencies and suicide attempts on the site. We reported safeguarding failures that continued to put lives at risk.

Our findings exposed a mental health crisis and systemic failure at RAF Wethersfield, showing that the UK government's mass containment policy is causing serious harm to asylum seekers. In March 2025, medical evidence from our mobile clinic helped secure a landmark High Court ruling, which found the Home Secretary had broken the law by placing three vulnerable men at the asylum camp.



Home Office Contingency Hotel Accommodation

In 2024 our service was commissioned by the NHS to support newly arrived asylum seekers living in contingency hotel accommodation in London, by providing comprehensive initial health and social assessments, supporting people with GP registrations and sharing information on how to navigate the healthcare system. We also helped people access wider services to support their health and wellbeing through referrals and signposting to appropriate services. Using our frontline data, insights and delivery experience, we are working closely with our partners to evidence the needs of asylum-seeking populations in hotel accommodation and recommend improvements that could be made to NHS primary care services to support healthcare needs in a timely manner.

Community partnerships and communities

We continued our health advocacy work partnering with community groups supporting people living in vulnerable situations. We collaborated with the support network and campaign organisation Voice of Domestic Workers on a monthly basis to deliver health rights education and information to new members. Anyone facing barriers to primary healthcare was referred to our services for one-to-one support to access the care they needed. We delivered rights education to various community groups including charities Kalayaan, Newham Nurture and Praxis, and Latin American and Hispanic migrant communities in Hackney, East London.

In 2024 we also collaborated with the Africa Advocacy Foundation to run a mobile clinic, providing free, discreet, and accessible testing for HIV and other sexually transmitted infections within Black communities. Our partnership focused on raising awareness, reducing stigma, and improving access to prevention and treatment services for those at higher risk of HIV exposure.

Policy and Advocacy

Our policy and advocacy work aims to make the government deliver systemic changes to how those currently excluded from healthcare can access health services in the UK. During 2024 we continued to work to protect the health and welfare of asylum seekers in response to new anti-migrant legislation and policies. A key focus of this work was advocating for much needed reforms to asylum accommodation. In May we published a report on the Home Office site at RAF Wethersfield in Essex which documented the mental health crisis we observed in residents. The High Court heard a legal challenge on the use of the site, brought by a number of our patients, which found some people had been placed at the site unlawfully. We provided a witness statement, based on our medical evidence, to assist the court.

We worked to ensure policy makers had access to evidence on refugees and migrants, submitting our medical data to several policymaking consultations including the government consultation on No Recourse to Public Funds (NRPF) and the Healthy Start (maternity) grant, the NHS 10-year plan survey and NHS England's consultation on translation and interpretation. The UK Covid-19 inquiry granted Doctors of the World UK core participant status in the inquiry, and our team worked intensively to prepare evidence on the experiences of refugees and migrants during the pandemic and their access to vaccines and therapeutics.

In 2024 we continued to coordinate and hold regular meetings with the Expert Consortium on Refugee and Migrant Health, a group of senior stakeholders and experts including the BMA and medical royal colleges.

Our policy and advocacy work relies on high quality research and data from our medical programmes. In 2024 we worked in partnership with academic institutions, including providing data and insights for two important journal publications; [a study on vaccination decision-making in the context of the UK asylum system in SSM – Qualitative Research in Health](#) and [a study on health and structural violence in Home Office accommodation in Frontiers in Public Health](#).

Safe Surgeries

Our work to support GP Practices to help them deliver inclusive registration and access across England has grown significantly over the last 12 months. We know that people seeking asylum and undocumented migrants can face significant barriers in accessing primary care due to restrictive practices (e.g. requiring documentation) which is wrongly requested by some GP practices.

At the end of 2024 we were supporting a thriving network of over 2,250 GP practices that have joined our Safe Surgeries initiative, with 630 new surgeries signing up during 2024. In the last 12 months we delivered 29 training sessions to over 1,000 people working in primary care. 2,400 primary care staff completed our e-learning course, and overall GP surgeries gave our training sessions an average score of 4.7 out of 5 when asked if our training has improved their knowledge of rights to NHS services.

Our expertise is valued by our peers working in primary healthcare. During 2024 our Safe Surgeries initiative was included in [NHS England's new training course on GP registration for people experiencing homelessness](#) and featured in the [NHS England podcast](#), the British Medical Association's magazine, [The British Medical Association's The Doctor magazine](#) and a [Royal College of General Practitioner's blog](#).

Experts by Experience

We continue to develop and extend the input of our team of 35 volunteers with lived experience of healthcare exclusion. Our volunteers have played a key role in our work with community groups to raise awareness of healthcare rights; in 2024 they co-delivered healthcare rights training to over 400 people in the refugee and migrant communities.

The Board previously included two representatives with lived experience (Experts by Experience), one of whom has since stepped down. The remaining representative continues to engage in regular dialogue with other Experts by Experience, ensuring that the perspectives, concerns, and insights of those directly affected by healthcare exclusion are meaningfully reflected in the Board's discussions and decisions.

Our Experts by Experience group also played an active role in our wider policy work, participating in over 50 advocacy activities over the course of the year. In the lead up to the general election we worked with the groups to track the position of political parties on key issues and then, following the election, the group produced a [Prescription for Change](#) for the new government, which lays out what is needed now to improve the health and wellbeing of people living in the UK, especially the most vulnerable. This document now informs our day-to-day policy work.



OUR INTERNATIONAL WORK

As a member of the Médecins du Monde International Network, we regularly support our operations responding to emergencies globally. In 2024, through the support of our UK based supporters and donors, we were able to assist our international operations in Madagascar, Ukraine and the Occupied Palestinian Territories (Gaza and West Bank).

UKRAINE

Since the 2022 invasion by Russia, the country has been under extreme bombardment from Russian forces making access to healthcare increasingly difficult. Doctors of the World are currently providing emergency frontline healthcare in Ukraine in some of the most affected parts of the country and have supported refugees in the neighbouring countries of Poland, Slovakia, Romania and Moldova with the provision of direct access to primary healthcare services.

Ukraine's hospitals and health centres have been deeply affected in the last two years. Attacks on medical facilities, rising costs and damage to roads, power lines and infrastructure substantially impact people's ability to safely access care.

Direct health services are being provided by our Mobile Units in Kyiv, Chernihiv, Zaporizhzhia, Chernivtsi, Dnipro, Vinnytsia, Kharkiv and Odessa Oblasts. Mobile Units work in shelters and Health Facilities in remote areas provide consultations, medication, and referrals to specialized care to vulnerable populations, including internally displaced people, people with disabilities, elderly people, and children.

Our psychologists work as part of Mobile Units, conducting group and individual mental health consultations, alongside their medical care colleagues. As the conflict continues and the need grows, we have expanded our mental health services and are also providing online sessions to enable us to support more people alongside those who are much harder to reach face to face. We are also training Ukrainian health workers to ensure that we can increase the number and reach of much-needed mental health services in conflict-affected areas.

Our efforts in Ukraine continue to focus on addressing urgent health needs, maintaining capacity and ensuring our patients and humanitarian workers are safe from missile strikes, gliding bombs and short-range combat.



GAZA AND WEST BANK

Médecins du Monde has been operational for over 20 years in Gaza and West Bank providing mainly mental health support and primary health care to communities. This long-standing relationship has allowed our teams to scale up when needed and respond to the displaced populations affected by the conflict, which started 7th October 2023.

We increased our response to the immediate needs in mental health support and provision of medical items for the remaining semi-functioning health structures that remain in Occupied Palestinian Territories (OPT). These services included increase direct support to:

Mental Health and Psycho-Social Support (MHPSS) through individual counselling, awareness sessions, psychoeducation, stress management sessions and recreational activities.

Protection through awareness sessions, individual counselling and referral. The services were initially provided at Al-Qadisiya MHPSS

unit at Al-Qadisiya IDP (Internally Displaced People) camps in West Khan Younis Governorate expanding the population to almost 100,000 living in desperate circumstances. These though were relocated many times due to the forced displacement on the civilian population by Israeli forces.

Medical Supplies were procured through local supply routes for health structures inside Gaza.

During 2024, we provided 1,104 MHPSS consultations, of which a vast majority (87%) were to women and children.

One often neglected area of support is to ensure the wellbeing of humanitarian staff working tirelessly in the field providing these services. We have clearly seen the need to provide psychosocial support to all humanitarian staff who are responding, both medical and mental health, as we must not forget that they are themselves war victims who have had to abandon their homes along with their families and have suffered material and human losses, while continuing to carry out their work caring for others. We ensured that

they also could receive such support as part of the ongoing services.

During our response in Gaza & West Bank, the Israeli blockade on aid deliveries, as the lack of medical supplies, equipment and fuel for generators makes it increasingly difficult, to carry out our response. Unfortunately, there is little NGOs can do to mitigate or prevent these restrictions, in this highly volatile and unpredictable environment.

In 2024, one of our offices in Gaza City was bombed and destroyed despite its clear identification as a humanitarian facility. We have lost a fellow member of staff. Our teams on the ground have been displaced, often multiple times, and struggle to find shelter and food, like the rest of the civilian population.

Despite these challenges we continue to deliver humanitarian aid through provision of direct services and supplies through six clinics. We have evolved our way of working to become more flexible and agile and follow the movement of displaced civilians in Gaza.





MADAGASCAR

Having been operational in Madagascar since 1986, 2024 saw another project supported by Doctors of the World, this time a more precautionary project with a focus on the imminent threat of an expanding cholera outbreak. These preventive measures are incredibly important and more impactful in saving lives than responding to established outbreaks.

On the 2nd of February 2024 an outbreak was declared by the Ministry of Health of the Comoros islands, located a few hundred miles from Madagascar North-West. Madagascar had seen the last cholera outbreak in 2007 and is now the only remaining country of the Mozambique canal not being hit by cholera. The spread of this disease without adequate level of preparation could lead to unnecessary deaths and has the potential to overwhelm local health structures. The health system in Madagascar has little capacity to prepare and respond to infectious disease epidemics, a cholera outbreak was considered imminent and inevitably would have led to serious consequences in a vulnerable population including deaths on a large scale.

Madagascar is one of the three countries in the world with the least access to safe drinking water including access to a basic water supply, only 27% of the country population has access to soap and water at home. Over 50% of all health structures do not have an improved water source, and only 60% have access to hygienic latrines. 80% of people drink water contaminated with *Escherichia coli* (E. coli), i.e. faecal matter (MICS 2018), 80% of people do not have access to adequate basic sanitation; in particular, 40% practice open defecation. Currently, 14% of children under 5 years suffer from acute watery diarrhoea, and more than 70% of medical consultations are due to water-related illnesses. All of these clearly indicated that Madagascar is a high risk of an outbreak and would not be able to respond in time.

Doctors of the World staff trained 44 health staff (including cholera diagnosis and case management) in the most vulnerable and affected 3 regions. Support was also provided to prepare 3 health structures to equip them to face cholera epidemics. A full programme of community sensitization to develop awareness activities regarding cholera (recognize

the cholera signs and acquire prevention measures, dead body management to prevent further infections, etc). We also prepared the humanitarian community through the UN humanitarian coordination platforms especially Health and Water, Sanitation and Hygiene (WASH).

Where such preparedness was not possible, direct support from Doctors of the World UK allowed us to undertake all of the above activities, to be in a position to respond in the event of an outbreak and minimise the impacts.

Since 2020, Madagascar has been facing the worst drought in 40 years, plunging the country into a major food crisis. Added to this is the lack of health infrastructure, which deprives the population of access to a minimum level of care to deal with illnesses such as acute watery diarrhoea, respiratory infections, fever and malaria. Doctors of the World has been working there since 1986, with programs offering sexual and reproductive health services, pediatric surgery, medical support to sex workers, and emergency health responses.

OUR ORGANISATION

Overview

Doctors of the World UK is a registered charity in England and Wales and part of the Médecins du Monde international network. It is an independent organisation that shares the values and principles of the Médecins du Monde network. We benefit from the technical and financial support being part of a wider network provides, as well as being able to support our network colleagues in resourcing international operations and advising on international governance.

The charity Doctors of the World UK is a company limited by guarantee (1997) and governed by its Memorandum of Articles. The directors of the company are also trustees for the purposes of charity law and meet every six weeks to review the activities and strategic plans of Doctors of the World UK, and to receive and consider financial updates and forecasts.

The day-to-day management of the organisation is delegated to the Executive Director who is responsible for executing the strategic and operational plans agreed by the trustees.

A Senior Management Team meets weekly. It is responsible for delivery of the organisation's strategy and policies.

Executive Director

Simon Tyler

Head of Finance

Britto Bernadet
(Departed 30th June 2024)

Head of Finance

Olga Zakharenko
(Appointed 12th July 2024)

Head of Services

Amardeep Kamboz

Head of Policy and Advocacy

Anna Miller

Head of Fundraising and Communications

Kate Delaney
(Departed 3rd January 2025)

Associate Director of Research

Lucy Jones
(Departed 5th February 2025)

Trustees

By the end of 2024, the number of trustees had increased to 9 (from 8 in 2023) with retirement of two and recruitment of three new trustees.

All trustees give their time voluntarily and receive no compensation or benefits from Doctors of the World UK. The trustees are covered by an indemnity insurance policy, which is renewed annually.

Trustees are recruited to ensure a spread of relevant skills across the Board which is guided by an annual skills audit to identify additional needs the charity and Board might require. All trustee roles are advertised and appointed via an open and transparent process including an interview. Applications are treated equally. The aim is to have a Board that is balanced in terms of diversity and includes people with the skill sets the charity needs.

These include medical field experience, senior leadership in UK public health, financial management, marketing/public relations, fundraising, legal/compliance and lived experience.

Remuneration policy

The salaries of Doctors of the World UK staff are periodically benchmarked against comparable organisations, including other charities, the last such benchmarking exercise being completed in late 2023 and implemented in early 2024 resulting in a revised pay structure and grid. Doctors of the World UK aims to set salaries equivalent to the median for such organisations. All posts are evaluated based on agreed, organisation-wide criteria that determine the grade and salary for the post, the details of which are available to all staff in the staff handbook and relevant Reward Policy.

The overall goal of the charity's pay policy is to offer fair pay to attract and retain appropriately qualified staff to lead, manage, support and/or deliver the charity's aims. The scales are reviewed annually by the Board, who consider cost of living and other external factors also in setting proposed salary increases.

Future plans

We annually review our aims, objectives, and activities as part of a strategic and budget planning process. This review looks at what we achieved and the outcomes of our work in the previous 12 months.

This critical review also looks at the success of each key activity and the benefits it has delivered to those groups of people we are set up to help. This enables us to ensure our aims, objectives and activities remain focused and enable us to deliver our strategic objectives in the most efficient way possible.

In response to the outcomes of this process, Doctors of the World is evolving to meet the needs of our service users. We no longer remain focused on fixed static clinics as a way of service delivery and have moved on in our strategic ambition to become more responsive and flexible in our service delivery approach. This will be embedded in our new 2026 – 2028 Strategic Plan which we will start working in mid-2025.

As part of this shift, we plan to grow our mobile clinic services, delivered in partnership with trusted local organisations, to reach people in their communities, build stronger relationships with those most at risk of exclusion, and take an iterative and evaluative approach to what and how we deliver as we continue to better understand needs. We also intend to explore the impact of rights-based education with communities and to whether this is a modality we should expand. These changes will help us deliver more sustainable, accessible, and impactful support – and ensure we remain responsive to the evolving needs of the people we serve.

Furthermore, we are investing in the expansion of our Adviceline to improve its reach and accessibility, helping more people to overcome barriers and claim their right to healthcare.

Our advocacy and campaigning work continue to focus on strengthening the healthcare rights of those who are systematically and intentionally excluded from NHS services, using evidence and data from our services to challenge the NHS Migrant Charging Policy. We will also work to ensure that our patients and the UK medical sector have a strong voice in debates around immigration and asylum policy.

Internationally, we have forged agreements within the Medecins du Monde Network to grow our support for international operations by the inclusion of specific positions in the UK office to provide resources for emergencies and longer-term health-based projects. Considering the MDM Network works in 71 countries globally, this is seen as a significant step towards Doctors of the World becoming a more proactive member of the Network.

Volunteers

Our ability to secure essential care for people in vulnerable circumstances depends upon support from volunteers. They are at the heart of our organisation.

In the UK, volunteers staff our clinics, run our adviceline and casework services, and help run our administrative office. Overseas, we depend upon the skills, dedication, and determination of a broad range of volunteers to deliver network initiatives. They work hard to coordinate emergency and long-term programmes in conflict and non-conflict settings to ensure that medical care is available to those who need it most.

Fundraising approach

Our volunteers and frontline staff make such a difference to people's lives because of their expertise and empathy. We want all our professional relationships to emulate their warmth and support, and that informs our fundraising approach.

We foster a personable and competent fundraising team, who build strong and enduring relationships with our supporters, so that their involvement with Doctors of the World UK continues to evolve and strengthen.

We remain committed to using the money from our donors and fundraisers in the wisest and most ethical ways; and are happy that our voluntary income streams deliver a good return on investment.

Our policies and approach to fundraising standards are outlined below:

- We are registered with the Fundraising Regulator and are committed to complying with the regulator's Fundraising Promise and the Code of Fundraising Practice.
- We have a policy to protect vulnerable people, and we insist on checking the policies of our suppliers as part of any tender process.
- We give our supporters the opportunity to opt out of further contact as part of every approach for a donation.
- We do not share or sell data.

In 2024, we remained registered with the Fundraising Regulator, adhering to their Code of Fundraising Practice. We had no instances of non-compliance with the code during the year. Our Supporter Care team responded to all queries. There were no complaints concerning our fundraising activities. We would take any complaints very seriously and use them to improve both our service and performance for the future.

Lastly and most importantly, at the forefront of our minds is that all our work simply would not be possible without our supporters, donors, partners, volunteers, and fundraisers.

Grant making policy

By being a member of the Médecins du Monde International Network, part of our charitable activity is to provide grants to colleagues within the network to facilitate their implementing programmes that meet our objectives, often emergency humanitarian interventions. The grants are made to successful chapters who fulfil the agreed criteria for each programme and who are best suited to deliver the objectives of the activity. In 2024 the chapters we supported were France, Spain and Greece.

FINANCIAL REVIEW & HIGHLIGHTS

Overview

Total incoming resources for the year amounted to £1,708,937 (2023: £1,247,661), representing a year-on-year increase of £461,276 (27%). This growth was primarily driven by increased income from international activities.

Of the total income, restricted income accounted for £1,013,157 (2023: £570,538), while unrestricted income was £695,780 (2023: £677,123). Gifts in kind were valued at £48,943 in 2024, compared to £114,744 in the previous year.

Total expenditure for the year was £1,726,332 (2023: £1,457,547), marking a 16% increase. Of this, £1,537,401 was spent on charitable activities (2023: £1,309,917). Other costs, including fundraising and a proportion of overheads, amounted to £188,931 (2023: £147,630).

Grants to Médecins du Monde chapters totalled £579,323 (2023: £87,797), an increase of £491,526 or 85%. This was due to a renewed effort by Doctors of the World UK to support our international colleagues responding to humanitarian emergencies globally.

A detailed breakdown of income and expenditure is provided in the Statement of Financial Activities (SOFA) and the accompanying Notes to the Accounts, outlining the areas of activity and related costs.

We successfully met our fundraising target for the year, ensuring sufficient unrestricted reserves to protect the charity's financial sustainability.

Looking ahead, a strengthened Senior Management Team has undertaken a thorough review of operational models, leading to streamlined expenditure. These changes are aimed at ensuring balanced budgets for 2025 and beyond.

The Board of Trustees regularly reviews organisational risks, including financial risks, and ensures that reserves are maintained at an appropriate level to sustain core activities. Financial performance is closely monitored through six-weekly reviews of financial reports, including comparisons against the most recent budget forecasts. The Finance and Fundraising sub-committee play a key role in tracking income and expenditure.

Income sources have remained reliable and in line with forecasts. Based on the assumptions underpinning the 2025 budget, the financial statements have been prepared on a going concern basis.

Reserves policy

At 31 December 2024, the total reserves amounted to £312,310 (2023: £329,705) of which £204,707 (2023: £179,124) were unrestricted. This is a significant uplift by 25%.

Restricted reserves represent the amount paid by donors to undertake specific programmes, which were recognised in the financial year under review. Doctors of the World UK does not carry any designated funds. £204,706 unrestricted reserves are available to meet overheads and/or undertake charitable actions as decided by the trustees and management as well as being invested in fixed assets.

Doctors of the World UK's reserves policy stipulates that our organisation seeks to hold the equivalent to three months' running costs as an unrestricted fund and that reserves are maintained at a level, which will ensure that the organisation's core activity should continue during periods of unforeseen difficulties. At the end of 2024, the unrestricted reserve represented 3.03 months of budgeted costs (2023: 3.01 months).

The Board of Trustees meet every six weeks via the established Finance and Fundraising group and Audit and Risk group to review financial risk to ensure the ongoing financial health of the charity.

Risk management

At Doctors of the World, we manage identified risk through the use of our risk register, this allows us to regularly review the risk exposure and consider the likelihood and impact any such risk might have on the organisation, staff, service users, trustees and other stakeholders as well as on our own reputation. It also allows us to mitigate such risk by adopting relevant systems and procedures.

Risk assessments are carried out continuously by the senior management team and the risk register is regularly reviewed by the Audit & Risk sub-committee and by the Board of Trustees quarterly. Key risks identified and included on the organisational risk register with the perceived highest potential impact are summarised in Table 1.

Table 1: Key organisational risks with highest potential impact under regular review

PRINCIPLE RISKS & UNCERTAINTIES	MITIGATION
Unrestricted income does not cover overhead costs	- Annual budgets are set with unrestricted income targets. - Budgets undergo regular review and if necessary, revision. - Fundraising team monitors the progress weekly and reports into the Senior Management Team. - Small deficits can be met from existing reserves to the extent that such reserves are sufficient. - Finance and fundraising sub-committee regularly review and offers advice/recommendations on these issues.
Critical incident in programme delivery caused by clinical negligence	- The organisation is registered, compliant and reviewed by the CQC. - The UK Clinic Manager is a registered manager with the CQC. - The organisation has a Clinical Lead Board member with responsibility for Safety and Quality. - Insurance in place to react to the various risks involved in this activity. Quarterly Safety and Quality meetings provide oversight and report to the board. - Staff and volunteers are trained, supported and regularly supervised. - The organisation has a safeguarding and clinical governance policy which is available in the clinic. - Each clinic session ends with an all staff/volunteer debrief to identify any issues to follow-up. - Updated Local Security Plans are in place and observed by all staff. - Assess the risk to staff members as a group and individually. - Daily/regular updates to all staff as necessary.
Data breach/loss of personal data through cyber theft	- Use of up-to-date cloud-based software. - Ensure all MS Office applications are up to date. - Strong policies in place re use of email and IT. Ensure all staff and trustees use official DotW emails and do not share files online through email. - Risk register is routinely checked. - IT Consultant updated monthly on potential threats. - Ensure staff, trustees and volunteers follow IT and data protection policies. - Ensure business continuity plan (mandatory) and cyber insurance are considered.
Failure to deliver quality programmes in line with statutory donor requirements	- Ensuring all budgets include adequate funding for all required internal staff costs and that budget lines are not amended during project without approval by Heads of team. - DOTW submits regular reports to donors and updates on any changes. MoUs in place are realistic and achievable. - All contracts are reviewed by Finance to review assess financial risks. - Ensure adequate recruitment is in place or is achievable.

ACKNOWLEDGEMENT OF SUPPORT

We'd like to thank all the donors who helped us in 2024 and whose ongoing support makes it possible for us to continue to provide access to healthcare for people in vulnerable situations, both in the UK and internationally.

Statement of trustees' responsibilities

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. The trustees (who are also directors of Doctors of the World UK for the purposes of company law) 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). Company law 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 charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware;
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Approval

This report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime. It was approved by the Board of Directors and Trustees on 17 June 2025 and signed on its behalf by:

Dr James Elston
President

INDEPENDENT AUDITORS' REPORT

Opinion

We have audited the financial statements of Doctors of the World UK (the 'charitable company') for the year ended 31 December 2024 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 December 2024 and of its incoming resources and application of resources, including its income and expenditure for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Doctors of the World UK's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or

- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or

- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.

- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Noelia Serrano
(Senior statutory auditor)

Date 04 August 2025

for and on behalf of Sayer Vincent LLP,
Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

STATEMENT OF FINANCIAL ACTIVITIES

(Incorporating an income and expenditure account) For the year ended 31 December 2024

				2024			2023
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	Note	£	£	£	£	£	£
Income from:							
Donations and legacies	2	520,400	-	520,400	390,663	-	390,663
Charitable activities							
International actions	3	-	600,702	600,702	-	97,532	97,532
National actions	3	175,380	412,455	587,835	286,460	473,006	759,466
Total income		695,780	1,013,157	1,708,937	677,123	570,538	1,247,661
Expenditure on:							
Raising funds	4	188,931	-	188,931	147,630	-	147,630
Charitable activities							
International actions	4	134,422	602,702	737,124	19,323	87,797	107,120
National actions	4	312,372	487,905	800,277	704,572	498,225	1,202,797
Total expenditure		635,725	1,090,607	1,726,332	871,524	586,023	1,457,547
Net expenditure before transfers	6	60,055	(77,450)	(17,395)	(194,401)	(15,485)	(209,886)
Transfers between funds		-	-	-	29,184	(29,184)	-
Net outgoing resources and net movement in funds		60,055	(77,450)	(17,395)	(165,217)	(44,669)	(209,886)
Reconciliation of funds:							
Total funds brought forward		179,124	150,581	329,705	344,341	195,250	539,591
Total funds carried forward		239,179	73,131	312,310	179,124	150,581	329,705

All the above results are derived from continuing activities. There were no other recognised gains and losses other than those stated above. Movements in funds are disclosed in Note 16 to the financial statements,

BALANCE SHEET

Company no: 3483008 / As at 31 December 2024

	Note	2024	2023
		£	£
Fixed assets:			
Tangible assets	11	34,473	49,661
		<u>34,473</u>	<u>49,661</u>
Current assets:			
Stock	12	1,502	1,779
Debtors	13	71,258	102,940
Cash at bank and in hand		604,250	383,986
		<u>677,010</u>	<u>488,705</u>
Liabilities:			
Creditors: amounts falling due within one year	14	399,173	280,661
		<u>399,173</u>	<u>280,661</u>
Net current assets		<u>277,837</u>	<u>280,044</u>
Total net assets	15	<u>312,310</u>	<u>329,705</u>
The funds of the charity:			
Restricted income funds	16	73,131	150,581
Unrestricted income funds	16	239,179	179,124
Total charity funds		<u>312,310</u>	<u>329,705</u>

Approved by the trustees on 17 June 2025 and signed on their behalf by:

Dr James Elston
President

STATEMENT OF CASH FLOWS

For the year ended 31 December 2024

	Note	2024		2023	
		£	£	£	£
Cash flows from operating activities					
Net cash provided by/(used in) operating activities	17		220,264		48,689
Cash flows from investing activities					
Purchase of fixed assets		-		(1,399)	
Net cash used in investing activities			-		(1,399)
Change in cash and cash equivalents in the year			220,264		47,290
Cash and cash equivalents at the beginning of the year			383,986		336,697
Cash and cash equivalents at the end of the year			604,250		383,986

1 ACCOUNTING POLICIES

a) General information

Doctors of the World UK is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address is The People's Place, 80-92 High Street London, E15 2NE.

b) Basis of preparation

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) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

Key judgements that the charitable company has made which have a significant effect on the accounts include the likelihood of renewal of institutional grants.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

f) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably. Income includes associated gift aid tax reclaims.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

g) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated goods, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; an equivalent and corresponding amount is then recognised in expenditure in the period of receipt.

h) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

i) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

j) Expenditure and irrecoverable VAT

Expenditure, including grants made, is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

Costs of raising funds relate to the costs incurred by the charitable company in encouraging third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose.

Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

1 ACCOUNTING POLICIES (CONTINUED)

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity:

- Support costs: based on FTE of staff directly involved in the national or international actions
- Governance costs: based on FTE of staff directly involved in the national or international actions

l) Grants payable

Grants payable are made to third parties in furtherance of the charity's objectives. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

m) Foreign Exchange

Monetary assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the exchange rate prevailing at the date of the transaction. Exchange differences are taken into account in arriving at the net incoming resources for the year.

n) Tangible fixed assets

Purchases are capitalised as fixed assets where the price exceeds £350. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

• Computer equipment	4 years
• Fixtures and fittings	5 years
• Motor Vehicle	7 years

Restricted fixed assets are initially recognised within restricted funds. Following completion of the programme the asset and any associated depreciation are derecognised and transferred into unrestricted funds.

o) Stocks

Stocks are stated at the lower of cost and net realisable value. Donated items of stock, held for distribution or resale, are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

p) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

q) Cash in bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of service users.

r) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

s) Pensions

The charity provides staff who have completed their probation period access to a Group Personal Pension scheme with Scottish Widows. For contributing members of staff the charity contributes 6% of salary.

t) Operating Leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the Statement of financial activities on a straight line basis over the minimum lease term.

2a INCOME FROM DONATIONS AND LEGACIES (CURRENT YEAR)

	2024
	Total
	£
Functioning grants from Médecins du Monde France	166,008
Other donations and gifts	354,392
	520,400

2b INCOME FROM DONATIONS AND LEGACIES (PRIOR YEAR)

	2023
	Total
	£
Functioning grants from Médecins du Monde France	85,107
Other donations and gifts	305,556
	390,663

All income in both 2024 and 2023 is unrestricted.

Other donations and gifts include pro-bono legal advice in 2024 £14,800 (2023: £18,182) and the provision of rent-free offices by Canary Wharf Management to the value of £55,517 in 2023 (2024: nil).

3 INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted	Restricted	2024 Total	2023 Total
	£	£	£	£
Africa Advocacy Foundation	-	19,707	19,707	-
Allen and Overy Foundation	-	10,000	10,000	-
James Tudor Foundation	-	8,000	8,000	-
Médecins Sans Frontières	-	43,206	43,206	-
DISRUPT Foundation	-	34,800	34,800	-
NHS North East London ICB	-	34,196	34,196	-
London Borough of Enfield	-	-	-	12,500
Trust for London	-	18,750	18,750	37,700
Tolkien Trust	80,000	-	80,000	80,000
Paul Hamlyn Foundation	-	54,424	54,424	53,309
National Lottery	-	80,471	80,471	32,905
The British Red Cross	-	-	-	14,330
The Metro Centre Ltd and Spectre CIC	-	-	-	21,014
University College London	-	-	-	26,643
The Big Give Trust	15,469	-	15,469	12,600
The Fyrish Foundation	-	-	-	20,000
Swire Charitable Trust	-	-	-	22,500
City Bridge Trust	3,000	50,000	53,000	60,230
Pickwell Foundation	10,000	-	10,000	10,000
MDM Network – Observatory Project	-	-	-	21,731
Metropolitan Housing Trust	-	-	-	21,667
AB Charitable Trust	30,000	3,610	33,610	33,000
Blue Thread	-	-	-	27,000
Other income from National Actions	36,911	55,292	92,203	252,338
Sub-total for National Actions	175,380	412,455	587,835	759,466
Choose Love	-	120,629	120,629	67,205
Muslim Charity	-	63,658	63,658	13,969
Ukraine Donation	-	20,000	20,000	16,358
START Network	-	396,415	396,415	-
Sub-total for International Actions	-	600,702	600,702	97,532
Total income from charitable activities	175,380	1,013,157	1,188,537	856,998

Other income from National Actions includes the donation of volunteer time and programme expenses for clinic and caseworker activities to the value of £34,143 (2023: £163,787).

4c ANALYSIS OF EXPENDITURE (CURRENT YEAR)

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2024 Total
		International actions	National actions			
	£	£	£	£	£	£
Staff costs (Note 7)	100,676	23,378	480,165	29,925	148,771	782,915
Fundraising and publicity costs	49,376	-	-	-	-	49,376
Direct activity costs	4,426	-	174,174	-	-	178,600
Grant funding (Note 5)	-	579,324	-	-	-	579,324
Other costs	-	-	-	19,391	116,726	136,117
	154,478	602,702	654,339	49,316	265,497	1,726,332
Support costs	29,056	113,364	123,077	-	(265,497)	-
Governance costs	5,397	21,057	22,861	(49,316)	-	-
Total expenditure 2020	188,931	737,124	800,277	-	-	1,726,332

Of the total expenditure, £635,725 was unrestricted and £1,090,607 was restricted.

4b ANALYSIS OF EXPENDITURE (PRIOR YEAR)

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2023 Total
		International actions	National actions			
	£	£	£	£	£	£
Staff costs (Note 7)	58,402	-	620,276	27,226	36,370	742,274
Fundraising and publicity costs	45,844	-	-	-	-	45,844
Direct activity costs	16,754	-	365,553	-	-	382,307
Grant funding (Note 5)	-	87,797	-	-	-	87,797
Other costs	-	-	-	18,290	181,035	199,325
	120,999	87,797	985,830	45,516	217,405	1,457,547
Support costs	22,020	15,978	179,407	-	(217,405)	-
Governance costs	4,610	3,345	37,561	(45,516)	-	-
Total expenditure 2020	147,629	107,120	1,202,798	-	-	1,457,547

Of the total expenditure, £871,524 was unrestricted and £586,023 was restricted.

5 GRANT MAKING

	Grants to institutions	2024	2023
	£	£	£
Cost			
Médecins du Monde – France	432,0507	432,056	75,828
Médecins du Monde – Canada	133,268	133,268	11,969
Médecins du Monde – Germany	14,000	14,000	–
At the end of the year	579,324	579,323	87,797

6 NET EXPENDITURE BEFORE TRANSFERS FOR THE YEAR

This is stated after charging / crediting:

	2024	2023
Depreciation	15,187	33,250
Operating lease rentals:	8,174	15,024
Auditor's remuneration (excluding VAT):	10,550	13,717
Foreign exchange loss / (gain)	45	530

7 ANALYSIS OF STAFF COSTS, TRUSTEE REMUNERATION AND EXPENSES, AND THE COST OF KEY MANAGEMENT PERSONNEL

Staff costs were as follows:

	2024	2023
	£	£
Salaries and wages	684,856	662,047
Social security costs	58,722	45,426
Employer's contribution to defined contribution pension schemes	39,337	34,801
	782,915	742,274

The following number of employees received employee benefits (excluding employer pension costs) during the year between:

	2024	2023
£70,000 – £79,999	1	1

The total employee benefits of the key management personnel were £344,383 (2023: £286,570).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2024: £nil). No charity trustee received payment for professional or other services supplied to the charity (2023: £nil).

Trustees' expenses represent the payment or reimbursement of travel and subsistence costs totalling £1,714 (2023: £239)

8 STAFF NUMBERS

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2024	2023
	No.	No.
International actions	0.3	0.1
National actions	12.0	9.9
Fundraising and Communications	2.6	2.9
Office management and admin	3.3	3.1
Total headcount	18.2	16.0

9 RELATED PARTY TRANSACTIONS

There were no related party transactions during the year (2023: nil)

10 TAXATION

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

11 TANGIBLE FIXED ASSETS

	Fixtures and fittings £	Computer equipment £	Motor Vehicle £	Total £
Cost or valuation				
At the start of the year	3,208	53,782	136,142	193,132
Disposals in year	-	-	-	-
At the end of the year	3,208	53,782	136,142	193,132
Depreciation				
At the start of the year	2,888	46,820	93,764	143,472
Charge for the year	320	4,696	10,171	15,187
Disposals in year	-	-	-	-
At the end of the year	3,208	51,516	103,935	158,659
Net book value				
At the end of the year	-	2,266	32,207	34,473
At the start of the year	320	6,963	42,378	49,661

12 STOCK

	2024 £	2023 £
Medical supplies	1,502	1,779

13 DEBTORS

	2024	2023
	£	£
Other debtors	45,811	37,429
Prepayments	25,447	32,869
Accrued income	-	32,642
	71,258	102,940

14 CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2024	2023
	£	£
Trade creditors	39,786	69,030
Taxation and social security	18,164	16,007
Other creditors	10,473	4,307
Accruals	330,750	119,317
	399,173	208,661

15a ANALYSIS OF NET ASSETS BETWEEN FUNDS (CURRENT YEAR)

	General unrestricted	Restricted	Total funds
	£	£	£
Tangible fixed assets	34,473	-	34,473
Net current assets	204,706	73,131	277,837
Net assets at the end of the year	239,179	73,131	312,310

15b ANALYSIS OF NET ASSETS BETWEEN FUNDS (PRIOR YEAR)

	General unrestricted	Restricted	Total funds
	£	£	£
Tangible fixed assets	5,258	44,403	49,661
Net current assets	173,865	106,179	280,044
Net assets at the end of the year	179,124	150,581	329,705

16a MOVEMENTS IN FUNDS (CURRENT YEAR)

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£	£	£	£	£
Restricted funds:					
National actions					
<i>London Clinic</i>					
City Bridge Trust	-	50,000	(50,000)	-	-
National Lottery	2,240	52,300	(50,871)	-	3,669
Volunteer donations in kind	-	34,143	(34,143)	-	-
Other restricted donations and grants	-	23,000	(23,000)	-	-
<i>Migrant Health Project</i>					
MSF	-	43,206	(43,206)	-	-
<i>NEL RAS Outreach Service</i>					
NHS North East London ICB	-	34,196	(34,196)	-	-
<i>HIV Screening Clinics</i>					
Africa Advocacy Project	-	19,707	(12,416)	-	7,291
<i>Mobile Clinic Vehicle</i>	17,022	-	(11,155)	-	5,867
<i>Mobile Clinic Vehicle</i>					
Tolkien	43,893	-	(10,171)	-	33,722
<i>Safer Surgeries Project (National Advocacy)</i>					
Paul Hamlyn Foundation	14,000	54,424	(55,595)	-	12,829
National Lottery	-	18,444	(18,444)	-	0
<i>Right to Care (Experts by experience)</i>					
Trust for London	11,977	18,750	(30,727)	-	-
Disrupt	-	29,800	(29,800)	-	-
Other restricted funds	-	2,815	(2,815)	-	-
<i>Policy & Advocacy – General</i>	59,448	16,333	(68,370)	-	7,411
National Lottery	-	9,727	(9,727)	-	-
<i>Other restricted donations</i>	-	5,610	(3,270)	-	2,340
International actions					
<i>Gaza Emergency Response project</i>	2,000	184,287	(186,287)	-	-
<i>Ukraine Donation</i>	-	20,000	(20,000)	-	-
<i>Madagascar Cyclone Preparedness</i>	-	396,415	(396,415)	-	-
Total restricted funds	150,581	1,013,157	(1,090,607)	-	73,131
Unrestricted funds:					
General funds	179,124	695,780	(635,725)	-	239,179
Total unrestricted funds	179,124	695,780	(635,725)	-	239,179
Total funds	329,705	1,708,937	(1,726,332)	-	312,310

16a MOVEMENTS IN FUNDS (PRIOR YEAR)

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£	£	£	£	£
Restricted funds:					
National actions					
<i>London Clinics</i>					
Volunteer donations in kind	-	163,793	(163,793)	-	-
Other restricted donations and grants	-	66,230	(66,230)	-	-
British Red Cross Society	-	14,330	(14,513)	183	-
<i>Right to Care & GLA Project</i>					
Trust for London	33,720	37,700	(59,442)	-	11,977
<i>Mobile Clinic – Outreach</i>					
Other restricted donations and grants	-	21,014	(10,344)	(10,670)	
<i>Mobile Clinic – Vehicle</i>	22,000	-	(4,979)	-	17,022
MdM Network Observatory Report	-	21,731	(20,976)	(755)	-
<i>Safer Surgeries Project</i>					
Paul Hamlyn Foundation	2,863	53,309	(42,172)	-	14,000
Clinical Commissioning Groups	4,810	-	-	(4,810)	-
Joseph Roundtree Charitable Trust	6,597	-	(7,171)	574	-
<i>Policy & Advocacy – General</i>	65,224	54,667	(60,443)	-	59,448
Big Lottery	-	32,905	(30,664)	-	2,240
Tolkien	54,064	-	(10,171)	-	43,893
<i>Other restricted donations</i>	-	7,328	(7,328)	-	-
International actions					
<i>Gaza Appeal</i>	-	13,969	(11,969)	-	2,000
<i>Yemen</i>	-	67,205	(64,378)	(2,827)	-
<i>Mozambique Appeal</i>	-	16,358	(11,451)	(4,907)	-
<i>Refugee Appeals</i>	920	-	-	(920)	-
<i>Global Clinic Crowdfunder</i>	5,052	-	-	(5,052)	-
Total restricted funds	<u>195,250</u>	<u>570,538</u>	<u>(586,023)</u>	<u>(29,184)</u>	150,581
Unrestricted funds:					
General funds	<u>344,341</u>	<u>677,123</u>	<u>(871,524)</u>	<u>29,184</u>	179,124
Total unrestricted funds	<u>344,341</u>	<u>677,123</u>	<u>(871,524)</u>	<u>29,184</u>	179,124
Total funds	<u>539,591</u>	<u>1,247,661</u>	<u>(1,457,547)</u>	<u>-</u>	329,706

NATIONAL ACTIONS

The fund for national actions is established based on restricted donations to further our work in the UK, primarily in support of our London clinic and other national programmes.

- **London Clinic**
Providing direct support to asylum seekers and migrants who are currently excluded from accessing healthcare.
- **Migrant Health Project**
In partnership with Medecins sans Frontières, supporting incidental operational costs incurred in providing healthcare to asylum seekers in Essex.
- **NEL RAS Outreach Service**
Support for direct service provision for health screening and GP registration for Asylum Seekers in NE London through the North East London Integrated Care Board.
- **HIV Screening Clinics**
In partnership with Africa Advocacy Foundation through Southwark Local authority to provide HIV screening and sexual health support.
- **Policy & Advocacy (General)**
This fund comprises funds received to support national policy and advocacy work to strengthen the right to health in the UK.
- **Safer Surgeries Project**
This fund comprises funds received to support production of health rights resources and the provision of training for NHS primary care services.
- **Right to Care (Experts by experience)**
This fund comprises funds received to coordinate and oversee the work of Doctors of the World UK's expert by experience group.
- **Mobile clinic vehicle**
This fund comprises restricted income received for the purchase of a vehicle to support the delivery of outreach and clinical services. The cost of the van was capitalised, and the associated depreciation is charged annually to this fund in line with the organisation's depreciation policy.

INTERNATIONAL ACTIONS

The fund for international actions is established upon grants received by Doctors of the World UK for projects implemented by MDM France, MDM Greece and MDM Spain outside the UK.

- **Gaza Emergency Response project**
Support via Muslim Charity and Choose Love to purchase medical supplies and provide direct primary healthcare and mental health and psycho social care services to those displaced in Gaza and West Bank, Occupied Palestinian Territories.
- **Ukraine Donation**
Individual giving one off donation made directly to support our work in Ukraine.
- **Madagascar Cyclone Preparedness**
Supported by the START Network, to enable our teams in Madagascar to prepare for upcoming cyclone season by pre-positioning medical supplies in the event of a disease outbreak, namely cholera.

17 RECONCILIATION OF NET (EXPENDITURE) / INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2024	2023
	£	£
Net expenditure for the reporting period (as per the statement of financial activities)	(17,395)	(209,886)
Depreciation charges	15,187	33,250
Increase in stocks	276	1,000
Increase in debtors	31,683	130,127
Decrease in creditors	190,512	94,197
Net cash used in operating activities	220,264	48,688

18 LEGAL STATUS OF THE CHARITY

The charity is a company limited by guarantee and has no share capital.

The liability of each member in the event of winding up is limited to £1.

19 OPERATING LEASE COMMITMENTS

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property		Equipment	
	2024	2023	2024	2023
	£	£	£	£
Less than one year	7,324	17,089	850	3,267
One to five years	-	-	-	-
	7,324	17,089	850	3,267

20 CONTROLLING PARTY

There is no single ultimate controlling party.





DOCTORS OF THE WORLD UK

A registered charity and company Limited by Guarantee
Company number: 3483008 • Charity number: 1067406

Accounts



REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2023

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FOREWORD

We needed to be here in 2023.

We exist to serve and advocate for people living in really challenging circumstances. People who have often experienced severe trauma and who are facing barriers in their daily lives to access proper healthcare, to be able to integrate into society, and to ensure safety and wellbeing for themselves and their loved ones. In the UK, the political and socioeconomic environment was hostile especially for people seeking asylum, for migrants and refugees. People who may have looked to the UK for salvation from hardship. I believe in our country and its values, but for some reason things felt like they went very wrong in 2023. This was a year when our country put very vulnerable people in processing centres which looked like prisons.

It is easy to look the other way. It was our job to be there, bear witness, speak out, tell the uncomfortable truths and galvanise people. Even when we weren't allowed in, we parked our mobile clinic outside the gates. We stayed and people came. I admire so much our team and volunteers who simply cannot and will not let injustice go without challenge and who are prepared to go over and above to deliver our services. Our advocacy team did what they do and more in 2023. Our evidence and reports have been used by stakeholders and subsequently covered by the national media. We have worked with partners across sectors, our campaigns have affected political public and social consciousness and influenced attitudes which we hope will translate into real and meaningful change in 2024.

Our UK services evolved, and we have shared our knowledge and experience. Resources and toolkits we produced are considered exemplars of best practice in inclusion health and have been used across the NHS to support access to healthcare for vulnerable people. We have become more insightful thanks to our Experts by Experience - it is amazing to see what this group is now achieving; their collective and individual impact is growing. We are grateful to our partners; we are really pleased to be working with people who want to make a difference. Thank you especially to the nearly 2000 GP practices across the country who are Safe Surgeries!

Internationally in 2023, the world became less safe. War is always terrible but the eruption of conflict in Gaza was felt very acutely when we in the Médecins du Monde network lost one of our own in the very first weeks. Rest in peace Maysara and thank you. Our people lost their homes, members of their families, our office was destroyed. The extent of destruction is shocking in Gaza just as it has been in Ukraine. We don't take sides, not in war or politics, we stand up for people suffering, say what needs to be said, and we do what we can to help. Natural disasters are shocking in a visceral manner. There was just no warning of the earthquake in Türkiye and Syria, or the cyclone in Madagascar and their consequences were devastating. I am proud that we in the Doctors of the World family have been there in conflict and disaster, and we have responded. Our humanitarian field staff have done some epic work supported by the generosity of our supporters in the UK.

Meanwhile within our organisation, we made changes and evolved. I am confident that in future years we will look back upon 2023 as a year when our organisation firmly established the foundations of its lasting success. We have built and embedded a strong and expert senior management team and board of Trustees. We have strengthened our governance and ways of working. Looking forwards 2024 will be a year of evolution, seeing new models of service delivery and I am excited about what we can achieve together.

We are so grateful to you, our supporters, for enabling us to do what we need to do. We can't solve all the world's problems but with your support we will always do everything in our power to make a positive difference and deliver for those who need us. Thank you!

Dr James Elston

President, Doctors of the World UK

TRUSTEES' REPORT

The trustees present their report together with the audited financial statements for the year ended 31 December 2023.

Reference and administrative details

Charity name: Doctors of the World UK

The company changed its name from Médecins du Monde UK on 26 April 2010.

Company registration number: 3483008

Charity registration number: 1067406

Board of trustees / directors

The following individuals are the trustees, also directors, who served during the year:

Dr. James Elston

President

Julia McDonald

Treasurer

Dr. Hannah Theodorou

Joint Vice President

Dr. Lisa Harrod-Rothwell

Joint Vice President

Avril Lee

Colin Herrman

Philomene Uwamaliya

Srijamya Raghuvanshi

Dr. Tim Dudderidge (Resigned 25th January 2023)

Dr. Peter Gough (Resigned 31st March 2023)

Karl Shuker (Resigned 10th October 2023)

Noun Sharif Ali Gigir (Resigned 10th October 2023)

Registered office

The People's Place
80-92 High Street
London E15 2NE

www.doctorsoftheworld.org.uk



Auditor

Sayer Vincent LLP
110 Golden Lane
London, EC1Y 0TG

Bank

Lloyds Bank
3-5 Whitechapel Road
London E1 1DU

WHAT WE DO & WHY WE DO IT

Doctors of the World UK is part of the international Médecins du Monde network. We work at home and abroad to empower excluded people and marginalised communities to claim their right to health while fighting for universal access to healthcare. In 2023, the network delivered 410 innovative medical programmes and evidence-based advocacy initiatives to improve access to healthcare in 75 countries.

Our expert staff and volunteers find and treat vulnerable people around the world. Our vision is of a world where barriers to health have been overcome, where health is acknowledged as a fundamental right.

**Médecins du Monde
Network Projects 2023**

OUR FOUR PRIORITY AREAS

- **People in crisis**
We provide life-saving humanitarian healthcare in times of war and natural disasters.
- **People in vulnerable situations**
This includes advocating for the right to health, in terms of both physical and mental health, across Europe for migrants, people experiencing homelessness, Gypsies and Travellers.
- **People at risk of harm**
This especially refers to those at risk from HIV or hepatitis C, such as drug users and sex workers.
- **Women and girls**
We believe strongly in the right to sexual and reproductive health, and work to empower women and girls around the world to access sexual and reproductive health services.

In the UK, Doctors of the World runs clinics in London, a national advice line, outreach programmes and a policy and advocacy programme. With an incredible team of volunteers, we support marginalised people including people seeking asylum, survivors of trafficking, undocumented people, and people with no fixed address by providing medical care, information, and practical support.

In 2023 we supported 2,000 people in the UK in addition to significant support to our network to help those living through crisis abroad, including in Gaza, West Bank, Ukraine, Türkiye, Syria and Madagascar.



OUR WORK IN THE UK

WHO WE HELP

Everyone living in the UK is entitled to free primary healthcare, regardless of who they are or their immigration status.

However, GP practices may request proof of residential address and ID for registration, and an inability to provide these can lead to being wrongly denied GP registration. Other barriers include limited support for those for whom English is not a first language, a general lack of information about rights, restrictive laws that prevent people without status from accessing free NHS hospital care, discrimination, fear of arrest, immigration enforcement and technological barriers such as availability of internet or phone credit.

Following our support, over 90% of our patients were able to safely register with GP services.

70% of our clients are homeless or vulnerably housed and 84% live below the poverty line.

HOW WE HELP

Our CQC registered clinic, advice line and health advocacy outreach work provide free and accessible medical support. This work is delivered by a team of highly trained volunteers, made up of doctors, nurses, support workers and case workers supervised by our expert staff.

Our goal is to support people to register with a GP so that their health is protected for the long term, and to provide immediate medical help where it is required.

FOCUS ON OUR ADVICE LINE

Our advice line provides direct casework support via telephone to people who need support to register for NHS health services, including those who cannot reach our clinic or outreach services in person. Last year our advice line team managed just under 8,000 calls with people who needed support to access healthcare.

Our advice line volunteers conduct full social consultations for our clients, they explore social circumstances, immigration status, housing, health, mental health, safeguarding concerns, and family circumstances. We recognise the impact of the wider determinants in health inequalities and advocate for our clients to enable them to access the health services they require, advise them on their rights to access health services and support them to register with a GP. These conversations are not formulaic, as many clients are experiencing trauma, fear immigration enforcement and need to be supported to feel safe in discussing their issues.

FOCUS ON OUTREACH

Our outreach support increased significantly in 2023. We were delighted to work with partners in London to deliver increased health advocacy work to community groups who are already supporting people living in vulnerable situations.

"Thank you so much for the incredibly informative presentation on our rights to health services and care. We really appreciate it! As migrants in the country, many of us were unaware that we could access public health services. The presenters did a fantastic job of explaining our eligibility and legal rights in a clear and understandable way."

The Magpie project

We also responded to the needs of people living in the new mass asylum accommodation in Wethersfield RAF barracks in Essex. From November of 2023, one of our mobile clinics has been based at the gates of the site, offering access to healthcare with a focus on mental health support.

POLICY AND ADVOCACY

Our policy and advocacy work aims to make systemic changes to how those currently excluded from healthcare can access health services. During 2023 we continued to work to ensure the health and welfare of asylum seekers in response to the new Illegal Migration Bill.

We also continued to coordinate and hold regular meetings with the Expert Consortium on Refugee and Migrant Health, a group of senior stakeholders and experts including the BMA and medical royal colleges. As a result of this group's work several medical royal colleges have taken a public position on asylum policies and engaged with parliamentarians about the Illegal Migration Act.

We worked hard to counter harmful narratives and gather public support via our communications. We campaigned around the Illegal Migration Bill, using both our existing supporters and growing social media presence to ask people to write to their MPs to oppose the Bill. 1860 letters were sent to 550 MPs. We consistently use our online presence to highlight the negative impact on health of current asylum policies.

Our policy and advocacy work relies on our data from our 'on the ground' assessments of the health needs of the people we support. During 2023 we started meeting, interviewing and providing health support to the men who have been housed in Wethersfield Barracks in Essex. The information we gained from this support went on to be used to provide evidence of the physical and mental health harms caused by these mass asylum containment sites. We continue to campaign widely on this issue.

FOCUS ON SAFE SURGERIES

Our work to support GP Practices to help them to deliver inclusive registration and access across England has grown significantly over the last 12 months. We know that people seeking asylum and undocumented migrants can face significant barriers in accessing primary care due to restrictive practices (e.g. requiring documentation) which is wrongly requested by some GP practices.

At the end of 2023 we were supporting a thriving network of nearly 2,000 GP practices who had signed up to our Safe Surgeries initiative, with over 600 new surgeries signing up during 2023. In the last 12 months we delivered 73 training sessions to over 2,700 people working in primary care. 1,400 surgery staff completed our e-learning course, and overall GP surgeries gave our training sessions an average score of 4.6 out of 5 when asked if our training has improved their knowledge of rights to NHS services.

We have also produced new resources in 2023, focused on initial and contingency asylum accommodation, with resources for commissioners and Integrated Care Boards as we continued to advocate for best practice around access to healthcare for some of the most vulnerable people in the UK.

Our expertise is valued by our peers working in primary healthcare. During 2023 our Safe Surgeries initiative, including our resources were included in the NHS England inclusion health framework, the RCGP Greener practice toolkit, NHS England CORE20plus5 toolkit and Cambridge Public Health Building equitable primary care toolkit as exemplars of best practice in inclusion health.

FOCUS ON EXPERTS BY EXPERIENCE

We continue to develop and extend the input of our team of 35 volunteers with lived experience of healthcare exclusion. We have been able to deliver training sessions to our group, including on how to deliver presentations, employability and film making. We are delighted to report that 98% of our group told us that the training had given them increased confidence in both participating in our work and advocating for the right to healthcare.

This training has led to practical outcomes where our volunteers have now gone on to deliver healthcare rights and training to over 140 people in the refugee and migrant communities.

Our Experts by Experience group also played an active role in our wider policy work, 2023 saw us focus on the Illegal Migration Bill. In May 2023, the Bill went through the House of Lords, and following significant briefing work, we had positive engagement from six members of the Lords who shared our concerns around the impact on health of this new Bill on people who are seeking asylum. Our Expert by Experience group followed up this engagement with a joint letter to peers highlighting their lived experience of the system. Our group also co-wrote and created a video in response to the Bill viewed nearly 10,000 times.

OUR INTERNATIONAL WORK

As part of a 17-strong network of Médecins du Monde chapters we continue to respond to crisis situations around the world. During 2023 we were thankful to be able to support our international operations in Türkiye, Syria, Ukraine, Gaza and the West Bank, and Madagascar.

FOCUS ON TÜRKIYE AND SYRIA

On February 6th 2023, Türkiye and Syria were hit with the worst earthquake the region has known since 1939.

Doctors of the World was already working in both Türkiye and Syria when the earthquake struck. Within the first 24 hours of this crisis, our teams had set up our mobile clinics, started supporting hospitals and the camps where people were living, alongside coordinating deliveries of tents, food, and medicine. We continue to support the area, to prevent both further devastation and the local healthcare system becoming overwhelmed. Many areas became plagued by cholera outbreaks and poor general health caused by a lack of nutritious food.

Many members of our teams living in the region were affected. Some lost loved ones, some were made homeless along with their families. Our office in Antakya, Türkiye was demolished in the earthquake. Our offices in Afrin, Idlib, Syria were also damaged.

Emergency shelter was an initial priority as so many homes were destroyed – both in the cities and the countryside. The need for shelter, food, water, sanitation, hygiene products, health care and basic relief items was very high. Whilst the need for safe spaces for women and

children, contraception, and drinking water continued to increase.

In Hatay, three Mobile Medical Unit Teams were deployed to support people in the region where 12 hospitals were damaged and unable to deliver care. Our teams provided Primary Health Care, Mental Health Support, Protection services, and Water, Sanitation and Hygiene services.

In Syria, our teams established eight Primary Health Care Clinics, one Mobile Medical Unit, and two Emergency Mobile Medical Teams. The Emergency Mobile Medical Response Team administered first aid and stabilised patients, whilst coordinating with hospitals and other medical facilities to ensure that patients receive the appropriate medical care. The team also provided Mental Health support to victims experiencing trauma or shock.

Our two teams in Afrin and Idlib continued to provide long term medical assistance to people affected by the earthquake in camps, through the work of three doctors, a midwife, four nurses, a paediatrician, a psychologist, and multiple case workers.

FOCUS ON UKRAINE

Ukraine was invaded by Russia in February 2022. It is still under extreme bombardment from Russian forces making access to healthcare increasingly difficult. Doctors of the World are currently providing emergency frontline healthcare in Ukraine and have supported refugees in the neighbouring countries of Poland, Slovakia, Romania and Moldova with the provision of direct access to primary healthcare services.

Ukraine's hospitals and health centers have been deeply affected in the last two years. Attacks on medical facilities, rising costs and damage to roads, power lines and infrastructure weaken people's ability to safely access care.

Direct health services are being provided by our Mobile Units in Kyiv, Chernihiv, Zaporizhzhia, Chernivtsi, Dnipro, Vinnytsia, Kharkiv and Odessa Oblasts. Mobile Units work in shelters and Health Facilities in remote areas provide consultations, medication, and referrals to specialized care to vulnerable populations, including internally displaced people, people with disabilities, elderly people, and children.

Our psychologists work as part of Mobile Units, conducting group and individual mental health consultations, alongside their medical care colleagues. As the conflict continues and the need grows, we have expanded our mental health services and are also providing online sessions to enable us to support more people alongside those who are much harder to reach face to face. We are also training Ukrainian health workers to ensure that we can increase the number and reach of much-needed mental health services in conflict-affected areas.

Our efforts in Ukraine continue to focus on addressing urgent health needs, maintaining capacity and ensuring our patients and humanitarian workers are safe from missile strikes, gliding bombs and short-range combat.

FOCUS ON GAZA

The Gaza Strip is a densely populated area of 365 km² where 2.2 million inhabitants live. Cut off from the world, the enclave has been under Israeli blockade for 16 years. Before the current crisis, public services were functional, but the humanitarian situation was already precarious.

Since the terrorist attacks in October 2023, we have been providing significant support to the people of Gaza. We have been working in Gaza and the West Bank for over 20 years, and our long-standing relationships and networks meant that we could respond immediately to this overwhelming need for humanitarian support.

Working in Gaza is extremely difficult. We have lost a fellow member of staff. Our teams on the ground have been displaced, often multiple times, and struggle to find shelter and food, like the rest of the civilian population. Our office in Gaza City was bombed and destroyed in–despite its clear identification as a humanitarian facility.

Despite these challenges we are delivering increasing medical support. We have makeshift clinics established and teams of doctors, midwives, nurses and psychologists delivering around 500 consultations every day. We have medications to offer and have also set up mobile clinics that travel out to more remote shelters so that we can reach as many people as possible.

FOCUS ON MADAGASCAR

In 2023 tropical cyclone ‘Freddy’ hit Madagascar. Over 14,000 homes were affected, with 1,206 destroyed. At least 22,500 people were displaced. Doctors of the World was one of the few organisations prepared and positioned ahead of time, to respond to this crisis.

Winds of up to 180 km/h slammed into the Mananjary district on Madagascar’s East Coast. Only a year after the disastrous Batsirai et Emnaty cyclones, roofs were torn off houses and waves were as high as eight meters.

Our doctors and nurses distributed medications and quickly assessed the damage to provide immediate first aid to the population. We conducted more than 10,000 consultations through our mobile clinics, across 10 towns, offering free healthcare to the men, women, and children affected.

Many inland areas were impossible to reach via road, because of the mud and landslides. Our team supplied seven communities across Madagascar, with boxes of food, medication, examination tables, and tents, via helicopter.

Where this was not possible, donations from the Doctors of the World network allowed us to purchase a zodiac boat for our team to be more reactive and autonomous on the river. Having this boat for the first time also enabled our medical colleagues on the ground to make vital referrals to the hospital in Mananjary.

Madagascar still struggles with numerous challenges: access to clean water, malnutrition, food insecurity, and health crises. The country’s economic instability, vulnerability to natural disasters, and fragile health system prevent the population from accessing quality healthcare. Doctors of the World has been working there since 1986, with programs offering sexual and reproductive health services, pediatric surgery, medical support to sex workers, and emergency health responses.

OUR ORGANISATION

Overview

Doctors of the World UK is a registered charity in England and Wales and part of the Médecins du Monde international network. It is an independent organisation that shares the values and principles of the Médecins du Monde network and benefits from its technical and financial support if needed.

The charity Doctors of the World UK is a company limited by guarantee and governed by its Memorandum and Articles. The directors of the company are also trustees for the purposes of charity law and meet every six weeks to review the activities and future plans of Doctors of the World UK, and to receive and consider financial updates and forecasts.

The day-to-day management of the organisation is delegated to the Executive Director who is responsible for executing the strategic and operational plans agreed by the trustees.

A Senior Management Team meets weekly. It is responsible for delivery of the organisation's strategy and policies.

Executive Director

Simon Tyler

Head of Finance

Britto Bernadet

Until 30 June 2024

Olga Zakharenko

Appointed 12 July 2024

Head of Services

Amardeep Kamboz

Head of Policy and Advocacy

Anna Miller

Head of Fundraising and Communications

Kate Delaney

Associate Director of Research

Lucy Jones

Trustees

All trustees give their time voluntarily and receive no compensation or benefits from Doctors of the World UK. The trustees are covered by an indemnity insurance policy, which is renewed annually.

By the end of 2023, the number of trustees had reduced to eight with open positions being actively recruited for by the end of the year for two more.

Composition

The Board regularly considers the mix of skills, knowledge and experience it needs to lead and deliver effectively and uses a defined bespoke skills audit tool to assess these needs against their existing range of collective skills and experiences. Roles are then created and recruited accordingly. This ensures a spread of relevant skills, knowledge and experience across essential domains, including lived experience, clinical knowledge and finance. All trustee roles are appointed through an open, robust and transparent procedure, which includes advertising vacancies widely and formal interview of those shortlisted. Applications are treated equally regardless of their source, and appointments are made on merit against objective criteria and considering the benefits of diversity and lived experience on the board.

Induction

After appointment, trustees are briefed by the President/Vice President on the context of the organisation and introduction to the organisational policies with specific attention to the current Memorandum of Articles, the Scheme of Delegation and Risk Register. In addition, they are required to acknowledge and understand the Code of Conduct, Conflict/Declaration of Interest, and apply for membership of the charity.

During the induction period, new trustees are given guidance on Board best practise & minimum standards (internal Médecins du Monde policy), Network and UK Strategic Plans (both Doctors of the World and Médecins du Monde), Charity Commission Guidance; The essential trustee: what you need to know, what you need to do, Charity Governance Code (for smaller charities) and Doctors of the World Staff Handbook amongst others. At the earliest opportunity, an in-person visit to the clinic and staff in the workplace is encouraged. A handover is provided by the outgoing trustee and regular 1-1 sessions with senior trustees are provided.

Governance structures

The Board provides oversight and direction to the charity and challenges constructively. The President, supported by the Vice Presidents, ensures the Board has agreed priorities and appropriate structures and processes. These are reviewed regularly to ensure that the needs of the organisation are met in the most effective way.

The Board meets every six weeks in board meetings that are formally recorded. The Board regularly and frequently review finance reports, the sustainability of income sources and business models and their impact in the short, medium and long term. This Board review is supported and strengthened by two subcommittees that provide the opportunity for additional oversight and steer: the Finance and Fundraising subcommittee and the Audit and Risk subcommittee, which both meet every six weeks.

Quarterly, a Safety & Quality subcommittee meets to review the clinical governance including clinical and operational risks, performance and quality, and reports to the Board. This group is comprised of senior members of the executive service team and the trustee responsible for clinical governance.

Remuneration policy

The salaries of Doctors of the World UK staff are periodically benchmarked against comparable organisations, including other charities. Doctors of the World UK aims to set salaries equivalent to the median for such organisations. All posts are evaluated based on agreed, organisation-wide criteria that determine the grade and salary for the post, the details of which are available to all staff in the staff handbook.

We aim to recruit, subject to experience, at the lower to median point within a band, providing scope to be rewarded for excellence. The overall goal of the charity's pay policy is to offer fair pay to attract and keep appropriately qualified staff to lead, manage, support and/or deliver the charity's aims.

Future plans

We review our aims, objectives, and activities each year as part of the budget process. This review looks at what we achieved and the outcomes of our work in the previous 12 months.

The review also looks at the success of each key activity and the benefits they have brought to those groups of people we are set up to help. This enables us to ensure our aims, objectives and activities remain focused and enable us to deliver our strategic objectives.

We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives they have set.

In 2024 we are set to expand our direct health service delivery and advocacy in the UK with a focus on people seeking asylum. We will continue to strengthen the involvement of our Experts by Experience and were ready to engage with the new Government after the General Election that took place in 2024. We will continue to advocate for the right to healthcare for everyone in the UK, no matter who they are or where they are from.

Internationally, we are expanding our support to operations teams in Gaza and Ukraine and will continue to provide both advice and financial support to overseas humanitarian operations delivered by our network across the globe.

Volunteers

Our ability to secure essential care for people in vulnerable circumstances depends upon support from volunteers. They are at the heart of our organisation.

In the UK, volunteers staff our clinics, run our advice line and casework services, and help run our administrative office. Overseas, we depend upon the skills, dedication, and determination of a broad range of volunteers to deliver network initiatives. They work hard to coordinate emergency and long-term programmes in conflict and non-conflict settings to ensure that medical care is available to those who need it most.

Fundraising approach

Our volunteers and frontline staff make such a difference to people's lives because of their expertise and empathy. We want all our professional relationships to emulate their warmth and support, and that informs our fundraising approach.

We foster a personable and competent fundraising team, who build strong and enduring relationships with our supporters, so that their support of Doctors of the World UK continues to evolve and strengthen.

We remain committed to using the money from our donors and fundraisers in the wisest and most ethical ways; and are happy that our voluntary income streams deliver a good return on investment.

Our policies and approach to fundraising standards are outlined below:

- We are registered with the Fundraising Regulator and are committed to complying with the regulator's Fundraising Promise and the Code of Fundraising Practice.
- We have a policy to protect vulnerable people, and we insist on checking the policies of our suppliers as part of any tender process.
- We give our supporters the opportunity to opt out of further contact as part of every approach for a donation.
- We do not share or sell data.

In 2023, we remained registered with the Fundraising Regulator, adhering to their Code of Fundraising Practice. We had no instances of non-compliance with the code during the year. Our Supporter Care team responded to all queries. There were no complaints concerning our fundraising activities. We would take any complaints very seriously and use them to improve both our service and performance for the future.

Lastly and most importantly, at the forefront of our minds is that all our work simply would not be possible without our supporters, donors, partners, volunteers, and fundraisers

Grant making policy:

Part of our charitable activity is undertaken by making grants to organisations within the Médecins du Monde network to facilitate their participation in programmes that meet our objectives. The grants are made to successful chapters who fulfil the agreed criteria for each programme and who are best suited to deliver the objectives of the activity.

FINANCIAL REVIEW AND HIGHLIGHTS

Overview

Total income for the year was £1,247,661 (2022: £1,403,879), whilst expenditure was £1,457,547 (2022: £1,427,867). We achieved our fundraising target for the year, with a planned income deficit as we continued to invest in our charitable service delivery whilst ensuring sufficient remaining unrestricted reserves to safeguard our future.

Of these amounts, restricted income during 2023 was £570,538 (2022: £558,120) and restricted expenditure was £586,023 (2022: £827,397).

2023 saw the unrestricted fund decrease to £179,124 (2022: £344,341) as we experienced both a small reduction in emergency gifts compared to 2022 and did not benefit from historic debt write-offs that generated a significant short-term increase in our unrestricted fund during 2022. Looking forwards, with a strengthened Senior Management Team in place, we streamlined our expenditure with a review of all our operational models during 2023 to ensure that we can present balanced budgets for 2024 and beyond. 2023 also saw a reduction in fundraising costs as a new staffing model for the team was implemented. We have also moved our head office to Stratford, East London to reduce overhead costs.

The Board of Trustees regularly undertakes an assessment of risks, including financial risks, and ensures that reserves are maintained at a level that will ensure that the organisation's core activities continue. The Board closely monitors the financial performance of the organisation through six-weekly reviews of financial information, including monitoring performance against the latest Budgetary information. This includes a specific Finance and Fundraising Board sub-committee who meet specifically to monitor income and expenditure.

The sources of income the charity uses have been reliable against forecast. Based on the assumptions underlying the 2024 Budget, the Financial Statements have been prepared on a going concern basis.

Reserves policy

The unrestricted reserves at the end of the year under review were £179,124 (2022: £344,341) and restricted reserves were £150,582 (2022: £195,066).

Restricted reserves represent the amount paid by donors to undertake specific programmes, which were recognised in the financial year under review; expenditure relating to this fund will be incurred during 2024. Doctors of the World UK does not carry any designated funds. £179,124 unrestricted reserves are available to meet overheads and/or undertake charitable actions as decided by the trustees and management as well as being invested in fixed assets.

Doctors of the World UK's reserves policy stipulates that our organisation seeks to hold the equivalent to three months' running costs as an unrestricted fund and that reserves are maintained at a level, which will ensure that the organisation's core activity should continue during periods of unforeseen difficulties. At the end of 2023, the unrestricted reserve represented 3.01 months of budgeted costs (2022: 5.01 months).

Risk management

A risk register records the identified risks that Doctors of the World UK is exposed to. It is updated on a regular basis and, where appropriate, systems and procedures have been adopted to mitigate these risks.

Internal controls have been established to ensure that, where possible, expenditure has been properly authorised, and income is properly accounted for and that procedures are in place to ensure compliance with the health and safety of staff, volunteers, service users and visitors.

Risk assessments are carried out continuously by the senior management team and the risk register is reviewed by the routinely by the Audit & Risk sub-committee and onwards by the Board of Trustees quarterly.

Principle risks and uncertainties	Mitigation
Unrestricted income does not cover overhead costs	Annual budgets are set with unrestricted income targets. Budgets undergo regular review and if necessary, revision. Fundraising team monitors the progress weekly and reports into the Senior Management Team. Small deficits can be met from existing reserves to the extent that such reserves are sufficient. Finance and fundraising sub-committee regularly review and offer advice/recommendations on these issues
Loss of partners/donor trust/support caused by damage to the organisation reputation	Daily monitoring of media activity to provide early warning of possible criticism with the potential to impact reputation. Organisational policies in place to ensure media and communication protocols are followed. Ensure staff/volunteers/service users are always aware of the risks and how to react. Ensure staff/volunteers/service users safety and wellbeing is at the front of all charity policies.
Compliance with legislation and regulations appropriate to the activities, size, and structure of the charity	Adequate advance planning to ensure that all requirements of an audit can be completed on time. Board Audit & Risk committee appoints auditor in good time to ensure deadlines can be met. Regular review of policies and guidance.
Failure to deliver quality programmes	Ensuring all budgets include adequate funding for all required internal staff costs and that budget lines are not amended during project without approval by Heads of team. DOTW submits regular reports to donors and updates on any changes. Internal MoUs are put in place for all major grants when working with partners. All contracts are reviewed by Finance to review assess financial risks.
Critical incident in programme delivery caused by clinical negligence, breach of regulations, serious safeguarding concerns, injury to vol/staff or service user or an allegation of abuse	The organisation is registered, compliant and reviewed by the CQC. The UK Clinic Manager is a registered manager with the CQC. The organisation has a Clinical Lead Board member with responsibility for Safety and Quality. Insurance in place to react to the various risks involved in this activity. Quarterly Safety and Quality meetings provide oversight and report to the board. Staff and volunteers are trained, supported and regularly supervised. The organisation has a safeguarding and clinical governance policy which is available in the clinic. Each clinic session ends with an all staff/volunteer debrief to identify any issues to follow-up.
Loss of key staff/volunteers	Staff handbook/volunteer policies to improve experience. Staff survey and action plans. Review staff contracts to propose >1 month notice period. Workplans and appraisals and small training fund. Salary scale review as well as train managers on the process of writing job descriptions to optimise talent and salary setting. Review of all staff/volunteer job descriptions to ensure up to date and graded fairly.
Data breach/loss of personal data through cyber theft	Use of up-to-date cloud-based software. Ensure all MS Office applications are up to date. Strong policies in place re use of email and IT. Ensure all staff and trustees use official DotW emails and do not share files online through email. Risk register is routinely checked. IT Consultant updated monthly on potential threats. Ensure staff, trustees and volunteers follow IT and data protection policies. Ensure business continuity plan (mandatory) and cyber insurance are considered.

ACKNOWLEDGEMENT OF SUPPORT

We'd like to thank all the donors who helped us in 2023 and whose ongoing support makes it possible for us to continue to provide access to healthcare for people in vulnerable situations, both in the UK and internationally.

Statement of trustees' responsibilities

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. The trustees (who are also directors of Doctors of the World UK for the purposes of company law) 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). Company law 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 charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware;
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Approval

This report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime. It was approved by the Board of Directors and Trustees on 25 September 2024 and signed on its behalf by:

Dr James Elston
President

INDEPENDENT AUDITOR'S REPORT

Opinion

We have audited the financial statements of Doctors of the World UK (the 'charitable company') for the year ended 31 December 2023 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 December 2023 and of its incoming resources and application of resources, including its income and expenditure for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Doctors of the World UK's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or

- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or

- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.

- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Noelia Serrano
(Senior statutory auditor)

Date 25 September 2024

for and on behalf of Sayer Vincent LLP,
Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

STATEMENT OF FINANCIAL ACTIVITIES

				2023			2022
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	Note	£	£	£	£	£	£
Income from:							
Donations and legacies	2	390,663	-	390,663	551,909	-	551,909
Charitable activities							
International actions	3	-	97,532	97,532	34,424	65,420	99,844
National actions	3	286,460	473,006	759,466	252,833	492,701	745,534
Other income – desk licence fees		-	-	-	6,592	-	6,592
Total income		677,123	570,538	1,247,661	845,758	558,121	1,403,879
Expenditure on:							
Raising funds	4	147,630	-	147,630	301,279	-	301,279
Charitable activities							
International actions	4	19,323	87,797	107,120	12,474	75,957	88,432
National actions	4	704,572	498,225	1,202,797	286,717	751,440	1,038,157
Total expenditure		871,524	586,023	1,457,547	600,470	827,397	1,427,867
Net expenditure before transfers	6						
Transfers between funds		29,184	(29,184)	-	(165,159)	165,159	-
Net outgoing resources and net movement in funds		(165,217)	(44,669)	(209,886)	80,129	(104,118)	(23,988)
Reconciliation of funds:							
Total funds brought forward		344,341	195,250	539,591	264,212	299,367	563,579
Total funds carried forward		179,124	150,581	329,705	344,341	195,250	539,591

BALANCE SHEET

Company number 03483008

	Note	2023	2022
		£	£
Fixed assets:			
Tangible assets	11	49,661	81,512
		<u>49,661</u>	<u>81,512</u>
Current assets:			
Stock	12	1,779	2,778
Debtors	13	102,940	233,068
Cash at bank and in hand		383,986	336,696
		<u>488,705</u>	<u>572,542</u>
Liabilities:			
Creditors: amounts falling due within one year	14	208,661	114,464
Net current assets		<u>280,044</u>	<u>458,079</u>
Total net assets	15	<u>329,705</u>	<u>539,591</u>
The funds of the charity:			
Restricted income funds	16	150,581	195,250
Unrestricted income funds	16	179,124	344,341
Total charity funds		<u>329,705</u>	<u>539,591</u>

Approved by the trustees on 25 September 2024 and signed on their behalf by:

Dr James Elston
President

STATEMENT OF CASH FLOWS

	Note	2023	2022
		£	£
Cash flows from operating activities			
Net cash (used in) / provided by operating activities	17	48,689	(170,970)
Cash flows from investing activities			
Purchase of fixed assets		(1,399)	(3,184)
Net cash used in investing activities		(1,399)	(3,184)
Change in cash and cash equivalents in the year		47,289	(174,154)
Cash and cash equivalents at the beginning of the year		336,697	510,850
Cash and cash equivalents at the end of the year		383,986	336,696

1 ACCOUNTING POLICIES

a) General information

Doctors of the World UK is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address is The People's Place, 80-92 High Street, London E15 2NE.

b) Basis of preparation

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) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

Key judgements that the charitable company has made which have a significant effect on the accounts include the likelihood of renewal of institutional grants.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

f) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably. Income includes associated gift aid tax reclaims.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

g) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated goods, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; an equivalent and corresponding amount is then recognised in expenditure in the period of receipt.

h) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

i) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

j) Expenditure and irrecoverable VAT

Expenditure, including grants made, is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

Costs of raising funds relate to the costs incurred by the charitable company in encouraging third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose

Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

1 ACCOUNTING POLICIES (CONTINUED)

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity:

- Support costs: based on FTE of staff directly involved in the national or international actions
- Governance costs: based on FTE of staff directly involved in the national or international actions

l) Grants payable

Grants payable are made to third parties in furtherance of the charity's objectives. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

m) Foreign Exchange

Monetary assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the exchange rate prevailing at the date of the transaction. Exchange differences are taken into account in arriving at the net incoming resources for the year.

n) Tangible fixed assets

Purchases are capitalised as fixed assets where the price exceeds £350. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

• Computer equipment	4 years
• Fixtures and fittings	5 years
• Motor Vehicle	7 years

Restricted fixed assets are initially recognised within restricted funds. Following completion of the programme the asset and any associated depreciation are derecognised and transferred into unrestricted funds.

o) Stocks

Stocks are stated at the lower of cost and net realisable value. Donated items of stock, held for distribution or resale, are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

p) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

q) Cash in bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of service users.

r) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

s) Pensions

The charity provides staff who have completed their probation period access to a Group Personal Pension scheme with Scottish Widows. For contributing members of staff the charity contributes 6% of salary.

t) Operating Leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the Statement of financial activities on a straight line basis over the minimum lease term.

2a INCOME FROM DONATIONS AND LEGACIES (CURRENT YEAR)

	Unrestricted	Restricted	2023 Total £
	£	£	£
Functioning grants from Médecins du Monde France	85,107	-	85,107
Other donations and gifts	305,556	-	305,556
	<u>390,663</u>	<u>-</u>	<u>390,663</u>

2b INCOME FROM DONATIONS AND LEGACIES (PRIOR YEAR)

	Unrestricted	Restricted	2022 Total £
	£	£	£
Functioning grants from Médecins du Monde France	128,821	-	128,821
Other donations and gifts	423,088	-	423,088
	<u>551,909</u>	<u>-</u>	<u>551,909</u>

Other donations and gifts include the provision by Canary Wharf Management of rent free offices to the value of £55,517 (2022: £98,838) and pro-bono legal advice in 2023 £18,182 (2022: £18,543)

3 INCOME FROM CHARITABLE ACTIVITIES

	2023			2022		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
London Borough of Enfield	12,500	–	12,500	62,500	–	62,500
London Borough of Tower Hamlets	–	–	–	51,079	–	51,079
Trust for London – Right to Care	–	37,700	37,700	–	33,750	33,750
Trust for London GLA	–	–	–	–	32,628	32,628
Tolkien Trust	80,000	–	80,000	80,000	–	80,000
Paul Hamlyn Foundation	–	53,309	53,309	–	–	–
Joseph Roundtree Charitable Trust	–	–	–	–	18,489	18,489
Garfield Weston	–	–	–	–	25,000	25,000
NHS England	–	–	–	–	12,080	12,080
National Lottery Community Fund	–	32,905	32,905	–	9,999	9,999
City of London	–	–	–	21,375	–	21,375
The British Red Cross	–	14,330	14,330	–	–	–
The Metro Centre Ltd and Spectre CIC	–	21,014	21,014	–	80,668	80,668
University College London	26,643	–	26,643	5,779	8,032	13,811
The Big Give Trust	12,600	–	12,600	–	–	–
Swire Charitable Trust	22,500	–	22,500	–	–	–
North East London CCG	–	–	–	14,400	–	14,400
City Bridge Trust	–	60,230	60,230	–	60,000	60,000
Pickwell Foundation	10,000	–	10,000	–	–	–
MDM Network – Observatory Project	–	21,731	21,731	–	–	–
Metropolitan Housing Trust	–	21,667	21,667	–	24,000	24,000
AB Charitable Trust	–	33,000	33,000	–	30,000	30,000
Other income from National Actions	122,217	177,121	252,338	17,700	158,055	175,755
Sub-total for National Actions	286,460	473,006	759,466	252,833	492,701	745,534
Save The Children – Madagascar	–	67,205	67,205	–	–	–
MDM Switzerland – Gaza Appeal	–	13,969	13,969	–	–	–
MDM France – Turkey/Syria Appeal	–	16,358	16,358	–	–	–
MDM Belgium (Project ECHO)	–	–	–	34,424	–	34,424
Mozambique Appeal	–	–	–	–	920	920
MDM Germany – Ukraine Appeal	–	–	–	–	20,000	20,000
Elton John AIDS Foundation – Armenia	–	–	–	–	44,500	44,500
Sub-total for International Actions		97,532	97,532	34,424	65,420	99,844
Total income from charitable activities	286,460	570,538	856,998	287,257	558,121	845,378

Other income from National Actions includes the donation of volunteer time and programme expenses for clinic and caseworker activities to the value of £163,793 (2022: £49,536).

4a ANALYSIS OF EXPENDITURE (CURRENT YEAR)

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2023 Total
		International actions	National actions			
	£	£	£	£	£	£
Staff costs (Note 7)	58,402	-	620,276	27,226	36,370	742,274
Fundraising and publicity costs	45,844	-	-	-	-	45,844
Direct activity costs	16,754	-	365,553	-	-	382,307
Grant funding (Note 5)	-	87,797	-	-	-	87,797
Other costs	-	-	-	18,290	181,035	199,325
	120,999	87,797	985,830	45,516	217,405	1,457,547
Support costs	22,020	15,978	179,407	-	(217,405)	-
Governance costs	4,610	3,345	37,561	(45,516)	-	-
Total expenditure 2023	147,630	107,120	1,202,797	-	-	1,457,547

Of the total expenditure, £871,524 was unrestricted and £586,023 was restricted.

4b ANALYSIS OF EXPENDITURE (PRIOR YEAR)

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2022 Total
		International actions	National actions			
	£	£	£	£	£	£
Staff costs (Note 7)	165,766	827	651,031	44,372	50,800	912,795
Fundraising and publicity costs	44,371	-	-	-	-	44,371
Direct activity costs	48,642	487	240,680	-	-	289,809
Grant funding (Note 5)	-	72,790	-	-	-	72,790
Other costs	-	1,852	-	1,844	104,404	108,101
	258,779	75,957	891,711	46,216	155,204	1,427,867
Support costs	32,748	9,612	112,844	-	(155,204)	-
Governance costs	9,751	2,862	33,602	(46,216)	-	-
Total expenditure 2022	301,279	88,431	1,038,157	-	-	1,427,867

Of the total expenditure, £600,470 was unrestricted and £827,397 was restricted.

Other Costs include £202k of Debts written off in the year

5 GRANT MAKING

	Grants to institutions	2023	2022
	£	£	£
Cost			
Médecins du Monde – France	75,828	75,828	52,790
Médecins du Monde – Canada	11,969	11,969	-
Médecins du Monde – Germany	-	-	20,000
At the end of the year	<u>87,797</u>	<u>87,797</u>	<u>72,790</u>

6 NET EXPENDITURE BEFORE TRANSFERS FOR THE YEAR

This is stated after charging / crediting:

	2023	2022
Depreciation	33,250	34,584
Operating lease rentals:		
Property	10,379	17,793
Equipment	4,645	3,437
Auditor's remuneration (excluding VAT):		
Audit	13,717	11,650
Foreign exchange loss	<u>530</u>	<u>2,461</u>

7 ANALYSIS OF STAFF COSTS, TRUSTEE REMUNERATION AND EXPENSES, AND THE COST OF KEY MANAGEMENT PERSONNEL

Staff costs were as follows:

	2023	2022
	£	£
Salaries and wages	662,436	813,320
Social security costs	45,426	60,089
Employer's contribution to defined contribution pension schemes	34,801	39,386
	742,663	912,795

The following number of employees received employee benefits (excluding employer pension costs) during the year between:

	2023	2022
£70,000 – £79,999	1	–
£80,000 – £89,999	–	1

The total employee benefits of the key management personnel were £282,888 (2022: £334,068).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2022: £nil).

No charity trustee received payment for professional or other services supplied to the charity (2022: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £239 (2022: £nil)

8 STAFF NUMBERS

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2023	2022
	No.	No.
International actions	0.1	0.1
National actions	9.9	14.3
Fundraising and Communications	2.9	3.0
Office management and admin	3.1	2.8
Total headcount	16.0	20.2

9 RELATED PARTY TRANSACTIONS

Médecins du Monde France are considered to be a related party due to its right to appoint a trustee to the Board. However, that appointee has no power to exercise any more control or influence than any other trustee.

	Grants paid	Grants Received	Other paid/ (received) net	Balance payable at year end	Balance receivable at year end
	£	£	£	£	£
Médecins du Monde – France	75,828	85,107	–	14,196	–

NOTES

10 TAXATION

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

11 TANGIBLE FIXED ASSETS

	Fixtures and fittings £	Computer equipment £	Motor Vehicle £	Total £
Cost or valuation				
At the start of the year	99,369	52,383	136,142	287,894
Additions in year	-	1,399	-	1,399
Disposals in year	(96,161)	-	-	(96,161)
At the end of the year	3,208	53,782	136,142	193,132
Depreciation				
At the start of the year	86,466	40,962	78,954	206,382
Charge for the year	12,583	5,858	14,809	33,250
Disposals in year	(96,161)	-	-	(96,161)
At the end of the year	2,888	46,820	93,764	143,471
Net book value				
At the end of the year	320	6,963	42,378	49,661
At the start of the year	12,903	11,421	57,187	81,512

All of the above assets are used for charitable purposes.

12 STOCK

	2023 £	2022 £
Medical supplies	1,779	2,778
	1,779	2,778

13 DEBTORS

	2023	2022
	£	£
Other debtors	37,429	106,881
Prepayments	32,869	38,317
Accrued income	32,642	87,870
	102,940	233,068

14 CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2023	2022
	£	£
Trade creditors	69,030	22,511
Taxation and social security	16,007	15,268
Other creditors	4,307	-
Accruals	119,317	76,684
	208,661	114,464

15a ANALYSIS OF NET ASSETS BETWEEN FUNDS (CURRENT YEAR)

	General unrestricted	Restricted	Total funds
	£	£	£
Tangible fixed assets	5,258	44,403	49,661
Net current assets	173,866	106,179	280,044
Net assets at the end of the year	179,124	150,581	329,705

15b ANALYSIS OF NET ASSETS BETWEEN FUNDS (PRIOR YEAR)

	General unrestricted	Restricted	Total funds
	£	£	£
Tangible fixed assets	18,532	62,980	81,512
Net current assets	325,809	132,270	458,079
Net assets at the end of the year	344,341	195,250	539,591

16a MOVEMENTS IN FUNDS (CURRENT YEAR)

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£	£	£	£	£
Restricted funds:					
National actions					
London Clinics					
Volunteer donations in kind	-	163,793	(163,793)	-	-
Other restricted donations and grants	-	66,230	(66,230)	-	-
British Red Cross Society	-	14,330	(14,513)	183	-
Right to Care & GLA Project					
Trust for London	33,720	37,700	(59,442)	-	11,977
Mobile Clinic – Outreach					
Other restricted donations and grants		21,014	(10,344)	(10,670)	
Mobile Clinic – Vehicle					
Other restricted Donations	22,000	-	(4,979)	-	17,022
MdM Network Observatory Report	-	21,731	(20,976)	(755)	-
Safer Surgeries Project					
Paul Hamlyn Foundation	2,863	53,309	(42,172)	-	14,000
Clinical Commissioning Groups	4,810	-	-	(4,810)	-
Joseph Roundtree Charitable Trust	6,597	-	(7,171)	574	-
Policy & Advocacy – General	65,224	54,667	(60,443)	-	59,448
Big Lottery	-	32,905	(30,664)	-	2,240
Tolkien	54,064	-	(10,171)	-	43,893
Other restricted donations	-	7,328	(7,328)	-	-
International actions					
Gaza Appeal	-	13,969	(11,969)	-	2,000
Yemen	-	67,205	(64,378)	(2,827)	-
Mozambique Appeal	-	16,358	(11,451)	(4,907)	-
Refugee Appeals	920	-	-	(920)	-
Global Clinic Crowdfunder	5,052	-	-	(5,052)	-
Total restricted funds	<u>195,250</u>	<u>570,538</u>	<u>(586,023)</u>	<u>(29,184)</u>	<u>150,581</u>
Unrestricted funds:					
General funds	<u>344,341</u>	<u>677,123</u>	<u>(871,524)</u>	<u>29,184</u>	<u>179,124</u>
Total unrestricted funds	<u>344,341</u>	<u>677,123</u>	<u>(871,524)</u>	<u>29,184</u>	<u>179,124</u>
Total funds	<u>539,591</u>	<u>1,247,661</u>	<u>(1,457,547)</u>	<u>-</u>	<u>329,706</u>

16a MOVEMENTS IN FUNDS (PRIOR YEAR)

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£	£	£	£	£
Restricted funds:					
National actions					
London Clinics					
Volunteer donations in kind	–	49,536	(49,536)	–	–
Other restricted donations and grants	1,392	127,686	(353,880)	224,802	–
Young Refugees Health & Welfare					
British Red Cross Society	355	–	(251)	(104)	–
Clinic move to Stratford					
Other restricted donations	3,820	–	(2,211)	(1,609)	–
Right to Care & GLA Project					
Trust for London	48,848	90,387	(102,798)	(2,718)	33,720
Mobile Clinic – Outreach					
Other restricted donations and grants	31,952	79,995	(61,884)	(50,062)	
Mobile Clinic – Vehicle					
Volunteer donations in kind	33,917	2,000	(9,278)	(4,639)	22,000
Safer Surgeries Project					
Paul Hamlyn Foundation	40,957	–	(38,094)	–	2,863
Clinical Commissioning Groups	13,199	22,661	(31,049)	–	4,810
Joseph Roundtree Charitable Trust	6,487	18,489	(8,669)	(9,710)	6,597
Policy & Advocacy – General	11,682	93,896	(56,101)	15,747	65,224
Tolkien	64,235	–	(10,171)	–	54,064
Other restricted donations	26,054	8,050	(27,519)	(6,586)	–
International actions					
Yemen	9,944	–	(9,944)	–	–
MDM France	449	–	(487)	38	–
Mozambique Appeal	–	920	–	–	920
Global Clinic Crowdfunder	6,077	–	(1,025)	–	5,052
Elton John AIDS Foundation – Armenia	–	44,500	(44,500)	–	–
MDM Germany – Ukraine Appeal	–	20,000	(20,000)	–	–
Total restricted funds	299,367	558,120	(827,397)	165,159	195,250
Unrestricted funds:					
General funds	264,212	845,758	(600,470)	(165,159)	344,341
Total unrestricted funds	264,212	845,758	(600,470)	(165,159)	344,341
Total funds	563,579	1,403,879	(1,427,867)	–	539,591

16C PURPOSES OF RESTRICTED FUNDS IN CURRENT YEAR AND PRIOR YEAR

National actions

The fund for National actions is established based on restricted donations to further our work in the UK, primarily in support of our UK clinics and other national programmes.

International actions

The fund for International actions is established based on restricted donations to further our work outside the UK.

Credit balances on individual grant funds represent amounts where income has been recognised upon receipt and expenditure will be incurred in future periods. Debit balances represent amounts where donors make settlement for grant expenditure in arrears, and such amounts have or are to be received in future periods.

Transfers to restricted funds represent support from unrestricted funds to programmes where restricted funding has not been sufficient to deliver programme initiatives. Transfers from restricted funds represents support for unrestricted funding following completion of programme activities and reporting requirements.

17 RECONCILIATION OF NET (EXPENDITURE) / INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2023 £	2022 £
Net expenditure for the reporting period (as per the statement of financial activities)	(209,886)	(23,988)
Depreciation charges	33,250	34,584
(Decrease)/increase in stocks	1,000	(492)
Decrease in debtors	130,127	38,183
Increase/(decrease) in creditors	94,197	(219,256)
Net cash used in operating activities	48,688	(170,970)

18 LEGAL STATUS OF THE CHARITY

The charity is a company limited by guarantee and has no share capital.
The liability of each member in the event of winding up is limited to £1.

19 OPERATING LEASE COMMITMENTS

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property		Equipment	
	2023 £	2022 £	2023 £	2022 £
Less than one year	17,089	29,296	3,267	3,267
One to five years	-	17,089	-	-
	17,089	46,385	3,267	3,267

20 CONTROLLING PARTY

There is no single ultimate controlling party.



DOCTORS OF THE WORLD UK

A registered charity and company Limited by Guarantee
Company number: 3483008 • Charity number: 1067406

Accounts

Doctors of the World UK
Report and Financial Statements
For the year ended 31 December 2022

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Welcome from the president

Things are getting harder in the UK. Cost of living rises are really starting to bite. It is not an easy time to be generous. Our NHS is creaking badly. We are all very busy and at times it can be hard to think and see beyond the boundaries of our everyday. It takes effort to consider the problems faced by people who need help and support such as people seeking asylum, people experiencing homelessness and other excluded communities living across the UK. It is easier to keep our heads down especially when there are very powerful narratives put forward in the media, in politics and society which effectively deflect and distract us from accepting what is in front of us, and ultimately 'dehumanise' and place blame on those who need our help.

For Doctors of the World, it is our job to listen, to see, to seek to understand and to help.

As a humanitarian organisation, we exist to support people in extreme need, wherever they are, and whoever they are. We serve people living in vulnerable circumstances, excluded from society and with real barriers to accessing healthcare. We act based on need alone. We do not distinguish on the basis of nationality, race, gender, religious belief, class or political opinion. We support the person, regardless of the politics or societal context and we ignore the prevailing narratives.

Doctors of the World are not here to blame, to cast aspersions or provoke guilt. What we will do is speak out when we need to. We will advocate for those in need and whose voice is not heard. We will call out the unacceptable, intolerable and challenge injustices. We will call for change where it is needed, say what needs to be done and do all we can to try move things in the right direction. Our voice is not always popular, but it is necessary.

Our clinical services support individuals directly in the UK. We do and will continue to support as many people as we can and be as impactful and compassionate as possible. Unfortunately, it feels as though the number of people that need us is growing exponentially, and barriers to their accessing healthcare are more substantial.

2022 has been a year of conflict and humanitarian crisis. The Ukraine war has felt very close to home particularly for our organisation. In the first weeks of the war the areas we were providing services were overrun. Doctors of the World as part of the Médecins du Monde network needed to ensure staff safety and look to rebuild in responding to a humanitarian crisis. We have since supported service provision for many thousands of people displaced and who have lost access to healthcare. Again, the needs to be addressed by our international operations are huge and growing.

Despite all the challenges and the expanding needs, we are delivering, seeing successes, and making an impact both in the UK and internationally. We have built upon the great work of

the organisation during the Covid-19 pandemic and our influence is growing. Our advocacy work is incredibly impactful, and we are effectively mobilising, leading and coordinating efforts in partnership with other organisations including working 'with the system' to implement solutions to complex problems such as ensuring GP access for people in temporary asylum accommodation or those who are homeless. Our service provision is holistic, and person centred. It is heartening to hear how much this is valued by the people we serve. We work with people to make a difference and we are very grateful to the over 1500 General Practices that have worked with us to become Safe Surgeries.

2022 has been a year of evolution and strengthening for our organisation. We have new executive leadership, and we are delighted that Simon Tyler joined us as Executive Director. Simon and his senior team have done an immense job in the last year. Our trail blazing National Health Advisors (experts by experience) have continued to effect change within and beyond our organisation.

I would like to thank our staff and volunteers who consistently go above and beyond the call of duty to deliver for those who need us.

Finally, a huge thank you to all our supporters. It is only with your support that we can do anything at all. Your donations, especially in these times of constraint, are more valuable than ever.

Dr James Elston
President

Trustees' report

The trustees present their report together with the audited financial statements for the year ended 31 December 2022.

Reference and administrative details

Charity name: Doctors of the World UK

The company changed its name from Médecins du Monde UK on 26 April 2010.

Company registration number: 3483008

Charity registration number: 1067406

Board of trustees / directors

The following individuals are the trustees, also directors, who served during the year and who continue to serve:

Dr. James Elston

President

Elaine Connor – (Resigned 5th May 2022)

Treasurer

Julia McDonald – (Appointed 6th May 2022)

Treasurer

Dr. Hannah Theodorou

Joint Vice President

Dr. Lisa Harrod-Rothwell

Joint Vice President

Dr. Peter Gough – (Resigned 23rd March 2023)

Karl Shuker – (Resigned 10th October 2023)

Dr. Tim Dudderidge – (Resigned 25th January 2023)

Avril Lee

Colin Herrman

Philomène Uwamaliya – (Appointed 4th Feb 2022)

Noon Sharif Ali Gigir – (Appointed 4th Feb 2022, Resigned 10th October 2023)

Doctors of the World UK

Reference and administrative details

For the year ended 31 December 2022

Srijamya Raghuvanshi – (Appointed 25th August 2022)

Registered office (since July 2023)

The People's Place

80-92 High Street

London E15 2NE

www.doctorsoftheworld.org.uk

Auditor

Sayer Vincent LLP

Invicta House, 108-114 Golden Lane

London, EC1Y 0TL

Bank

Lloyds Bank

3-5 Whitechapel Road

London E1 1DU

What we do and why we do it?

Doctors of the World UK is part of the international Médecins du Monde network. We work at home and abroad to empower excluded people and marginalised communities to claim their right to health while fighting for universal access to healthcare. In 2022, the network delivered 417 innovative medical programmes and evidence-based advocacy initiatives to improve access to healthcare in 71 countries.

Our expert staff and volunteers find and treat vulnerable people around the world – and they won't rest until everyone everywhere gets the healthcare they need. Our vision is of a world where barriers to health have been overcome, where health is acknowledged as a fundamental right.

Our four priority areas are:

- People in crisis – We provide life-saving humanitarian healthcare in times of war and natural disasters.
- People in vulnerable situations – This includes advocating for the right to health, in terms of both physical and mental health, across Europe for migrants, people experiencing homelessness, Gypsies and Travellers.
- People at risk of harm – This especially refers to those at risk from HIV or hepatitis C, such as drug users and sex workers.
- Women and girls – We believe strongly in the right to sexual and reproductive health, and work to empower women and girls around the world to access sexual and reproductive health services.

In the UK, Doctors of the World runs clinics in London, a national advice line, outreach programmes and a policy and advocacy programme. With an incredible team of volunteers, we support marginalised people such as people seeking asylum, survivors of trafficking, undocumented people, and people with no fixed address by providing medical care, information, and practical support.

In 2022 we supported over 2,000 people in the UK alongside our work to help those living through crisis abroad, specifically with our projects in Ukraine and surrounding countries.

Our work in the UK

Who we help:

Everyone living in the UK is entitled to free primary care, regardless of immigration status. Yet 97% of the patients we supported in 2022 had no access to healthcare.

To access primary care services in the UK a person must be registered with a GP and have an NHS number. GP practices may request proof of residential address and ID for registration, and an inability to provide these can lead to being wrongly denied GP registration. Other barriers include limited support for those for whom English is not a first language, a general lack of information about rights, restrictive laws that prevent people without status from access free NHS hospital care, discrimination, fear of arrest, immigration enforcement and technological barriers such as availability of internet or phone credit.

"In my area, I have two GPs closer to my house. One of them refused to register me because they said I'm not from here, so they just didn't want me to be registered there because I am from another place."

Following our support, 90% of our patients were able to safely register with GP services.

70% of our clients are in unstable accommodation and 84% live below the poverty line.

How we help:

Since 2006, we have run the only voluntary sector clinic in the UK designed specifically to meet the needs of migrants, refugees, undocumented or excluded people wherever they live.

Our CQC registered clinic, advice line and medical services outreach work provide free and accessible medical support. This work is delivered by a team of over sixty volunteers, made up of doctors, nurses, support workers and case workers supervised by our expert staff.

In our clinics, volunteer GPs and nurses conduct medical consultations, treat patients, offer free of charge prescriptions and write clinical letters to a person's new GP with the detailed clinical information we have taken the time to collect. We call prospective GP surgeries to ensure any barriers to registering with a GP are eliminated. Understanding the significant impact that wider issues such as housing, destitution and immigration can have on someone's health, we signpost and refer people to other services such as immigration advice and specialist counselling based on their individual circumstances. We take the time to ensure that anyone that meets us knows and understands their rights to access healthcare in the UK. We provide specialist advice and resources to pregnant women, sexual health counselling, we support screening for infectious diseases and sexually transmitted infections and will soon be offering optical services.

Our consultation services with individuals are often between 1-2 hours long, creating the time and space to fully explore a person's complex circumstances and ensure we are providing tailored support that meets their needs. We use translators to overcome language barriers and use trauma-informed approaches in recognition of the complex circumstances and histories our patients come to us with.

Focus on our Adviceline:

Our adviceline provides direct casework support via telephone to people who need support to register for NHS health services who cannot reach our clinic in London.

"There's never a time when you can't help people; that's what I like about volunteering with the Adviceline. There's never a dead end. It feels hopeful."

Tati, an ICU nurse, and adviceline volunteer

Our adviceline volunteers conduct full social consultations for our clients, they explore social circumstances, immigration status, housing, health, mental health, safeguarding concerns, and family circumstances. We advocate for our clients to enable them to access the health services they require, advise them on their rights to access health services and support them to register with a GP. For around 60% of our clients this is delivered using translation services. These conversations are not formulaic, as many clients are experiencing trauma, fear immigration enforcement and need to be supported to feel safe in discussing their issues.

Our adviceline service is not just one telephone call from a client. It usually involves multiple contacts as we follow up our clients to ensure that they successfully accessed the health care they required. For example, we will call GP surgeries on their behalf if they are still experiencing barriers to accessing care. We will also support them with filling in forms and referring on to other relevant.

Our most recent data shows that we supported people who needed our help via 1,107 calls that came in to our adviceline in 2022.

Focus on our Women and children's project:

Our clinics and services are open to all, and women are welcome to attend any of our sessions.

However, every Tuesday we deliver a specific women's service where our staff and volunteers are also all females.

After our intervention, 89% of pregnant women completed GP registration. A red book had been given in 99% of cases and 92% of women said they were aware of the UK vaccination schedule and how to book these appointments for their baby.

Antenatal care is of particular concern: Our research shows that 45% of pregnant women we supported between 2017 and 2021 did not have any antenatal care until after 16 weeks of pregnancy - compared to just one in ten women nationally. More than 40% of women with undocumented, uncertain, refugee or asylum seeker status (45%) and six in ten women from Sub-Saharan Africa (62%) accessed care after 16 weeks. Added to this lack of care are significant mental health issues, occurring in over a third of the women we supported, potentially

exacerbated by the fact that over a third also received a bill for their maternity care of up to £14,000.

The NHS charging regime makes the situation very complex for women in vulnerable circumstances, who might struggle financially and have often survived traumatic experiences at home and in the UK. We therefore work to reassure and support them to access antenatal care, in the best interests of themselves and their child. There are also a number of circumstances in which a women may be eligible for free NHS care which they may not be aware of themselves, in which case Doctors of the World provide advice and advocacy where appropriate.

After our intervention, 89% of pregnant women successfully completed GP registration. A red book had been given in 99% of cases and 92% of women said they were aware of the UK vaccination schedule and how to book these appointments for their baby.

"After my experience, I have been helping many pregnant women in my networks and I found out that many immigrant women don't receive the care they need while they are pregnant.

No information was given to me on what to do while I was pregnant and there was no information given to me on how to take care of my child in the UK within the system. I didn't go to antenatal care until I was 16 weeks pregnant. I didn't know about any vitamins.

The NHS charging is something that affects migrant pregnant women a lot. Think about you have given birth to a child and they've given you a bill of £4000. I just went into depression stage. It got me really scared. I was even sometimes asking myself why did I even get pregnant in the first place to have this baby?

It is devastating for a woman to be feeling that way and thinking that I put myself into trouble and I should have not gotten pregnant. Charging brought about so many things, what I could do with that child, what would happen with the bill. Charging migrant women is simply barbaric. Because the experiences of what we've gone through back home, and how our country has been, women are not allowed to ask questions that much, so we think it's the same thing in this country, which is also affecting us as migrant women. There is no information mechanism for us to say this is what you need to ask or what you can ask. When we get pregnant, we don't ask the right questions until we are dying before we can ask questions that we need to ask.

Women who are migrants are not treated well; they don't count us as anything."

Doctors of the World Expert by Experience

Policy and Advocacy

Our policy and advocacy work aims to make systemic changes to how those currently excluded from healthcare can access the services they need.

We have been working to reform migrant healthcare policy since 2014.

In 2022 we published a report, which evidenced the harrowing impact that the Home Office's NHS charging policy has on migrant and refugee women. The report showed the women frequently had late access to antenatal care and over a third also received a bill for their maternity care of up to £14,000. We presented this research to a Royal College of Obstetrics and Gynaecology conference on maternal health and one of our National Health Advisers spoke to BBC Woman's Hour about her experience of the policy. During 2022 the London Mayor, the Royal College of Obstetrics and Gynaecology and the Royal College of Midwives all joined the call to end the NHS charging policy. We have carried out media work to highlight the impact of policies, briefed healthcare professionals and politicians, and organised campaigns.

We are well connected to the medical community and have a track record of mobilising medical organisations to oppose policies that harm the health of migrants and refugees. Key to this is the Expert Consortium on Refugee and Migrant Health, which brings together UK health research and policy experts to facilitate collaboration and evidence-based decision-making in the field of migrant health. The group is hosted by us and continues to be the main forum through which the medical world engages with and acts on migrant health policy.

Our work has ended hostile environment policies that removed medical confidentiality for people without immigration status (the #StopSharing campaign), achieved exemptions for certain healthcare services and secured parliamentary debates on migrant health policy. Through our Expert Consortium on Refugee and Migrant Health we have built relationships with influencers and established a forum by which they can take joint positions and action to challenge these policies. This has played a role in mobilising Royal medical colleges and the BMA to take public positions on policies.

We have worked with government/health stakeholders to enable GP registration for people in asylum accommodation.

We continue to lead the campaign to end the NHS migrant charging regime, which forces NHS trusts to withhold secondary medical care services from anyone without formal immigration

status. In early 2022 we published a report on the impact of asylum system on the health of people seeking sanctuary in the UK based on data collected through our programmes in asylum accommodation sites. We worked to challenge the Nationality and Borders Bill (now Act), which introduced changes to the asylum system that leave people in unsafe accommodation and without access to adequate medical care. Medical organisations, including the British Medical Association and the Royal College of Nursing, joined us in raising concern about the Bill with politicians. When the Home Office announced its intention to send people seeking sanctuary in the UK to Rwanda, we coordinated a joint letter on behalf of UK medical organisations opposing the harmful policy. We continue to work to ensure the health and welfare of asylum seekers in response to the new Illegal Migration Act.

We do not do this work in isolation, and work across our sector with other relevant charities, alongside medical professionals. For example, we have recently co-authored a briefing with Médecins Sans Frontiers, Freedom from Torture, Helen Bamber Foundation, Medical Justice and Maternity Action. This campaigning work relies on our data from our 'on the ground' assessments of the health needs of people living in asylum accommodation.

Focus on Safe Surgeries

Our Safe Surgeries initiative is a project that delivers training, resources and then ongoing support to GP practices across England to support them to implement inclusive registration processes and improve accessibility of their services, ensuring patients are able to register without proof of ID or address and regardless of the patient's immigration status.

In England, anyone can register and consult with a GP without charge. Nationality and immigration status are not relevant to GP registration, there is no requirement for proof of ID or address and patients without a fixed address can register using the practice address.

However, despite this, many of our clients face barriers in trying to access GP care. Common issues include being asked for proof of ID / address, lack of knowledge about how the NHS operates, fear of being reported to the Home Office, language barriers and a lack of technology.

Our Safe Surgeries project sits within our advocacy team, and currently has 1,500 GP practices registered, all of whom have made a commitment to making their services more accessible through utilising Safe Surgeries training, resources and support through their membership of our network.

This network of GP practices continues to grow, in the last 12 months 600 new surgeries have joined us.

"The safe surgeries information and resources are so helpful and accessible – and the campaign and website are also really inspiring. I really value the whole team resources and the practical guidance, including QI project ideas. I found the vaccination and COVID materials hugely helpful in clinical practice at a complex time. Thank you DoTW for all that you do to support making primary care accessible for all."

Sharon Dixon, GP

We have now delivered training to over 3,000 surgery staff, over 1,300 people have completed our e-Learning course and our toolkits have been downloaded from our website over 4,500 times. GP surgeries have given our training sessions an average score of 4.5 out of 5 when asked if our training has improved their knowledge of refugee and migrant rights to NHS services.

We are currently focusing the expansion of network in new areas and engaging with Integrated Care Boards (ICBs) situated in the areas where asylum seekers are accommodated in Home Office initial and contingency accommodation. We are also supporting this with a new Safe Surgeries resource which outlines best practice for commissioning primary care services in these settings.

Focus on our Experts by Experience:

We started this project in 2020, and now have 31 Experts by Experience working right across our charity. We are fully committed to this, and our strategic aims place lived experience at the centre of our work. **Our lived-experience team have chosen the name National Health Advisors (NHAs).**

To date they have co-produced accessible, translated resources that have been downloaded from our website more than 85,000 times. They have delivered training to 200 migrants, and engaged in 100 activities, workshops and meetings where they have played an active role in promoting access to healthcare.

Our NHAs have played a central role in our influencing work. We are one of the few third sector organisations and the only organisation whose Experts by Experience group attend the newly established National Asylum Seeker Health Steering group, which is a cross-departmental steering group that looks at improving health access and outcomes of people seeking asylum. The steering group includes Home Office, Department of Health and Social Care, NHS England and other NHS organisations in devolved nations, and the Office for Health

Improvement and Disparities. We have been leading two specific task groups that sit under this steering group on 'improving GP registration' and 'improving health induction models for all asylum seekers. Two of our NHAs also join regular meetings concerning 'access to healthcare' and 'mental health' subgroups.

Our NHAs are already having national impact, to date they have:

- Provided expert advice to policy makers and influencers and researchers in over 73 different engagements and activities including acting sitting on the National Asylum Seeker Health Steering group.
- Collaborated with the NHS, UK Health Security Agency, Mayor of London and Bevan Healthcare to co-produce 12 resources (leaflets, animations, forms, guidance) to support refugees and migrants to access NHS services.
- Acted as media spokespeople and represented DOTW at conferences.
- Acted as peer researchers on academic research projects and DOTW's evidence reports.
- Delivered 18 training sessions to migrant groups.
- Supported DOTW to recruit staff members, including a new Executive Director, and trustees. DOTW now has two trustees with lived experience of the asylum system.

"I need to make things easier for asylum seekers, refugees and people that don't have documents. Healthcare should be one of the most important things, it shouldn't be something you need to fight for."

Asylum seeker, survivor of human trafficking and NHA for Doctors of the World UK

Focus on working overseas: Support in Ukraine

Since its inception, Médecins du Monde has been responding to crisis situations in countries around the world.

From the Ebola crises in Sierra Leone and the Democratic Republic of Congo, to plague in Madagascar and cholera outbreaks in Haiti, Angola and Mozambique, our expert staff and volunteers have been on the ground working to limit the spread of disease and its impact on vulnerable populations.

During 2022 we were thankful to be able to support our international colleagues working to provide significant support in Ukraine.

To date, the war has resulted in 18.6 million people leaving Ukraine, 5.3 million people becoming internally displaced, the deaths of 7,000 civilians with a further 11,000 civilians injured. It is estimated that 14.5 million people in Ukraine need health care assistance.

As we reached the one-year anniversary of the start of the war in early 2023, we have looked back at the support that we have been able to provide to date, and are grateful to our generous donors who have made this possible:

- 2.3 million people have been reached by our activities, with 28,671 people having received direct care from our services.
- 17 mobile medical clinics have been deployed to reach the most vulnerable people – they have given direct help to 19,176 people.
- 120 Health care facilities and 91 temporary community centres have been supported by our teams – 9,495 people have been directly supported.
- 14 local partners have also been supported via our network.

In Ukraine we have been providing access to essential medicines and medical supplies which enable direct healthcare to be provided. We also know how important it is to collaborate in the field – **with** regional and local health authorities as well as the social policy departments of city councils. We also meet regularly with other humanitarian organisations to ensure that between us we are meeting the most urgent needs, and that all support is coordinated.

In addition to our work in Ukraine, we are also supporting Ukrainian refugees in the neighbouring countries of Poland, Slovakia, Romania and Moldova with the provision of direct access to primary healthcare services.

Svitlana's story:

Svitlana is a doctor at Bucha Primary Medical and Sanitary Assistance Centre, her clinic is receiving support from our teams.

"On the 24th [of February 2022] explosions woke us up and we, me and my husband who are both of us doctors, we went to work, because patients were waiting for us. Our patients even had the vaccination planned for the 24th, though of course people were panicking. There were a lot of traffic jams, there were problems with fuel, and it was extremely hard to leave the area. Even our colleagues were leaving. And it was rather frightening. [A few days later] people were coming to get medicines but, as you can understand, these were lacking. And it was very frightening because you knew that the person needed to take these pills regularly and you only had one pack of 30 pills. And we had to share, one blister pack for one person,

while another had to be kept in case somebody else came. And for me, as a doctor, not to provide assistance was hard to bear."

Diana's story:

Diana left her home in Mariupol with her family in the first days of the war. She has been housed in one of the shelters we have been supporting since the beginning of the war by providing medical and psychological care and financial support to enable the shelter to operate.

"Today I went to Epitsenter [home improvement store] and cried when I saw a cup just like the one I had in Mariupol, a blanket like in Mariupol, but our home is gone. You know when I got here, I had such mood swings. For example, in the space of 15 minutes I could burst into tears, I could laugh, and I could be depressed, then something else. But the atmosphere here [in the shelter], all these open hearts. We are from Mariupol, and they housed other people from Mariupol together with us, because we feel the same pain, we are on the same page. Volunteers here come to sit at tables, listen to conversations and provide advice on, for example, how to travel somewhere, to calm down, so life goes on. Letting people get back to life gradually."

Organisational Structure

Overview

Doctors of the World UK is a registered charity in England and Wales and part of the Médecins du Monde international network. It is an independent organisation that shares the values and principles of the Médecins du Monde network and benefits from its technical and financial support if needed.

The charity Doctors of the World UK is a company limited by guarantee and governed by its Memorandum and Articles. The directors of the company are also trustees for the purposes of charity law and meet monthly to review the activities and future plans of Doctors of the World UK, and to receive and consider financial updates and forecasts.

The day-to-day management of the organisation is delegated to the Executive Director who is responsible for executing the strategic and operational plans agreed by the trustees.

A Senior Management Team meets weekly. It is responsible for delivery of the organisation's strategy and policies.

Executive Director: Simon Tyler - (Appointed 22nd August 2022)

Director of Development: Ellen Waters - (Until 19th August 2022)

Head of Finance: Britto Bernadet - (Appointed 1st January 2023)

Head of Finance: Shahena Uddin - (Until 25th November 2022)

Head of Services: Amardeep Kamboz

Head of Policy and Advocacy: Anna Miller

Head of Fundraising: Kate Delaney - (Appointed 5th December 2022)

Director of Strategic Development and Projects: Pete Aldridge - (Until 19th November 2022)

Associate Director of Research: Lucy Jones (until 11th May 2022 – Maternity Leave)

Associate Director of Research: Ella Johnson (from 23rd May 2022 – Maternity Cover)

Appointed 23rd May 2022

Board of Trustees

All trustees give their time voluntarily and receive no compensation or benefits from Doctors of the World UK. The trustees are covered by an indemnity insurance policy, which is renewed annually.

Trustees are recruited to ensure a spread of relevant skills across the Board. All trustee roles are advertised with an open and transparent process with interview. Applications are treated equally regardless of their source. The aim is to have a Board that is balanced in terms of diversity and that includes people with the skill sets the charity needs.

These include medical field experience, finance, marketing, fundraising, and legal and compliance skills and experience. The capacity and expertise of our Board of Trustees was expanded with the addition of three new board members who brought expertise in lived experience and strategic business management.

Remuneration policy

All posts are evaluated based on agreed, organisation-wide criteria that determine the grade and salary for the post, the details of which are available to all staff in the staff handbook.

We aim to recruit, subject to experience, at the lower to medium point within a band, providing scope to be rewarded for excellence. The overall goal of the charity's pay policy is to offer fair pay to attract and keep appropriately qualified staff to lead, manage, support and/or deliver the charity's aims.

Future plans

We review our aims, objectives, and activities each year alongside the budget setting process. This review looks at what we achieved and the outcomes of our work in the previous 12 months.

The review also looks at the success of each key activity and the benefits they have brought to those groups of people we are set up to help. This enables us to ensure our aims, objectives and activities remain focused and enable us to deliver our strategic objectives.

We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives they have set.

Doctors of the World UK plans to continue the activities outlined below subject to funding.

- Provide direct support to people excluded from healthcare in the UK via our fixed clinic, national advice line and outreach work to excluded groups.
- Expand and enhance our Safe Surgeries network, to support more GP practices to offer inclusive registration to all patients, no matter what their circumstances.
- To continue to advocate for access to healthcare for excluded groups, via targeted policy and advocacy campaigns.
- To raise balanced funding that enables us to plan our activities with confidence.
- To achieve the above with a focus on co-production and including the voices of those with lived experience throughout our charity.
- We will also continue to support our wider Médecins du Monde network providing support and funding to overseas operations that ensure healthcare access to those in extreme need or in response to emergencies across the year.

Volunteers

Our ability to secure essential care for people in vulnerable circumstances depends upon support from volunteers. They are at the heart of our organisation.

In the UK, volunteers staff our clinics, run our advice line and casework services, and help run our administrative office. Overseas, we depend upon the skills, dedication, and determination of a broad range of volunteers to deliver network initiatives. They work hard to coordinate emergency and long-term programmes in conflict and non-conflict settings to ensure that medical care is available to those who need it most.

Fundraising approach

Our volunteers and frontline staff make such a difference to people's lives because of their expertise and empathy. We want all our professional relationships to emulate their warmth and support, and that informs our fundraising approach.

We foster a personable and competent fundraising team, who build strong and enduring relationships with our supporters, so that their support of Doctors of the World UK continues to evolve and strengthen.

We remain committed to using the money from our donors and fundraisers in the wisest and most ethical ways; and are happy that our voluntary income streams deliver a good return on investment.

Our policies and approach to fundraising standards are outlined below:

- We are registered with the Fundraising Regulator and are committed to complying with the regulator's Fundraising Promise and the Code of Fundraising Practice.
- We have a policy to protect vulnerable people and we insist on checking the policies of our suppliers as part of any tender process.
 - We give our supporters the opportunity to opt out of further contact as part of every approach for a donation.
- We do not share or sell data.

In 2022, we remained registered with the Fundraising Regulator, adhering to their Code of Fundraising Practice. We had no instances of non-compliance with the code during the year. Our Supporter Care team responded to all queries. There were no complaints concerning our fundraising activities. We would take any complaints very seriously and use them to improve both our service and performance for the future.

Lastly and most importantly, at the forefront of our minds is that all our work simply would not be possible without our supporters, donors, partners, volunteers, and fundraisers.

Grant making policy

Part of our charitable activity is undertaken by making grants to organisations within the Médecins du Monde network to facilitate their participation in programmes that meet our objectives. The grants are made to successful chapters who fulfil the agreed criteria for each programme and who are best suited to deliver the objectives of the activity.

Financial review and highlights

Overview

Total income for the year was £1,403,879 (2021: £1,585,073), whilst expenditure was £1,427,867 (2021: £1,625,924).

Of these amounts, restricted income during 2022 was £558,120 (2021: £742,831) and restricted expenditure was £827,397 (2021: £898,944).

2022 saw the unrestricted fund increase to £344,342 (2021: £264,212) mainly due to the write-off of old debts relating to other MDMs. The Board of Trustees regularly undertakes an assessment of risks, including financial risks, and ensures that reserves are maintained at a level that will ensure that the organisation's core activities continue. The Board closely monitors the financial performance of the organisation through monthly reviews of financial information, including monitoring performance against the latest Budgetary information.

The sources of income the charity uses have been reliable against forecast. Based on the current assumptions underlying the 2023 Budget and operational plan, the Financial Statements have been prepared on a going concern basis.

Reserves policy

The unrestricted reserves at the end of the year under review were £344,342 (2021: £264,212 and restricted reserves were £195,250 (2021: £299,367).

Restricted reserves represent the amount paid by donors to undertake specific programmes, which were recognised in the financial year under review; expenditure relating to this fund will be incurred during 2023. Doctors of the World UK does not carry any designated funds. £325,809 of unrestricted reserves are available to meet overheads (£238,648 in 2021) and/or to undertake charitable actions as decided by the trustees and management as well as being invested in fixed assets.

Doctors of the World UK's reserves policy stipulates that our organisation seeks to hold the equivalent to three months' running costs as an unrestricted fund and that reserves are maintained at a level which will ensure that the organisation's core activity should continue during periods of unforeseen difficulties. At the end of 2022, the unrestricted reserve represented 5.01 months of budgeted costs (2021: 3.59 months).

Risk management

A risk register records the identified risks that Doctors of the World UK is exposed to. It is updated on a regular basis and, where appropriate, systems and procedures have been adopted in order to mitigate these risks.

Internal controls have been established to ensure that, where possible, expenditure has been properly authorised, and income is properly accounted for and that procedures are in place to ensure compliance with the health and safety of staff, volunteers, service users and visitors.

Risk assessments are carried out continuously by the senior management team and the risk register is reviewed by the Board of Trustees quarterly.

Principle risks and uncertainties	Mitigation
Unrestricted income does not cover overhead costs	Annual budgets are set with unrestricted income targets. Budgets undergo regular review and if necessary, revision. Fundraising team monitors the progress weekly and reports into the Senior Management Team. Small deficits can be met from existing reserves to the extent that such reserves are sufficient. Finance and Fundraising sub-committee regularly review and offers advice/recommendations on these issues.
Loss of partners/donor trust/ support caused by damage to the organisation reputation	Daily monitoring of media activity to provide early warning of possible extremist reactions. Organisational policies in place to ensure media and communication protocols are followed. Ensure staff/volunteers/service users are always aware of the risks and how to react. Ensure staff/volunteers/service users safety and wellbeing is at the front of all charity policies.
Compliance with legislation and regulations appropriate to the activities, size, and structure of the charity	Adequate advance planning to ensure that all requirements of an audit can be completed on time. Board Audit & Risk committee appoints auditor in good time to ensure deadlines can be met. Regular review of policies and guidance.
Failure to deliver quality programmes	Ensure all budgets include adequate funding for all required internal staff costs and that budget lines are not amended during project without approval by Heads of team. DOTW submits regular reports to donors and updates on any changes. Internal MoUs are put in place for all major grants when working with partners. All contracts are reviewed by Finance to review assess financial risks. Ensure compliance to CQC/regulators. Regular Safety & Quality meetings. Use of indicators to assess performance.
Critical incident in programme delivery caused by clinical negligence, breach of regulations, serious safeguarding concerns, injury to vol/staff or service user or an allegation of abuse	The organisation is registered, compliant and reviewed by the CQC. The UK Clinic Manager is a registered manager with the CQC. The organisation has a Clinical Lead Board member with responsibility for Safety and Quality. Insurance in place to react to the various risks involved in this activity. Quarterly Safety and Quality meetings provide oversight and report to the board. Staff and volunteers are trained, supported, and regularly supervised. The organisation has a safeguarding and clinical governance policy which is available in the clinic. Each clinic session ends with an all staff/volunteer debrief to identify any issues to follow-up.
Loss of key staff/volunteers	Staff handbook/volunteer policies to improve experience. Staff survey and action plans. Review staff contracts to propose >1 month notice period. Workplans and appraisals and small training fund. Salary scale review as well as train managers on the process of writing job descriptions to optimise talent and salary setting. Review of all staff/volunteer job descriptions to ensure up to date and graded fairly.

Acknowledgement of support

Donation of rent-free offices

Doctors of the World UK would like to record its thanks for the support of the Canary Wharf Group and its CEO, Shobi Khan. They have provided the organisation with rent-free office space in the Canary Wharf Estate since 1998.

We'd like to thank all the donors who helped us in 2022 and whose ongoing support makes it possible for us to continue to provide access to healthcare for people in vulnerable situations, both in the UK and internationally.

Statement of trustees' responsibilities

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. The trustees (who are also directors of Doctors of the World UK for the purposes of company law) 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). Company law 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 charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware;

- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Approval

This report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime. It was approved by the Board of Directors and Trustees on 25th October 2023 and signed on its behalf by:

Dr James Elston

President

Opinion

We have audited the financial statements of Doctors of the World UK (the 'charitable company') for the year ended 31 December 2022 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 December 2022 and of its incoming resources and application of resources, including its income and expenditure for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Doctors of the World UK's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or

- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
- Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
- Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
- The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and

tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Noelia Serrano (Senior statutory auditor)

27 October 2023

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Doctors of the World UK

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 December 2022

	Note	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Income from:							
Donations and legacies	2	551,909	–	551,909	644,241	22,804	667,045
Charitable activities							
International actions	3	34,424	65,420	99,844	–	156,057	156,057
National actions	3	252,833	492,701	745,534	177,139	563,970	741,109
Other income – desk licence fees		6,592	–	6,592	20,862	–	20,862
Total income		845,758	558,121	1,403,879	842,242	742,831	1,585,073
Expenditure on:							
Raising funds	4	301,279	–	301,279	446,419	–	446,419
Charitable activities							
International actions	4	12,474	75,957	88,432	22,629	165,513	188,142
National actions	4	286,717	751,440	1,038,157	257,932	733,431	991,363
Total expenditure		600,470	827,397	1,427,867	726,980	898,944	1,625,924
Net expenditure before transfers	6	245,288	(269,277)	(23,988)	115,262	(156,113)	(40,851)
Transfers between funds		(165,159)	165,159	–	(28,570)	28,570	–
Net outgoing resources and net movement in funds		80,129	(104,118)	(23,989)	86,692	(127,543)	(40,851)
Reconciliation of funds:							
Total funds brought forward		264,212	299,367	563,579	177,520	426,910	604,430
Total funds carried forward		344,341	195,250	539,591	264,212	299,367	563,579

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 16 to the financial statements.

Doctors of the World UK

Balance sheet

Company no. 3483008

As at 31 December 2022

	Note	£	2022 £	£	2021 £
Fixed assets:					
Tangible assets	11		81,513		112,912
			81,513		112,912
Current assets:					
Stock	12	2,778		2,286	
Debtors	13	233,068		271,251	
Cash at bank and in hand		336,696		510,850	
		572,542		784,387	
Liabilities:					
Creditors: amounts falling due within one year	14	114,464		333,720	
Net current assets			458,079		450,667
Total net assets	15		539,591		563,579
The funds of the charity:					
Restricted income funds	16		195,250		299,367
Unrestricted income funds	16		344,341		264,212
Total charity funds			539,591		563,579

Approved by the trustees on 25th October 2023 and signed on their behalf by:

Dr James Elston
President

Doctors of the World UK

Statement of cash flows

For the year ended 31 December 2022

	Note	2022 £	£	2021 £	£
Cash flows from operating activities					
Net cash provided by / (used in) operating activities	17	(170,970)		(59,631)	
Cash flows from investing activities:					
Purchase of fixed assets		(3,184)		(96,494)	
Net cash used in investing activities		(3,184)		(96,494)	
Change in cash and cash equivalents in the year		(174,154)		(156,125)	
Cash and cash equivalents at the beginning of the year		510,850		666,975	
Cash and cash equivalents at the end of the year		336,696		510,850	

1 Accounting policies

a) General information

Doctors of the World UK is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address is 29th floor, One Canada Square, London E14 5AA.

b) Basis of preparation

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) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

Key judgements that the charitable company has made which have a significant effect on the accounts include the likelihood of renewal of institutional grants.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

f) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably. Income includes associated gift aid tax reclaims.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

g) Donations of goods, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated goods, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; an equivalent and corresponding amount is then recognised in expenditure in the period of receipt.

1 Accounting policies (continued)

h) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

i) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

j) Expenditure and irrecoverable VAT

Expenditure, including grants made, is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in encouraging third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity:

- Support costs:- based on FTE of staff directly involved in the national or international actions
- Governance costs:- based on FTE of staff directly involved in the national or international actions

l) Grants payable

Grants payable are made to third parties in furtherance of the charity's objectives. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

m) Foreign Exchange

Monetary assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the exchange rate prevailing at the date of the transaction. Exchange differences are taken into account in arriving at the net incoming resources for the year.

1 Accounting policies (continued)

n) Tangible fixed assets

Purchases are capitalised as fixed assets where the price exceeds £350. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

● Computer equipment	4 years
● Fixtures and fittings	5 years
● Motor Vehicle	7 years

Restricted fixed assets are initially recognised within restricted funds. Following completion of the programme the asset and any associated depreciation are derecognised and transferred into unrestricted funds.

o) Stocks

Stocks are stated at the lower of cost and net realisable value. Donated items of stock, held for distribution or resale, are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

p) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

q) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of service users.

r) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

s) Pensions

The charity provides staff who have completed their probation period access to a Group Personal Pension scheme with Scottish Widows. For contributing members of staff the charity contributes 6% of salary.

t) Operating Leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the Statement of financial activities on a straight line basis over the minimum lease term.

2a Income from donations and legacies (current year)

	Unrestricted £	Restricted £	2022 Total £
Functioning grants from Médecins du Monde France	128,821	–	128,821
Other donations and gifts	423,088	–	423,088
	<u>551,909</u>	<u>–</u>	<u>551,909</u>

2b Income from donations and legacies (prior year)

	Unrestricted £	Restricted £	2021 Total £
Functioning grants from Médecins du Monde France	168,652	–	168,652
Other donations and gifts	475,588	22,804	498,392
	<u>644,241</u>	<u>22,804</u>	<u>667,044</u>

Other donations and gifts include the provision by Canary Wharf Management of rent free offices to the value of £98,838 (2021: £161,237) and pro-bono legal advice in 2022 £18,543 (2021: £nil)

3 Income from charitable activities

	Unrestricted £	Restricted £	2022 Total £	2021 Total £
London Borough of Enfield	62,500	–	62,500	–
London Borough of Tower Hamlets	51,079	–	51,079	–
Trust for London –Right to Care	–	33,750	33,750	37,500
Trust for London GLA	–	32,628	32,628	48,557
Tolkien Trust	80,000	–	80,000	–
Paul Hamlyn Foundation	–	–	–	74,300
Joseph Roundtree Charitable Trust	–	18,489	18,489	56,972
Garfield Weston	–	25,000	25,000	–
NHS England	–	12,080	12,080	22,492
Big Lottery	–	9,999	9,999	–
City of London	21,375	–	21,375	84,739
The Metro Centre Ltd and Spectre CIC	–	80,668	80,668	79,995
University College London	5,779	8,032	13,811	23,737
North East London CCG	14,400	–	14,400	77,400
City Bridge Trust	–	60,000	60,000	65,000
Metropolitan Housing Trust	–	24,000	24,000	–
AB Charitable Trust	–	30,000	30,000	–
Other income from National Actions	17,700	158,055	175,755	170,418
Sub-total for National Actions	<u>252,833</u>	<u>492,701</u>	<u>745,534</u>	<u>741,109</u>
MdM Spain – European Union Aid	–	–	–	557
MDM Belgium (Project ECHO)	34,424	–	34,424	–
Mozambique Appeal	–	920	920	–
MDM Germany – Ukraine Appeal	–	20,000	20,000	–
Elton John AIDS Foundation – Armenia	–	44,500	44,500	155,500
Sub-total for International Actions	<u>34,424</u>	<u>65,420</u>	<u>99,844</u>	<u>156,057</u>
Total income from charitable activities	<u>287,257</u>	<u>558,121</u>	<u>845,378</u>	<u>897,167</u>

Other income from National Actions includes the donation of volunteer time and programme expenses for clinic and caseworker activities to the value of £49,536 (2021: £49,756).

4a Analysis of expenditure (current year)

	Cost of raising funds £	Charitable activities		Governance costs £	Support costs £	2022 Total £
		International Actions £	National Actions £			
Staff costs (Note 7)	165,766	827	651,031	44,372	50,800	912,795
Fundraising and publicity costs	44,371	–	–	–	–	44,371
Direct activity costs	48,642	487	240,680	–	–	289,809
Grant funding (Note 5)	–	72,791	–	–	–	72,791
Other costs	–	1,852	–	1,844	104,404	108,101
	<u>258,779</u>	<u>75,957</u>	<u>891,711</u>	<u>46,216</u>	<u>155,204</u>	<u>1,427,867</u>
Support costs	32,748	9,612	112,844	–	(155,204)	–
Governance costs	9,752	2,862	33,602	(46,216)	–	–
Total expenditure 2022	<u>301,279</u>	<u>88,432</u>	<u>1,038,157</u>	<u>–</u>	<u>–</u>	<u>1,427,867</u>

Of the total expenditure, £600,470 was unrestricted and £827,397 was restricted.

Other Costs include £202k of Debts written off in the year

4b Analysis of expenditure (prior year)

	Cost of raising funds £	Charitable activities		Governance costs £	Support costs £	2021 Total £
		International Actions £	National Actions £			
Staff costs (Note 7)	167,992	2,893	528,947	7,023	74,676	781,531
Fundraising and publicity costs	55,187	–	–	–	–	55,187
Direct activity costs	84,830	2,398	161,277	–	–	248,505
Grant funding (Note 5)	–	154,714	–	–	–	154,714
Other costs	17,469	25,713	–	10,283	332,522	385,987
	<u>325,478</u>	<u>185,718</u>	<u>690,224</u>	<u>17,306</u>	<u>407,198</u>	<u>1,625,924</u>
Support costs	113,918	2,424	290,856	–	(407,198)	–
Governance costs	7,023	–	10,283	(17,306)	–	–
Total expenditure 2021	<u>446,419</u>	<u>188,142</u>	<u>991,363</u>	<u>–</u>	<u>–</u>	<u>1,625,924</u>

Of the total expenditure, £726,980 was unrestricted and £898,944 was restricted.

Doctors of the World UK

Notes to the financial statements

For the year ended 31 December 2022

5 Grant making

	Grants to institutions £	2022 £	2021 £
Cost			
Médecins du Monde – France	52,791	52,791	149,714
Médecins du Monde – Canada	–	–	5,000
Médecins du Monde – Germany	20,000	20,000	–
At the end of the year	72,791	72,791	154,714

The above grants to other Médecins du Monde chapters reflect the collaborative nature of the implementation of international grants, whereby Doctors of the World UK works with other chapters who fulfil the agreed criteria for each programme and who are best suited to deliver the objectives of the activity.

6 Net expenditure before transfers for the year

This is stated after charging / (crediting):

	2022 £	2021 £
Depreciation	34,584	31,589
Operating lease rentals:		
Property	17,793	21,351
Equipment	3,437	2,076
Auditor's remuneration (excluding VAT):		
Audit	11,650	8,200
Foreign exchange loss	2,461	2,128

7 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2022 £	2021 £
Salaries and wages	813,320	693,182
Social security costs	60,089	50,860
Employer's contribution to defined contribution pension schemes	39,386	37,489
	912,795	781,531

The following number of employees received employee benefits (excluding employer pension costs) during the year between:

	2022 No.	2021 No.
£70,000 – £79,999	–	–
£80,000 – £89,999	1	1

The total employee benefits (including pension contributions and £33k redundancy costs of restructure) of the key management personnel were £334,068 (2021: £266,440).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £0 (2021: £451)

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2022 No.	2021 No.
International actions	0.1	0.1
National actions	17.4	18.0
Fundraising and Communications	4.8	4.9
Office management and admin	5.3	5.0
Total Headcount	27.6	28.0

9 Related party transactions

Médecins du Monde France are considered to be a related party due to its right to appoint a trustee to the Board. However, that appointee has no power to exercise any more control or influence than any other trustee.

	Grants paid	Grants Received	Other paid/ (received) net	Balance payable at year end	Balance receivable at year end
	£	£	£	£	£
Médecins du Monde – France	52,791	128,821	–	14,196	–

10 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

11 Tangible fixed assets

	Fixtures and fittings £	Computer equipment £	Motor Vehicle £	Total £
Cost or valuation				
At the start of the year	99,369	49,200	136,142	284,711
Additions in year	–	3,183	–	3,183
Disposals in year	–	–	–	–
At the end of the year	99,369	52,383	136,142	287,894
Depreciation				
At the start of the year	78,232	34,061	59,505	171,799
Charge for the year	8,234	6,901	19,449	34,583
Disposals in year	–	–	–	–
At the end of the year	86,466	40,962	78,954	206,382
Net book value				
At the end of the year	12,904	11,421	57,187	81,513
At the start of the year	21,137	15,139	76,636	112,913

All of the above assets are used for charitable purposes.

12 Stock

	2022 £	2021 £
Medical supplies	2,778	2,286
	<u>2,778</u>	<u>2,286</u>

13 Debtors

	2022 £	2021 £
Other debtors	106,881	142,176
Prepayments	38,317	37,170
Accrued income	87,870	91,905
	<u>233,068</u>	<u>271,251</u>

14 Creditors: amounts falling due within one year

	2022 £	2021 £
Trade creditors	22,511	233,456
Taxation and social security	15,268	17,783
Other creditors	–	13,648
Accruals	76,684	68,833
	<u>114,464</u>	<u>333,720</u>

15a Analysis of net assets between funds (current year)

	General unrestricted £	Restricted £	Total funds £
Tangible fixed assets	18,533	62,979	81,512
Net current assets	325,809	132,270	458,079
Net assets at the end of the year	<u>344,341</u>	<u>195,249</u>	<u>539,591</u>

15b Analysis of net assets between funds (prior year)

	General unrestricted £	Restricted £	Total funds £
Tangible fixed assets	25,564	87,348	112,912
Net current assets	238,648	212,019	450,667
Net assets at the end of the year	<u>264,212</u>	<u>299,367</u>	<u>563,579</u>

16a Movements in funds (current year)

	At the start of the year £	Income & gains £	Expenditure & losses £	Transfers £	At the end of the year £
Restricted funds:					
National actions					
London Clinics					
Volunteer donations in kind	–	49,536	(49,536)	–	–
Other restricted donations and grants	1,392	127,686	(353,880)	224,802	–
Young Refugees Health & Welfare					
British Red Cross Society	355	–	(251)	(104)	–
Clinic move to Stratford					
Other restricted donations	3,820	–	(2,211)	(1,609)	–
Right to Care & GLA Project					
Trust for London	48,848	90,387	(102,798)	(2,718)	33,720
Mobile Clinic – Outreach					
Other restricted donations and grants	31,952	79,995	(61,884)	(50,062)	
Volunteer donations in kind	–	–	–	–	–
Mobile Clinic – Vehicle					
Other restricted Donations	33,917	2,000	(9,278)	(4,639)	22,000
MdM Network Observatory Report					
MdM USA – Open Society Foundation	–	–	–	–	–
Safer Surgeries Project					
Paul Hamlyn Foundation	40,957	–	(38,094)	–	2,863
Clinical Commissioning Groups	13,199	22,661	(31,049)	–	4,810
Joseph Roundtree Charitable Trust	6,487	18,489	(8,669)	(9,710)	6,597
Policy & Advocacy – General	11,682	93,896	(56,101)	15,747	65,224
Tolkien	64,235	–	(10,171)	–	54,064
Other restricted donations	26,054	8,050	(27,519)	(6,586)	–
International actions					
Yemen	9,944	–	(9,944)	–	–
MDm France	449	–	(487)	38	–
Mozambique Appeal	–	920	–	–	920
Global Clinic Crowdfunder	6,077	–	(1,025)	–	5,052
Elton John AIDS Foundation – Armenia	–	44,500	(44,500)	–	–
MDM Germany – Ukraine Appeal	–	20,000	(20,000)	–	–
Total restricted funds	299,367	558,120	(827,397)	165,159	195,250
Unrestricted funds:					
General funds	264,212	845,758	(600,470)	(165,159)	344,341
Total unrestricted funds	264,212	845,758	(600,470)	(165,159)	344,341
Total funds	563,579	1,403,879	(1,427,867)	–	539,591

16b Movements in funds (prior year)

	At the start of the year £	Income & gains £	Expenditure & losses £	Transfers £	At the end of the year £
Restricted funds:					
National actions					
London Clinics					
Volunteer donations in kind	-	42,156	(42,156)	-	-
Other restricted donations and grants	44	68,997	(67,649)	-	1,392
Young Refugees Health & Welfare					
British Red Cross Society	7,403	-	(7,048)	-	355
Clinic move to Stratford					
Other restricted donations	46,766	-	(42,946)	-	3,820
Right to Care Project & GLA Project					
Trust for London	55,198	111,257	(117,607)	-	48,848
Mobile Clinic – Outreach					
Other restricted donations and grants	82,566	85,867	(136,482)	-	31,952
Volunteer donations in kind	-	7,600	(7,600)	-	-
Mobile Clinic – Vehicle					
Help Refugees	13,249	-	668	-	13,917
Other restricted Donations	-	20,000	-	-	20,000
MdM Network Observatory Report					
MdM USA – Open Society Foundation	2,861	-	(2,861)	-	-
Safer Surgeries Project					
Paul Hamlyn Foundation	56,556	44,300	(59,899)	-	40,957
Clinical Commissioning Groups	1,502	16,560	(4,863)	-	13,199
Joseph Roundtree Charitable Trust	(3,497)	36,972	(26,989)	-	6,487
Policy & Advocacy – General	3,301	30,564	(22,183)	-	11,682
Tolkien	108,404	-	(44,169)	-	64,235
Other restricted donations	55,200	122,502	(151,648)	-	26,054
International actions					
Gaza Appeal	(23,002)	-	-	23,002	-
Yemen	9,944	-	-	-	9,944
MDm France	449	-	-	-	449
Mozambique Appeal	(20,701)	-	15,133	5,568	-
Refugee Appeals	284	-	(284)	-	-
East Africa Famine Appeal	20	557	(577)	-	-
Global Clinic Crowdfunder	(46)	-	46	-	-
Elton John AIDS Foundation – Armenia	7,733	-	(1,656)	-	6,077
Other restricted donations	-	155,500	(155,500)	-	-
Other restricted donations	22,675	-	(22,675)	-	-
Total restricted funds	426,910	742,831	(898,944)	28,570	299,366
Unrestricted funds:					
General funds	177,520	842,242	(726,980)	(28,570)	264,212
Total unrestricted funds	177,520	842,242	(726,980)	(28,570)	264,212
Total funds	604,430	1,585,073	(1,625,924)	-	563,578

16c Purposes of restricted funds in current year and prior year

National actions

The fund for National actions is established based on restricted donations to further our work in the U.K., primarily in support of our U.K. clinics and other national programmes.

International actions

The fund for International actions is established based on restricted donations to further our work outside the U.K.

Credit balances on individual grant funds represent amounts where income has been recognised upon receipt and expenditure will be incurred in future periods. Debit balances represent amounts where donors make settlement for grant expenditure in arrears, and such amounts have or are to be received in future periods.

Transfers to restricted funds represent support from unrestricted funds to programmes where restricted funding has not been sufficient to deliver programme initiatives. Transfers from restricted funds represents support for unrestricted funding following completion of programme activities and reporting requirements.

17 Reconciliation of net expenditure to net cash flow from operating activities

	2022 £	2021 £
Net expenditure for the reporting period (as per the statement of financial activities)	(23,989)	(40,851)
Depreciation charges	34,584	31,589
Increase in stocks	(492)	(687)
Decrease/(increase) in debtors	38,183	(42,097)
Decrease in creditors	(219,256)	(7,586)
Net cash provided by / (used in) operating activities	(170,970)	(59,631)

18 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

19 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property 2022 £	2021 £	Equipment 2022 £	2021 £
Less than one year	29,296	29,296	3,267	3,267
One to five years	17,089	46,385	–	–
	46,385	75,681	3,267	3,267

20 Controlling party

There is no single ultimate controlling party.

Accounts



Doctors of the World UK
Report and Financial Statements

For the year ended 31 December 2021

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Welcome from the president

We are all busy, we have our own lives and priorities, and it is sometimes easier not to listen, to block out and even to deny the reality of the circumstances and challenges faced by many people living in our country. As a doctor I find it very hard to accept that people would choose not to go to a health care worker when they, their families, their children are sick, for fear of consequences of what I or my colleagues would do or report or 'the system' would facilitate. It is hard to appreciate the reality for people who have experienced hardships beyond that which most people could relate, and then who feel that they are not just unwelcome, but targeted. Denial of medical treatment to someone with health need is not something that any doctor could countenance. Being presented with a bill for medical care well beyond what you can afford. Living in fear of being reported by your midwife by attending antenatal care. Surely this does not happen in the UK these days? It is easier not to listen.

I am proud that Doctors of the World and our Médecins du Monde network choose to listen and to act to support vulnerable people in the UK and abroad to access healthcare.

2021 was a year where the wider impacts of the COVID-19 pandemic hit home; unsurprisingly this was disproportionate with the most vulnerable in our society most affected with exacerbation of barriers to healthcare and information, and social exclusion. The political landscape altered with changes to immigration policy and UK overseas aid creating a more challenging context both for people living in already very difficult circumstances and organisations seeking to support them. Doctors of the World stepped up. We adapted our operating model to continue to provide healthcare services and medical and social consultations. We adopted innovations, for example, to ensure provision of prescriptions and clinical consultations. We provided practical support and facilitated access to healthcare and integration into the health system. Our COVID-19 guidance and translated material was downloaded over 85,000 times and has become a key tool in the UK pandemic response. Our COVID advocacy projects mobilised organisations and influenced policy. Our mobile clinic work expanded to better serve the most vulnerable groups including rough sleepers and people seeking asylum stuck in initial home office accommodation and military barracks sites without proper access to healthcare.

Meanwhile, our Safe Surgeries initiative, further expanded and has been endorsed by the British Medical Association, the Royal College of General Practitioners and NHS England as key to supporting access to primary care. Through our actions, Doctors of the World has become well recognised in the UK for our expertise in health inequalities and widening access to medical services, providing evidenced-based advice, guidance and comment to government, healthcare commissioners and providers and the media. Médecins du Monde international programmes continued to deliver and adapted to provide COVID-19 specific and health and care provision in nearly 70 countries worldwide. Our programmes deliver in some of the most challenging international contexts including supporting those living in extreme poverty, with acute and chronic health needs, undergoing enforced migration and affected by acute emergencies and natural disasters.

Our organisation is evolving, and we have continued to work to become stronger and more diverse. The work of our National Health Advisors (our Experts by Experience advisory group) is already having impact well beyond our organisation, co-producing best practice documents and policies on lived experience involvement for the charity sector. In 2022 we will continue to evolve to ensure inclusivity within our organisation and network and in the way we work, and seek to influence through example.

I would like to thank our staff and volunteers who are simply incredible. Their drive, their passion for making a difference, allied with their skill and expertise is what make us what we are. A huge thank you also to our supporters – you are our family, and your donations keep us going and drive us to make greater impact and enable us to do what we need to do.

With our supporters and partners, we will continue to serve those who need us and fight for universal and equitable access to healthcare as a fundamental human right.

Thank you for reading this report and for all your support!



Dr James Elston
President

Trustees' report

The trustees present their report together with the audited financial statements for the year ended 31 December 2021.

Reference and administrative details

Charity name: Doctors of the World UK

The company changed its name from Médecins du Monde UK on 26 April 2010.

Company registration number: 3483008

Charity registration number: 1067406

Board of trustees / directors

The following individuals are the trustees, also directors, who served during the year and who continue to serve:

Dr. Tim Dudderidge

President until 10th September 2020

Dr. James Elston

Appointed 24th July 2019

President from 11th September 2020

Elaine Connor

Treasurer

Resigned 5th May 2022

Julia McDonald

Treasurer

Appointed 6th May 2022

Dr. Hannah Theodorou

Joint Vice President

Dr. Lisa Harrod-Rothwell

Joint Vice President

Dr. Peter Gough

Karl Shuker

Avril Lee

Colin Herrman

Appointed 25th Sept 2021

Philomene Uwamaliya

Appointed 4th Feb 2022

Noun Gigir

Appointed 4th Feb 2022

Registered office

29th Floor
One Canada Square
London E14 5AA

www.doctorsoftheworld.org.uk

Auditor

Sayer Vincent LLP
Invicta House, 108–114 Golden Lane
London, EC1Y 0TL

Bank

Lloyds Bank
3–5 Whitechapel Road
London E1 1DU

What we do and why we do it

Doctors of the World UK is part of the international Médecins du Monde network. We work at home and abroad to empower excluded people and marginalised communities to claim their right to health while fighting for universal access to healthcare. In 2021, the network delivered 417 innovative medical programmes and evidence-based advocacy initiatives to improve access to healthcare in 74 countries.

Our expert staff and volunteers find and treat vulnerable people around the world – and they won't rest until everyone everywhere gets the healthcare they need. Our vision is of a world where barriers to health have been overcome, where health is acknowledged as a fundamental right.

Our four priority areas are:

People in crisis

We provide life-saving humanitarian healthcare in times of war and natural disasters.

People in vulnerable situations

This includes advocating for the right to health, in terms of both physical and mental health, across Europe for migrants, people experiencing homelessness, Gypsies and Travellers.

People at risk of harm

This especially refers to those at risk from HIV or hepatitis C, such as drug users and sex workers.

Women and girls

We believe strongly in the right to sexual and reproductive health, and work to empower women and girls around the world to access sexual and reproductive health services.

In the UK, Doctors of the World runs clinics in London, a national advice line, outreach programmes and a policy and advocacy programme. At these volunteer-staffed clinics, we work with marginalised people such as people seeking asylum, survivors of trafficking, undocumented people, sex workers and people with no fixed address by providing medical care, information and practical support.

Since opening in 1998, Doctors of the World has directly helped more than 21,500 people in the UK.

What we
achieved
in 2021



COVID-19 global response

Since its inception, Médecins du Monde has been responding to disease outbreaks in low-income countries around the world.

From the Ebola crises in Sierra Leone and the Democratic Republic of Congo, to plague in Madagascar and cholera outbreaks in Haiti, Angola and Mozambique, our expert staff and volunteers have been on the ground working to limit the spread of disease and its impact on vulnerable populations.

When the COVID-19 pandemic struck, the network's 17 chapters, including the UK, were suddenly faced with a deadly disease outbreak on their own doorsteps, as well as restrictions on the movement of people and shortages of medical supplies.

They overcame these challenges to launch programmes to fight COVID-19 in 67 countries, scaling up operations in countries where programmes already existed and identifying new areas of need.

The effects of COVID-19 were felt worldwide but it was the poorest countries that were and continue to be the hardest hit, with factors such as a pre-existing disease burden, conflict, inadequate shelter and sanitation, and political and economic instability contributing to their vulnerability.

Applying decades of experience fighting disease outbreaks, Doctors of the World worked to limit the spread of COVID-19 and reduce its impact on vulnerable populations.

We did this through activities such as health promotion and awareness raising, training local health workers in infection prevention and control, supplying personal protective equipment, running mobile clinics, and providing psychosocial support to health workers and COVID-19 patients.

We were also able to adapt many of our existing health programmes to address COVID-19 impacts and adapted our operating models to continue supporting excluded communities and ensuring access to healthcare.

Our service users

Everyone living in the UK is entitled to free primary care, regardless of immigration status. Yet 84% of the patients we supported in 2021 were not registered with a GP, despite having lived in the UK for six years on average before accessing our services. 46% of people did not understand the NHS system or their rights to access healthcare.

As the pandemic led to job losses, people who were already vulnerable were plunged into further poverty and destitution. Patient data from 2021 shows that 67% of the patients we asked were homeless or staying in temporary accommodation and 84% of those asked were living below the poverty line (65% and 84% respectively in 2020).

Many of our service users (44%) were people with undocumented immigration status, while 46% were people seeking asylum in the UK (a higher proportion than in 2020 in part due to our outreach services into Home Office accommodation sites). Many were too afraid to see a doctor due to fear of immigration enforcement.

The Home Office has long used the NHS to enforce its 'hostile environment' policies. Stricter policies have been introduced in hospitals that require them to report unpaid bills and patient information for immigration purposes as part of the NHS charging regime. NHS bodies and doctors themselves have also been requested to share migrant patients' private data.

People we serve are routinely dissuaded from accessing vital care due to Home Office encroachment into the health service. Moreover, very ill people have told us that they have been wrongly denied vital treatment for serious conditions such as cancer and heart disease under the current charging regulations, which are complex and often poorly applied. Worryingly, we have heard some pregnant migrant women avoided antenatal care altogether due to fear of high healthcare bills and immigration enforcement.

How we responded

In the clinic, on outreach and through remote consultations, our volunteer doctors and nurses provide consultations and prescriptions for our patients, while caseworkers help them to register with a GP so that they have ongoing access to a doctor. We offer an additional service specifically for women and children, who often face significant barriers to healthcare.

In 2021, we supported more than 900 people through 799 social consultations and 236 medical consultations.¹ The COVID-19 pandemic presented many challenges, but we were able to quickly and safely adapt our services to provide medical care, information, and practical support to people in vulnerable circumstances across the UK.

Working remotely, the advice line team answered 1,325 calls and arranged remote consultations with our doctors, who provided 149 prescriptions free of charge to our service users. Our Safe Surgeries network expanded, reaching over 750 practices across 55 cities and towns, and we continued to advocate for equitable access to healthcare for everyone living in the UK. We also provided outreach to excluded groups in London and launched a pilot project in Birmingham.

Our staff and volunteers also spend many hours persuading people who are very sick or heavily pregnant that the risk of not accessing the healthcare they need outweighs their fears of the hostile environment. It routinely causes great distress to people who are already in a vulnerable situation

¹ Due to changes in our consent process, this data is based on those who provided consent for their data to be included in reports

East London clinic

The East London Clinic is at the heart of what we do in the UK. At the end of March 2020, as the UK went into lockdown due to COVID-19, we temporarily closed the clinic and put the necessary measures in place to begin delivering our services remotely through telephone and video consultations. Our East London clinic reopened in July 2021 initially in a limited capacity due to continuing COVID-19 precautions, prioritising supporting those in the most vulnerable circumstances with face-to-face consultations, alongside our remote services. Meeting the specific needs of our service users and ensuring their safety, along with the safety of our volunteers and staff, has remained at the centre of our operations as our response to COVID-19 continued in 2021.

Despite the many challenges the pandemic presented, we were able to adapt our clinic services quickly and safely to remotely support 900 people through 799 social consultations and 266 medical consultations in 2021. A partnership with Zavamed Healthcare meant service users who had a remote consultation received prescriptions delivered to their home free of charge in lieu of existing arrangements for service users who were seen face to face in clinic.

Advice line

After moving to a remote service in March 2020, our advice line and casework service continued to operate five days a week. Volunteers manning the remote advice line answered 1325 calls in 2021.

The advice line team provides support and expert advice to patients and allied organisations with healthcare access issues. They also spend a considerable amount of time carrying out follow up advocacy for people who are struggling to access the NHS and other services and who, for various reasons, may find it difficult to advocate for themselves.

COVID-19 pandemic response

As well as providing medical care, advice, and practical support remotely, our doctors, nurses and caseworkers screened patients for COVID-19, offered information on government guidance in the service user's language, and explained how to access COVID-19 services through the NHS. Advice line data for 2021 shows 14 callers were experiencing symptoms of COVID-19.

Women and children's project

Doctors of the World's female service users are among the most marginalised women in the country and our Women and Children's Project supports hundreds of women and their families each year. In 2021, 42% of our 900 service users were women. 71% of the pregnant women we worked with had not accessed antenatal care before contacting Doctors of the World. Our staff and volunteers provide vital services to these patients, including health assessments, STI screenings, and information and advice on accessing NHS services.

They also spend time advising pregnant women about NHS charges for antenatal care and signpost them to organisations that can help them to negotiate a payment plan. For those who are ineligible for free NHS care, it costs around £7,000 for a package of antenatal care and delivery in an uncomplicated pregnancy.

The NHS charging regime makes the situation very complex for women in vulnerable circumstances, who might struggle financially and have often survived traumatic experiences at home and in the UK. We therefore work to reassure and support them to access antenatal care, in the best interests of themselves and their child. There are also several circumstances in which a woman may be eligible for free NHS care which they may not be aware of themselves, in which case Doctors of the World provide advice and advocacy where appropriate.

In 2021, we also supported 130 children aged between 0 and 18 years. We try to ensure the children are safe and are adequately cared for. We help their families to register with a GP and support them to participate in the UK's childhood immunisation programme by signposting and providing information about the process, as well as screening for safeguarding and support needs within families, linking them with other social support services and networks.

During our outreach to Home Office accommodation sites, we identified safeguarding needs of newly arrived asylum seekers who were unaccompanied minors with age disputes and worked with local councils and the wider migrant sector to coordinate a response and investigate the issue with the Home Office.

Outreach services

In 2021, we continued to deliver outreach services including delivering COVID-19 vaccinations in London, and our outreach in hotels accommodating people seeking asylum delivering initial health assessments as well as supporting GP registration. We also continued working with rough sleepers in the City of London, supporting their access to primary healthcare and screening for acute medical needs. We concluded our pilot outreach service in Birmingham in April 2021, having supported 30 people to access healthcare during the project period. Due to the restrictions posed by the COVID-19 pandemic, services were mostly delivered remotely. We continued to provide HIV and STI screening in our clinics, and via outreach services.

New projects

In May 2021, we published a report summarising the extreme unmet health and service needs of sex workers in East London, based on rapid assessment incorporating qualitative (e.g., semi-structured interviews) and quantitative approaches conducted at the height of the pandemic.

We also ran a 12-month project supporting people from the Gypsy, Roma, Traveller, Boater and Showmen communities, a new population for Doctors of the World UK, with extremely high levels of unmet healthcare needs. This project launched in February 2022.

Advocacy work

COVID-19 response

In December 2020 we launched our new COVID-19 Advocacy Project. The project had three key objectives:

- Identify gaps in vaccine roll out policy and implementation, and propose workable solution
- Represent migrant communities and sector with a stake in vaccine roll out
- Provide tailored COVID-19 information for migrant communities

Through the project we secured key clarifications and changes to the vaccination rollout in the UK to make it more inclusive for everyone living in our community. This included clarification on the workings of the National Booking System, NHS England made its "Find a walk-in coronavirus (COVID-19) vaccination site" webpage permanent and UK Health Security Agency (previously Public Health England) clarifying the circumstances in which data is shared with other government authorities as well as the non-chargeable status of the booster jabs.

The translated resources were downloaded over 85,000 times since the beginning of the pandemic, with over 10,000 of those since the beginning of the vaccine project from a purposely-built website that since its launch in August, the Hub has been viewed 21,000 times.

Safe Surgeries

In 2021 our network of Safe Surgeries continued to expand across the country reaching 636 GP practises by the end of the year. Alongside this, the Initiative has also been endorsed by the British Medical Association, the Royal College of GP and promoted by NHS England as one key solution to support GP registration in our patient groups during the pandemic.

Challenging the hostile environment

As part of our work challenging the hostile environment in healthcare, we commissioned a report by the Institute of Public Policy Research (IPPR) that proposes simple and workable reforms to migrant healthcare policy that would improve access to all NHS services for everyone living in the UK.

The report proposes changing the current policy so that everyone who is living in the UK, regardless of their immigration status, is eligible for free secondary healthcare. This means when seeking medical care, a person would no longer need to arbitrarily prove their immigration status.

Collaborative work

Amongst the 40 media pieces we secured during the Vaccine Advocacy Project, the most high profile one was the joint investigation by the Bureau of Investigative Journalism, The Independent² and Channel 4. This gave us the opportunity of launching a 'Write to your MP' action as part of the Hands Up for Our Health Coalition, of which Doctors of the World is a key founder and convener. The action called on MPs to improve access to vaccines in their constituency resulted in 1,094 letters sent to MPs.

² <https://www.independent.co.uk/news/uk/home-news/undocumented-vaccine-covid-nhs-migrants-uk-b1882555.html>

Our organisation

Board of Trustees

The capacity and expertise of our Board of Trustees was expanded with the addition of four new board members who brought expertise in the legal field, lived in experience and the medical profession.

Strategic Plan 2020–2022

In 2020, we started working towards the aims and objectives of the Strategic Plan 2020–2022. The plan was developed in 2019 in collaboration with staff, trustees, and volunteers, and sets clear goals for the coming years.

Despite the uncertainty created by the COVID–19 pandemic, the plan remained relevant throughout 2020 and we made good progress towards the objectives. For example, we achieved our target for unrestricted funding in September – three months earlier than forecast – a good step towards achieving our objective of financial independence.

Remote working

The safety of our staff, volunteers and patients is paramount. In March 2020, following the arrival of COVID–19, we reviewed and re–orientated our work practice and service provision, supporting staff and volunteers to adopt remote working practices. We also welcomed new staff and volunteers, who were provided with office equipment and onboarded remotely.

We provided information on financial assistance for remote working and regularly consulted with staff and volunteers on their needs and preferences for a future return to the office. When COVID–19 restrictions permitted, we reopened the East London clinic with a revised operating model, and robust infection control measures on resuming face to face care, while also organising regular online meet ups to promote staff wellbeing.

Co-production with experts by experience

In 2021, we continued implementing and developing our co-production project in partnership with our expert by experience advisory group, the National Health Advisors (NHA), to ensure refugees and migrants have greater influence over Doctors of the World's work. Throughout 2021, the NHA group worked in partnership with DOTW UK to collectively deliver the organisation's mission, including:

- Contributing to the inclusive recruitment of two trustees with lived experience and health exclusion onto the DotW Board (joined 2022)
- Delivering 9 training sessions to migrant groups on access to healthcare and vaccine confidence
- Attending NHS workshops to contribute to the Inclusion Health conversations and health inequalities initiatives (Core20PLUS5)
- Giving interviews to NHS Digital to test a new online GP registration platform

- Producing accessible leaflets on how to navigate NHS services for Afghan and Ukrainian arrivals and other migrants
- Supporting media communication for Safe Surgeries
- Advising Healthwatch England in their campaign research work on use of translation and interpretation services when accessing healthcare.
- Becoming peer researchers on a major research project with University College London which aims to evaluate and scale up our clinic services and Safe Surgeries work
- Joining a rally to stand against the new Nationality and Borders Bill to highlight the negative health implications of the proposed changes in the asylum legislation.

Our co-produced resources have reached thousands of people;

- our COVID–19 vaccine guidance was downloaded/ viewed 4800 times
- our GP registration animation and leaflets were downloaded/ viewed more than 2000 times
- COVID–19 vaccine confidence toolkit and videos were downloaded/viewed 1600 times in 2021.

The NHA group continued to work as an equal partner in the project and developed guidance and governance documents to champion co-production within and beyond the Doctors of the World.

Racial and social justice at Doctors of the World UK

In 2020, we carried out a review of diversity and inclusion at Doctors of the World UK, surveying staff and volunteers (including trustees) to better understand the challenges we face in addressing inequalities that exist in the organisation. The survey was completed by 77% of trustees, 100% of Senior Management Team (SMT) staff, 90% of non-SMT staff and 91% of volunteers.

Although we understood that there were areas of the organisation that required significant change to reflect the diversity of the communities we serve, the survey highlighted some issues particularly starkly. It was clear that people who identify as Black, Asian and minority ethnic were underrepresented in Doctors of the World's leadership and disproportionately held lower paid and more insecure roles within the organisation. We recognise that the issues identified in the survey are likely to reflect structural inequality within the organisation, require further exploration and we will prioritise investigation and ensure we address issues and determinants.

Following this initial survey, we established an advisory group to advise on how to take the findings of the survey forward. The group consists of staff, both SMT and non-SMT, volunteers (including trustees) and National Health Advisors, who provide scrutiny and advice on Doctors of the World's progress in achieving organisational goals related to racial and social justice within the organisation.

Doctors of the World's goals are:

- We will hold ourselves to a higher standard than the rest of society when it comes to racial equality and social justice.
- We will challenge structural racism in society, the third sector and our own organisation.
- We will build, retain, and develop a workforce that reflects the diversity of the UK and the people who use our services, from leadership roles to people entering the workforce for the first time.
- Everyone who works or volunteers at Doctors of the World, and those who use Doctors of the World services, will have an equal opportunity to succeed and thrive within the organisation.
- We will be proactive in maintaining a vision of social issues that need challenging.

To live up to our anti-racist values and commitment to racial justice, as an organisation we will make concrete changes to address the inequality that exists within our own organisation, continue to monitor our progress, and strive to do better.

A healthcare worker, likely a nurse or doctor, is shown from the chest up. She is wearing a light blue surgical mask and a matching blue protective gown over a blue t-shirt. On the front of the gown, there is a circular logo with a white cross and the text "DOKTERS VAN DE WERELD" around it. She has dark hair pulled back and is looking towards the left of the frame. In the foreground, a blurred hand is visible, and a bottle of hand sanitizer is partially seen on the right. The background is a blurred clinical setting with a poster on the wall.

What
the future
holds

International

COVID-19

As COVID-19 causes suffering, illness, and death around the world, the Médecins du Monde network's global response to the pandemic will continue. Doctors of the World UK will promote the network's efforts to curb the spread of COVID-19 and to protect the most vulnerable, while building local capacity and calling for universal access to healthcare, including COVID-19 vaccination. Where unmet financial needs arise, we will respond by launching fundraising appeals where necessary.

UK aid cuts

In 2020, the UK Government announced that it would cut aid spending from 0.7% of national income to 0.5% – a reduction of more than £4 billion. The cuts are not split evenly, with some programmes having funding reduced by 85% or more, and affect conflict-ravaged countries such as Syria and Yemen, where the Médecins du Monde network runs health programmes. With the Bond network of non-government organisations working in international development, we will continue to urge the government to reconsider aid cuts and to reinstate the commitment to 0.7% of national income.

Disasters and emergencies

Doctors of the World UK will continue to develop its readiness to respond to disasters and emergencies, in particular by raising funds for Médecins du Monde programmes through digital campaign materials that can be activated at short notice when news of an emergency breaks.

Programmes

We will continue to offer a range of services – via our East London clinic, remotely via our national advice line and via outreach to support the many people living in the UK who find it impossible to access mainstream health services, despite being fully entitled to them.

We will focus on restablising our core services post the COVID-19 pandemic, re-recruiting clinical and non-clinical volunteers to support the reopening our East London clinic to full capacity and re-establishing our face-to-face Women and Children's services. We will also embed our remote clinical consultations – which evolved due to the COVID-19 pandemic – into our core service delivery, so that we are able to provide full social and medical consultations to those unable to reach our clinics going forwards,

As our face-to-face services reopen with more capacity, we will consolidate our new approach to HIV and STI screening in our East London clinic, training staff and volunteers on best practice in offering and supporting screening to overcome misconceptions, enable informed decision making thereby driving uptake. We also intend to begin the process of restoring the provision of key healthcare services delivered in partnership with other organisations at our East London clinic before the pandemic, such as optical services and family planning.

Our outreach services continue to broaden. In 2022 we will be working with rough sleepers in two London boroughs, we will continue to work in Home Office initial accommodation, and we will continue our newly founded work with Gypsy, Roma, Traveller, Boater and Showman communities, learning about the specific healthcare access needs and exclusions experienced by people from these communities, and supporting them to obtain the healthcare they are entitled to.

Expert by Experience work

We will continue to work in partnership with our National Health Advisor group to embed coproduction principles across the organisation. This work will focus both on influencing the policies and practices of decision makers at government level and within the healthcare system and contributing to agenda-setting and decision making within our organisation.

The NHA group will continue to shape services, policy, and campaign activities and engage with migrant communities about their right to health through training sessions and resources.

Policy and advocacy

We will continue to produce translated resources to help ensure migrant communities understand their healthcare rights in the UK and can access essential information on health topics and services in their language.

We will also work to ensure equal access to COVID-19 vaccination through the COVID-19 Vaccine Advocacy Project, drawing on the experiences of our patients and our links with clinicians and migrant and health organisations to influence the UK's vaccination programme and to produce resources for patients, service providers and policymakers.

As demand for our expertise in refugee and migrant healthcare rights grows, we will continue to deliver training and information sessions to key stakeholders, including healthcare professionals and NHS staff. We will expand the Safe Surgeries national network to improve access to healthcare services for excluded groups across the UK. In partnership with NHS England, we have launched an e-learning module that will make our Safe Surgeries training more accessible than ever. We will continue to provide support, resources, and guidance to GP practices and Clinical Commissioning Groups, as well as sharing examples of best practice and reporting on access to GP registration.

Lastly, we will publish testimonies and analysis the experiences of our patients to drive change in key policy areas. We will continue to engage with the government, politicians, and other key stakeholders to reform migrant healthcare policies and ensure that everyone is able to access the healthcare they need.

We will maintain an active role in the Médecins du Monde network, contributing to international policy actions and reports.

Organisational structure

Overview

Doctors of the World UK is a registered charity in England and Wales and part of the Médecins du Monde international network. It is an independent organisation that shares the values and principles of the Médecins du Monde network and benefits from its technical and financial support if needed.

The charity Doctors of the World UK is a company limited by guarantee and governed by its Memorandum and Articles. The directors of the company are also trustees for the purposes of charity law and meet monthly to review the activities and future plans of Doctors of the World UK, and to receive and consider financial updates and forecasts.

The day-to-day management of the organisation is delegated to the Director of Development who is responsible for executing the strategic and operational plans agreed by the trustees.

A Senior Management Team meets weekly. It is responsible for delivery of the organisation's strategy and policies.

Senior Management Team

- Director of Development
- Director of Partnerships and Strategic Projects
- Associate Director of Research
- Head of Policy and Advocacy
- Head of UK Services
- Head of Finance

Trustees

All trustees give their time voluntarily and receive no compensation or benefits from Doctors of the World UK. The trustees are covered by an indemnity insurance policy, which is renewed annually.

Trustees are recruited to ensure a spread of relevant skills across the Board. All trustee roles are advertised with an open and transparent process with interview. Applications are treated equally regardless of their source. The aim is to have a Board that is balanced in terms of diversity and that includes people with the skill sets the charity needs.

These include medical field experience, finance, marketing, fundraising, and legal and compliance skills and experience.

Remuneration policy

The salaries of Doctors of the World UK staff are periodically benchmarked against comparable organisations, including other charities. Doctors of the World UK aims to set salaries equivalent to the median for such organisations. All posts are evaluated based on agreed, organisation-wide criteria that determine the grade and salary for the post, the details of which are available to all staff in the staff handbook.

We aim to recruit, subject to experience, at the lower to medium point within a band, providing scope to be rewarded for excellence. The overall goal of the charity's pay policy is to offer fair pay to attract and keep appropriately qualified staff to lead, manage, support and/or deliver the charity's aims.

Future plans

We review our aims, objectives, and activities each year as part of the budget process. This review looks at what we achieved and the outcomes of our work in the previous 12 months.

The review also looks at the success of each key activity and the benefits they have brought to those groups of people we are set up to help. This enables us to ensure our aims, objectives and activities remain focused and enable us to deliver our strategic objectives.

We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives they have set.

Doctors of the World UK plans to continue the activities outlined above subject to funding.

Volunteers

Our ability to secure essential care for people in vulnerable circumstances depends upon support from volunteers. They are at the heart of our organisation.

In the UK, volunteers staff our clinics, run our advice line and casework services, and help run our administrative office. During the COVID-19 pandemic, our clinical and non-clinical volunteers worked from home to continue to deliver the services people needed. We ensure our team is fully equipped and supported to face the challenges inherent in this kind of work.

During the pandemic, we adapted our training and supervision mechanisms to ensure our volunteers were well supported throughout their work with us.

Overseas, we depend upon the skills, dedication, and determination of a broad range of volunteers to deliver network initiatives. They work hard to coordinate emergency and long-term programmes in conflict and non-conflict settings to ensure that medical care is available to those who need it most.

Fundraising approach

Our volunteers and frontline staff make such a difference to people's lives because of their expertise and empathy. We want all our professional relationships to emulate their warmth and support, and that informs our fundraising approach.

We foster a personable and competent fundraising team, who build strong and enduring relationships with our supporters, so that their support of Doctors of the World UK continues to evolve and goes beyond a one-off event. We stay in regular contact, offering tips on good fundraising, supporting our fundraisers' creative efforts, and keeping them up to date on the difference their time, energy and money makes to the organisation.

We remain committed to using the money from our donors and fundraisers in the wisest and most ethical ways; and are happy that our voluntary income streams deliver a good return on investment. We have made improvements to our online payment systems to ensure giving to Doctors of the World UK online is as easy and rewarding as possible. We do our fundraising inhouse as much as possible, including interacting with donors through our Supporter Service staff.

Throughout the year, we approached companies who could provide paid-for fundraising services. In all cases we completed careful and considered due diligence on the organisations and the amount of time and effort we would need to put in, versus the income we would likely receive.

We worked with a consultant to solicit donations on our behalf by email and a digital mobilisation agency to craft a fundraising campaign. Our policies and approach to fundraising standards are outlined below:

- We are registered with the Fundraising Regulator and are committed to complying with the regulator's Fundraising Promise and the Code of Fundraising Practice.
- We have a policy to protect vulnerable people and we insist on checking the policies of our suppliers as part of any tender process.
- We give our supporters the opportunity to opt out of further contact as part of every approach for a donation.
- When selecting people for an approach by telephone, we screen them against the Telephone Preference Service register.

- All our mailing lists are screened against industry standard bereavement registers and the Mailing Preference Service.
- We screen against the Fundraising Preference Service.
- We do not share or sell data.
- We have business processes in place to enforce intervals between fundraising approaches.
- We monitor the activities of our fundraising agencies by 'mystery shopping', to ensure that our agencies are adhering to standards and also to the approach that we have agreed.
- As well as receiving sample recordings of telephone contacts, we are able to request specific recordings where concerns are raised.

In 2021, we remained registered with the Fundraising Regulator, adhering to their Code of Fundraising Practice. We had no instances of non-compliance with the code during the year. Our Supporter Care team responded to all queries. There were no complaints concerning our fundraising activities. We would take any complaints very seriously and use them to improve both our service and performance for the future.

We also remained members of the Institute of Fundraising and continued to ensure staff are fully trained – and understand their responsibilities – in their respective areas.

Giving to Doctors of the World UK should be a great experience. We have a supporter promise on our website as a set of standards for how we work, and the service our donors and fundraisers can expect from our team. If our donors ever feel we are falling short of our standards, we make it easy for people to contact us and we always take care to put it right.

We ensured our privacy policy was updated in line with the data protection legislation and regulation, and that it was accessible to all on our website. Lastly and most importantly, at the forefront of our minds is that all our work simply would not be possible without our supporters, donors, partners, volunteers, and fundraisers.

Grant making policy

Part of our charitable activity is undertaken by making grants to organisations within the Médecins du Monde network to facilitate their participation in programmes that meet our objectives. The grants are made to successful chapters who fulfil the agreed criteria for each programme and who are best suited to deliver the objectives of the activity.

Financial review and highlights

Overview

Total income for the year was £1,585,073 (2020: £1,750,332), whilst expenditure was £1,625,924 (2020: £1,445,144).

Of these amounts, restricted income during 2021 was £742,831 (2020: £1,034,150) and restricted expenditure was £875,942 (2020: £815,277), the decrease in income reflecting reduction of COVID funding that was received in 2020.

2021 saw the unrestricted fund increase to £264,212 (2020: £177,520) mainly due to the surpluses remaining on project that had closed during the year. The Board of Trustees regularly undertakes an assessment of risks, including financial risks, and ensures that reserves are maintained at a level that will ensure that the organisation's core activities continue. The Board closely monitors the financial performance of the organisation through monthly reviews of financial information, including monitoring performance against the latest Budgetary information.

The sources of income the charity uses have been reliable against forecast. The pandemic led to additional unexpected funding and there has been strong public support for the work we do. The risks presented by COVID-19 remain low but are regularly monitored. Based on the current assumptions underlying the 2022 Budget and the Plan exercises, the Financial Statements have been prepared on a going concern basis.

Reserves policy

The unrestricted reserves at the end of the year under review were £264,212 (2020: £177,520) and restricted reserves were £299,367 (2020: £426,910).

Restricted reserves represent the amount paid by donors to undertake specific programmes, which were recognised in the financial year under review; expenditure relating to this fund will be incurred during 2022. Doctors of the World UK does not carry any designated funds. £238,648 unrestricted reserves are available to meet overheads and/or undertake charitable actions as decided by the trustees and management as well as being invested in fixed assets.

Doctors of the World UK's reserves policy stipulates that our organisation seeks to hold the equivalent to three months' running costs as an unrestricted fund and that reserves are maintained at a level, which will ensure that the organisation's core activity should continue during periods of unforeseen difficulties. At the end of 2021, the unrestricted reserve represented 3.59 months of budgeted costs (2020: 4.06 months).

The Board of Trustees periodically undertakes an assessment of financial risk and re-building the reserves is an ongoing priority, which is being worked towards through investment in fundraising capacity and continual cost monitoring allied with a continued cost saving programme

Risk management

A risk register records the identified risks that Doctors of the World UK is exposed to. It is updated on a regular basis and, where appropriate, systems and procedures have been adopted to mitigate these risks.

Internal controls have been established to ensure that, where possible, expenditure has been properly authorised, and income is properly accounted for and that procedures are in place to ensure compliance with the health and safety of staff, volunteers, service users and visitors.

Risk assessments are carried out continuously by the senior management team and the risk register is reviewed by the Board of Trustees quarterly.

Principal risks and uncertainties	Mitigation
Unrestricted income does not cover overhead costs	Annual budgets set with unrestricted income targets. Progress against target is reported monthly to the board and forecasts are updated quarterly.
	Income and expenditure monitored monthly via management accounts and a 'financial pipeline' meeting, flagging any risks/ opportunities and identifying any corrective measures needed.
	Review and update five-year plan to determine the longer term prospects of the organisation and budget expenditure accordingly.
	Small deficits can be met from existing reserves.
Failure to deliver quality programmes in line with donor requirements	Donor proposals are co-authored and agreed by Doctors of the World UK and the International programmes teams. All grant conditions are shared and agreed by all participating Médecins du Monde network teams before signing.
	Programme level risk registers are maintained and reviewed on a regular basis.
	Doctors of the World UK submits regular reports to donors and updates on any changes. Internal field monitoring visits are included in the planned activities schedule.
	Due diligence and oversight from Doctors of the World UK over all grants implemented in association with other chapters.
Loss of partners/donor trust/ support caused by damage to the organisation reputation	Daily monitoring of media activity.
	Organisational policies in place to ensure best practice governance and media communication protocols.
	Reputational crisis management protocol agreed.
COVID-19 impact on fundraising and operations	Weekly report on income against targets.
	Monthly flash report on financial position.
	COVID-19 to be added to the Risk Register.
	Treasurer informed of fundraising underperformance, if it occurs.

Acknowledgement of support

Donation of rent-free offices

Doctors of the World UK would like to record its thanks for the support of the Canary Wharf Group and its Chair and CEO, Shobi Khan. They have provided the organisation with rent-free office space in the Canary Wharf Estate since 1998 and have committed to do so until June 2024.

Donors and supporters

- Barrow Cadbury Trust
- Canary Wharf Management
- City Bridge Trust
- City and Hackney Clinical Commissioning Group
- City of London Corporation
- Elton John Foundation
- Fast Track Cities
- Greater London Authority
- Imperial College London
- Joseph Rowntree Charitable Trust
- London Catalyst
- London Community Response Fund
- Metro Centre (FTC project)
- Metropolitan Housing Trust Ltd
- NHIR
- NHS England

- Paul Hamlyn Foundation
- Pickwell Foundation
- Refugee Action
- Sam and Bella Sebba Charitable Trust
- The Tolkien Trust
- The AB Charitable Trust
- Tower Hamlets Clinical Commissioning Group
- Trust for London
- University of Birmingham
- University College London
- University College London Hospitals NHS Foundation Trust

We would like to thank all the donors who helped us in 2021 and whose ongoing support makes it possible for us to continue to provide access to healthcare for people in vulnerable situations, both in the UK and internationally.

Statement of trustees' responsibilities

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. The trustees (who are also directors of Doctors of the World UK for the purposes of company law) 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). Company law requires the trustees to prepare financial statements for each financial year, which give a true and fair view of the situation of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

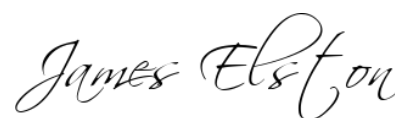
The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware;
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Approval

This report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime. It was approved by the Board of Directors and Trustees on 27th September 2022 and signed on its behalf by:



Dr James Elston
President

Independent Auditor's Report to the members of Doctors of the World UK

Opinion

We have audited the financial statements of Doctors of the World UK (the 'charitable company') for the year ended 31 December 2021 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 December 2021 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Doctors of the World UK's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or

- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance.

The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Noelia Serrano
(Senior statutory auditor)

Date: 28th September 2022

for and on behalf of
Sayer Vincent LLP
Statutory Auditor
Invicta House, 108–114 Golden Lane
LONDON, EC1Y 0TL

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 December 2021

				2021			2020
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	Note	£	£	£	£	£	£
Income from:							
Donations and legacies	2	644,241	22,804	667,045	668,001	54,621	722,622
Charitable activities							
International actions	3	-	156,057	156,057	-	25,947	25,947
National actions	3	177,139	563,970	741,109	47,604	953,582	1,001,186
Other income – desk licence fees		20,862	-	20,862	577	-	577
Total income		<u>842,242</u>	<u>742,831</u>	<u>1,585,073</u>	<u>716,182</u>	<u>1,034,150</u>	<u>1,750,332</u>
Expenditure on:							
Raising funds	4	446,419	-	446,419	466,747	-	466,747
Charitable activities							
International actions	4	22,629	165,513	188,142	21,942	40,833	62,775
National actions	4	257,932	733,431	991,363	141,178	774,444	915,622
Total expenditure		<u>726,980</u>	<u>898,944</u>	<u>1,625,924</u>	<u>629,867</u>	<u>815,277</u>	<u>1,445,144</u>
Net expenditure before transfers	6	115,262	(156,113)	(40,851)	86,315		305,188
Transfers between funds		(28,570)	28,570	-	3,927	(3,927)	-
Net outgoing resources and net movement in funds		<u>86,692</u>	<u>(127,543)</u>	<u>(40,851)</u>	<u>90,242</u>	<u>214,946</u>	<u>305,188</u>
Reconciliation of funds:							
Total funds brought forward		177,520	426,910	604,430	87,278	211,964	299,242
Total funds carried forward		<u>264,212</u>	<u>299,367</u>	<u>563,579</u>	<u>177,520</u>	<u>426,910</u>	<u>604,430</u>

Balance sheet

As at 31 December 2021

Company registration number 3483008

	Note	2021		2020	
		£	£	£	£
Fixed assets:					
Tangible assets	11		112,912		48,008
			112,912		48,008
Current assets:					
Stock	12	2,286		1,599	
Debtors	13	271,251		229,154	
Cash at bank and in hand		510,850		666,975	
		784,387		897,728	
Liabilities:					
Creditors: amounts falling due within one year	14	333,720		341,306	
Net current assets			450,667		556,422
Total net assets	15		563,579		604,430
The funds of the charity:					
Restricted income funds	16		299,367		426,910
Unrestricted income funds	16		264,212		177,520
Total charity funds			563,579		604,430

Approved by the trustees on 27th September 2022 and signed on their behalf by:



Dr James Elston
President

Statement of cash flows

For the year ended 31 December 2021

	Note	2021	2020
		£	£
Cash flows from operating activities			
Net cash (used in) / provided by operating activities	17	(59,631)	276,964
Cash flows from investing activities			
Purchase of fixed assets		(96,494)	(14,015)
Net cash used in investing activities		(96,494)	(14,015)
Change in cash and cash equivalents in the year		(156,125)	262,949
Cash and cash equivalents at the beginning of the year		666,975	404,026
Cash and cash equivalents at the end of the year		510,850	666,975

Notes to the financial statements

For the year ended 31 December 2021

1 Accounting policies

a) General information

Doctors of the World UK is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address is 29th floor, One Canada Square, London E14 5AA.

b) Basis of preparation

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) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

Key judgements that the charitable company has made which have a significant effect on the accounts include the likelihood of renewal of institutional grants.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

f) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably. Income includes associated gift aid tax reclaims.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

g) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated goods, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; an equivalent and corresponding amount is then recognised in expenditure in the period of receipt.

h) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

i) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

j) Expenditure and irrecoverable VAT

Expenditure, including grants made, is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in encouraging third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity:

- Support costs: based on FTE of staff directly involved in the national or international actions
- Governance costs: based on FTE of staff directly involved in the national or international actions

Notes to the financial statements (continued)

For the year ended 31 December 2021

1 Accounting policies (continued)

l) Grants payable

Grants payable are made to third parties in furtherance of the charity's objectives. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

m) Foreign Exchange

Monetary assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the exchange rate prevailing at the date of the transaction. Exchange differences are taken into account in arriving at the net incoming resources for the year.

n) Tangible fixed assets

Purchases are capitalised as fixed assets where the price exceeds £350. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- Computer equipment 4 years
- Fixtures and fittings 5 years
- Motor Vehicle 7 years

Restricted fixed assets are initially recognised within restricted funds. Following completion of the programme the asset and any associated depreciation are derecognised and transferred into unrestricted funds.

o) Stocks

Stocks are stated at the lower of cost and net realisable value. Donated items of stock, held for distribution or resale, are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

p) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

q) Cash in bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of service users.

r) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

s) Pensions

The charity provides staff who have completed their probation period access to a Group Personal Pension scheme with Scottish Widows. For contributing members of staff the charity contributes 6% of salary.

t) Operating Leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the Statement of financial activities on a straight line basis over the minimum lease term.

Notes to the financial statements (continued)

For the year ended 31 December 2021

2a Income from donations and legacies (current year)

	Unrestricted	Restricted	2021 Total
	£	£	£
Functioning grants from Médecins du Monde France	168,652	–	168,652
Other donations and gifts	475,588	22,804	498,392
	<u>644,241</u>	<u>22,804</u>	<u>667,044</u>

2b Income from donations and legacies (prior year)

	Unrestricted	Restricted	2020 Total
	£	£	£
Functioning grants from Médecins du Monde France	191,000	–	191,000
Other donations and gifts	477,001	54,621	531,622
	<u>668,001</u>	<u>54,621</u>	<u>722,622</u>

Other donations and gifts include the provision by Canary Wharf Management of rent free offices to the value of £161,237 (2020: £152,063) and no Digital Support in 2021 (2020: £1,576)

Notes to the financial statements (continued)

For the year ended 31 December 2021

3 Income from charitable activities

	Unrestricted	Restricted	2021 Total	2020 Total
	£	£	£	£
Hackney CCG	-	-	-	37,200
Tampon Tax Project Women's Migrant Hub	-	-	-	22,590
Haringey Council	-	-	-	6,324
Trust for London – Right to Care	-	37,500	37,500	75,250
Trust for London GLA	-	48,557	48,557	-
Tolkien Trust	-	-	-	160,000
Paul Hamlyn Foundation	-	74,300	74,300	67,200
Joseph Roundtree Charitable Trust	-	56,972	56,972	56,440
British Red Cross Society (Children in Need)	-	-	-	12,478
NHS England	-	22,492	22,492	24,288
Big Lottery	-	-	-	63,551
City of London	84,739	-	84,739	70,154
The Metro Centre Ltd and Spectre CIC	-	79,995	79,995	59,996
University College London	-	23,737	23,737	-
North East London CCG	77,400	-	77,400	-
City Bridge Trust	-	65,000	65,000	52,500
Other income from National Actions	15,000	155,418	170,418	293,215
Sub-total for National Actions	177,139	563,970	741,109	1,001,186
MdM Spain – European Union Aid	-	557	557	25,947
Elton John AIDS Foundation – Armenia	-	155,500	155,500	-
Sub-total for International Actions	-	156,057	156,057	25,947
Total income from charitable activities	177,139	720,028	897,167	1,027,133

Other income from National Actions includes the donation of volunteer time and programme expenses for clinic and caseworker activities to the value of £49,756 (2020: £103,178).

Notes to the financial statements (continued)

For the year ended 31 December 2021

4a Analysis of expenditure (current year)

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2021 Total
		International actions	National actions			
	£	£	£	£	£	£
Staff costs (Note 7)	167,992	2,893	528,947	7,023	74,676	781,531
Fundraising and publicity costs	55,187	-	-	-	-	55,187
Direct activity costs	84,830	2,398	161,277	-	-	248,505
Grant funding (Note 5)	-	154,714	-	-	-	154,714
Other costs	17,469	25,713	-	10,283	332,522	385,987
	325,478	185,718	690,224	17,306	407,198	1,625,924
Support costs	113,918	2,424	290,856	-	(407,198)	-
Governance costs	7,023	-	10,283	(17,306)	-	-
Total expenditure 2021	446,419	188,142	991,363	-	-	1,625,924

Of the total expenditure, £749,982 was unrestricted and £875,942 was restricted.

4b Analysis of expenditure (prior year)

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2020 Total
		International actions	National actions			
	£	£	£	£	£	£
Staff costs (Note 7)	181,630	494	426,047	-	78,971	687,142
Fundraising and publicity costs	62,538	-	-	-	-	62,538
Direct activity costs	-	1,053	348,397	-	-	349,450
Grant funding (Note 5)	-	39,286	-	-	-	39,286
Other costs	-	-	-	10,336	296,392	306,728
	244,168	40,833	774,444	10,336	375,363	1,445,144
Support costs	222,579	21,942	130,842	-	(375,363)	-
Governance costs	-	-	10,336	(10,336)	-	-
Total expenditure 2020	466,747	62,775	915,622	-	-	1,445,144

Of the total expenditure, £629,867 was unrestricted and £815,277 was restricted.

Notes to the financial statements (continued)

For the year ended 31 December 2021

5 Grant making

	Grants to institutions	2021	2020
	£	£	£
Cost			
Médecins du Monde – France	149,714	149,714	29,175
Médecins du Monde – Spain	5,000	5,000	
Médecins du Monde – Belgium	–	–	10,111
At the end of the year	<u>154,714</u>	<u>154,714</u>	<u>39,286</u>

The above grants to other Médecins du Monde chapters reflect the collaborative nature of the implementation of international grants, whereby Doctors of the World UK works with other chapters who fulfil the agreed criteria for each programme and who are best suited to deliver the objectives of the activity.

6 Net expenditure before transfers for the year

This is stated after charging / crediting:

	2021	2020
Depreciation	31,589	22,459
Operating lease rentals:		
Property	21,351	21,351
Equipment	2,076	1,020
Auditor's remuneration (excluding VAT):		
Audit	8,200	7,800
Foreign exchange loss / (gain)	<u>2,128</u>	<u>(3,938)</u>

Notes to the financial statements (continued)

For the year ended 31 December 2021

7. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2021	2020
	£	£
Salaries and wages	693,182	611,168
Social security costs	50,860	45,284
Employer's contribution to defined contribution pension schemes	37,489	30,690
	781,531	687,142

The following number of employees received employee benefits (excluding employer pension costs) during the year between:

	2021	2020
£70,000 – £79,999	–	1
£80,000 – £89,999	1	–

The total employee benefits (including pension contributions) of the key management personnel were £266,440 (2020: £280,721).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2020: £nil). No charity trustee received payment for professional or other services supplied to the charity (2020: £nil)..

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £451 (2020: £268) incurred by 1 (2020: 2) member relating to attendance at MDM Network Meeting.

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2021	2020
	No.	No.
International actions	0.1	0.5
National actions	18.0	17.7
Fundraising and Communications	4.9	3.5
Office management and admin	5.0	3.0
Total headcount	28.0	24.7

Notes to the financial statements (continued)

For the year ended 31 December 2021

9 Related party transactions

Médecins du Monde France are considered to be a related party due to its right to appoint a trustee to the Board. However, that appointee has no power to exercise any more control or influence than any other trustee.

	Grants paid	Grants Received	Other paid/ (received) net	Balance payable at year end	Balance receivable at year end
	£	£	£	£	£
Médecins du Monde – France	149,714	168,652	–	173,620	84,395

10 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

11 Tangible fixed assets

	Fixtures and fittings	Computer equipment	Motor Vehicle	Total
	£	£	£	£
Cost or valuation				
At the start of the year	76,897	41,374	69,947	188,217
Additions in year	22,472	7,827	66,195	96,494
Disposals in year	–	–	–	–
At the end of the year	99,369	49,200	136,142	284,711
Depreciation				
At the start of the year	70,536	27,922	41,752	140,209
Charge for the year	7,697	6,139	17,754	31,589
Disposals in year	–	–	–	–
At the end of the year	78,232	34,061	59,505	171,799
Net book value				
At the end of the year	21,137	15,139	76,636	112,912
At the start of the year	6,361	13,452	28,195	48,008

All of the above assets are used for charitable purposes.

Notes to the financial statements (continued)

For the year ended 31 December 2021

12 Stock

	2021	2020
	£	£
Medical supplies	2,286	1,599
	2,286	1,599

13 Debtors

	2021	2020
	£	£
Other debtors	142,176	89,991
Prepayments	37,170	39,622
Accrued income	91,905	99,541
	271,251	229,154

14 Creditors: amounts falling due within one year

	2021	2020
	£	£
Trade creditors	233,456	222,287
Taxation and social security	17,783	15,855
Other creditors	13,648	29,175
Accruals	68,833	71,342
Pension contributions	–	2,647
	333,720	341,306

15a Analysis of net assets between funds (current year)

	General unrestricted	Restricted	Total funds
	£	£	£
Tangible fixed assets	25,564	87,348	112,912
Net current assets	238,648	212,019	450,667
Net assets at the end of the year	264,212	299,367	563,579

15b Analysis of net assets between funds (prior year)

	General unrestricted	Restricted	Total funds
	£	£	£
Tangible fixed assets	5,024	42,984	48,008
Net current assets	172,496	383,926	556,422
Net assets at the end of the year	177,520	426,910	604,430

16a Movements in funds (current year)

	At the start of the year £	Income & gains £	Expenditure & losses £	Transfers £	At the end of the year £
Restricted funds:					
National actions					
London Clinics					
Volunteer donations in kind	-	42,156	(42,156)	-	-
Other restricted donations and grants	44	68,997	(67,649)	-	1,392
Young Refugees Health & Welfare					
British Red Cross Society	7,403	-	(7,048)	-	355
Clinic move to Stratford					
Other restricted donations	46,766	-	(42,946)	-	3,820
Right to Care Project					
Trust for London	55,198	111,257	(117,607)	-	48,848
Mobile Clinic – Outreach					
Other restricted donations and grants	82,566	85,867	(136,482)	-	31,952
Volunteer donations in kind	-	7,600	(7,600)	-	-
Mobile Clinic – Vehicle					
Help Refugees	13,249	-	668	-	13,917
Other restricted Donations	-	20,000	-	-	20,000
MdM Network Observatory Report					
MdM USA – Open Society Foundation	2,861	-	(2,861)	-	-
Safer Surgeries Project					
Paul Hamlyn Foundation	56,556	44,300	(59,899)	-	40,957
Clinical Commissioning Groups	1,502	16,560	(4,863)	-	13,199
Joseph Roundtree Charitable Trust	(3,497)	36,972	(26,989)	-	6,487
Policy & Advocacy – General	3,301	30,564	(22,183)	-	11,682
Tolkien	108,404	-	(44,169)	-	64,235
Other restricted donations	55,200	122,502	(151,648)	-	26,054
International actions					
Gaza Appeal	(23,002)	-	-	23,002	-
Yemen	9,944	-	-	-	9,944
MDM France	449	-	-	-	449
EU Aid Projects	(20,701)	-	15,133	5,568	-
Mozambique Appeal	284	-	(284)	-	-
Refugee Appeals	20	557	(577)	-	-
East Africa Famine Appeal	(46)	-	46	-	-
Global Clinic Crowdfunder	7,733	-	(1,656)	-	6,077
Elton John AIDS Foundation – Armenia	-	155,500	(155,500)	-	-
Other restricted donations	22,675	-	(22,675)	-	-
Total restricted funds	<u>426,910</u>	<u>742,831</u>	<u>(898,944)</u>	<u>28,570</u>	<u>299,367</u>
Unrestricted funds:					
General funds	<u>177,520</u>	<u>842,242</u>	<u>(726,980)</u>	<u>(28,570)</u>	<u>264,212</u>
Total unrestricted funds	<u>177,520</u>	<u>842,242</u>	<u>(749,982)</u>	<u>(28,570)</u>	<u>264,212</u>
Total funds	<u>604,430</u>	<u>1,585,074</u>	<u>(1,625,924)</u>	<u>-</u>	<u>563,579</u>

16b Movements in funds (prior year)

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£	£	£	£	£
Restricted funds:					
National actions					
London Clinics					
Volunteer donations in kind	–	103,178	(103,178)	–	–
Other restricted donations and grants	44	–	–	–	44
Young Refugees Health & Welfare					
British Red Cross Society	19,366	12,478	(24,441)	–	7,403
Clinic move to Stratford					
Other restricted donations	8,455	249,495	(211,184)	–	46,766
Right to Care Project					
Trust for London	26,047	75,250	(46,099)	–	55,198
Mobile Clinic – Outreach					
Other restricted donations and grants	637	141,178	(59,249)	–	82,566
Volunteer donations in kind	–	–	–	–	–
Mobile Clinic – Vehicle					
Help Refugees	22,527	–	(9,278)	–	13,249
MdM Network Observatory Report					
MdM USA – Open Society Foundation	2,861	–	–	–	2,861
Safer Surgeries Project					
Paul Hamlyn Foundation	56,139	67,200	(66,783)	–	56,556
Clinical Commissioning Groups	18,178	–	(16,676)	–	1,502
Joseph Roundtree Charitable Trust	11,502	18,486	(33,485)	–	(3,497)
Policy & Advocacy – General	18,002	99,869	(114,570)	–	3,301
Tolkien	–	130,000	(21,596)	–	108,404
Other restricted donations	437	126,191	(67,501)	(3,927)	55,200
International actions					
Gaza Appeal	–	–	(23,002)	–	(23,002)
Ebola Appeal	8,311	–	(8,311)	–	–
EU Aid Projects	(27,018)	10,825	(4,508)	–	(20,701)
Mozambique Appeal	284	–	–	–	284
Refugee Appeals	1,814	–	(1,794)	–	20
East Africa Famine Appeal	274	–	(320)	–	(46)
Global Clinic Crowdfunder	10,631	–	(2,898)	–	7,733
Other restricted donations	33,473	–	(404)	–	33,069
Total restricted funds	211,964	1,034,150	(815,277)	(3,927)	426,910
Unrestricted funds:					
General funds	87,278	716,182	(629,867)	3,927	177,520
Total unrestricted funds	87,278	716,182	(629,867)	3,927	177,520
Total funds	299,242	1,750,332	(1,445,144)	–	604,430

Notes to the financial statements (continued)

For the year ended 31 December 2021

16c Purposes of restricted funds in current year and prior year

National actions

The fund for National actions is established based on restricted donations to further our work in the UK, primarily in support of our UK clinics and other national programmes.

International actions

The fund for International actions is established based on restricted donations to further our work outside the UK.

Credit balances on individual grant funds represent amounts where income has been recognised upon receipt and expenditure will be incurred in future periods. Debit balances represent amounts where donors make settlement for grant expenditure in arrears, and such amounts have or are to be received in future periods.

Transfers to restricted funds represent support from unrestricted funds to programmes where restricted funding has not been sufficient to deliver programme initiatives. Transfers from restricted funds represents support for unrestricted funding following completion of programme activities and reporting requirements.

17 Reconciliation of net (expenditure) / income to net cash flow from operating activities

	2021	2020
	£	£
Net expenditure for the reporting period (as per the statement of financial activities)	(40,851)	305,188
Depreciation charges	31,589	22,459
Increase in stocks	(687)	653
Increase in debtors	(42,097)	(45,769)
Decrease in creditors	(7,586)	(5,567)
Net cash used in operating activities	(59,631)	276,964

18 Legal status of the charity

The charity is a company limited by guarantee and has no share capital.
The liability of each member in the event of winding up is limited to £1.

19 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property		Equipment	
	2021	2020	2021	2020
	£	£	£	£
Less than one year	29,296	30,000	3,267	2,094
One to five years	46,385	77,500	–	885
	75,681	107,500	3,267	2,979

20 Controlling party

There is no single ultimate controlling party.



DOCTORS OF THE WORLD UK

A registered charity and company Limited by Guarantee
Company number: 3483008 • Charity number: 1067406

Accounts



Doctors of the World UK Report and Financial Statements

For the year ended 31 December 2020

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Trustees' report

The trustees present their report together with the audited financial statements for the year ended 31 December 2020.

Reference and administrative details

Charity name: Doctors of the World UK

The company changed its name from Médecins du Monde UK on 26 April 2010

Company Registration number: 3483008

Charity Registration number: 1067406

Board of trustees / directors

The following individuals are the trustees, also directors, who served during the year and who continue to serve:

Dr. Tim Dudderidge

President until 10th September 2020

Dr. James Elston

Appointed 24th July 2019

President from 11th September 2020

Dr. Serge Lipski (Vice President)

Resigned 5th March 2020

Elaine Connor

Treasurer

Dr. Hannah Theodorou

Joint Vice President

Dr. Lisa Harrod-Rothwell

Joint Vice President

Dr. Peter Gough

Jill Whitehouse

Resigned 25th September 2020

Karl Shuker

Avril Lee

Registered office

6th Floor
One Canada Square
London E14 5AA

www.doctorsoftheworld.org.uk

Auditor

Sayer Vincent LLP
Invicta House
108 – 114 Golden Lane
London EC1Y 0TL

Bank

Lloyds Bank
3–5 Whitechapel Road
London E1 1DU

What we do and why we do it

Doctors of the World UK is part of the Médecins du Monde international network. We work at home and abroad to empower excluded people and marginalised communities to claim their right to health while fighting for universal access to healthcare. In 2020, the network delivered 330 innovative medical programmes and evidence-based advocacy initiatives to improve access to healthcare for almost six million people in 74 countries.

Our expert staff and volunteers find and treat vulnerable people around the world – and they won't rest until everyone everywhere gets the healthcare they need. Our vision is of a world where barriers to health have been overcome, where health is acknowledged as a fundamental right.

Our four priority areas are:

People in crisis

We provide life-saving humanitarian healthcare in times of war and natural disasters.

People in vulnerable situations

This includes advocating for the right to health, in terms of both physical and mental health, across Europe for migrants, people experiencing homelessness, Gypsies and Travellers.

People at risk of harm

This especially refers to those at risk from HIV or hepatitis C, such as drug users and sex workers.

Women and girls

We believe strongly in the right to sexual and reproductive health, and work to empower women and girls around the world to access sexual and reproductive health services.

In the UK, Doctors of the World runs clinics in London and a national advice line and policy and advocacy programme. At the volunteer-staffed clinics, we help marginalised people such as asylum seekers, survivors of trafficking, undocumented migrants, sex workers and people with no fixed address by providing medical care, information and practical support.

Since opening in 1998, Doctors of the World has directly helped more than 21,500 people in the UK.

What we
achieved
in 2020



In 2020, we launched an emergency appeal to support the network's global response to the COVID-19 pandemic in 67 countries. Crises didn't stop for COVID-19 and in some countries Doctors of the World was responding to multiple medical and humanitarian emergencies.

In addition to supporting the network's efforts to curb the spread of COVID-19, Doctors of the World UK also fundraised for people affected by the deadly explosion in Beirut, Lebanon, and the fires in Moria refugee camp on the Greek island of Lesbos. These events left thousands of vulnerable men, women and children in need of medical and humanitarian assistance and at greater risk of COVID-19.

COVID-19 global response

Since its inception, Doctors of the World has been responding to disease outbreaks in low-income countries around the world.

From the Ebola crises in Sierra Leone and the Democratic Republic of Congo, to plague in Madagascar and cholera outbreaks in Haiti, Angola and Mozambique, our expert staff and volunteers have been on the ground working to limit the spread of disease and its impact on vulnerable populations.

When the COVID-19 pandemic struck, the network's 16 chapters, including the UK, were suddenly faced with a deadly disease outbreak on their own doorsteps, as well as restrictions on the movement of people and shortages of medical supplies.

They overcame these challenges to launch programmes to fight COVID-19 in 67 countries, scaling up operations in countries where programmes already existed and identifying new areas of need.

The effects of COVID-19 were felt worldwide but it was the poorest countries that were and continue to be the hardest hit, with factors such as a pre-existing disease burden, conflict, inadequate shelter and sanitation, and political and economic instability contributing to their vulnerability.

Applying decades of experience fighting disease outbreaks, Doctors of the World worked to limit the spread of COVID-19 and reduce its impact on vulnerable populations.

We did this through activities such as health promotion and awareness raising, training local health workers in infection prevention and control, supplying personal protective equipment (PPE), running mobile clinics, and providing psychosocial support to health workers and COVID-19 patients.

We were also able to adapt many of our existing health programmes to COVID-19, to continue supporting excluded communities and ensuring access to healthcare.

Our generous supporters donated £78,173.44 to global efforts to tackle the pandemic.

Beirut explosion

On 4 August 2020, a huge explosion ripped through Lebanon's capital, Beirut. In a matter of seconds, a large part of the city was destroyed and hundreds of thousands of people were left without shelter and in dire need of humanitarian assistance.

Doctors of the World has been working in Lebanon since 1990 and was among the first humanitarian actors on the ground in the aftermath of the Beirut explosion, which killed over 200 people and injured thousands more. Our initial response was focused on helping people process the trauma of the explosion and the years of conflict and instability that have plagued Lebanon. Doctors of the World teams visited homes and streets in Karantina, one of the most deprived and worst affected areas, to provide psychological first aid to victims and later mental health and psychosocial support.

From August to December, they delivered 942 consultations, psychoeducation sessions, and family interventions and supported 282 men, women and children. They also ran 163 awareness sessions and 16 support groups, which reached over 500 people.

Drug and medical supply warehouses were badly damaged in the blast. In addition to the on the ground response, Doctors of the World sent two emergency health kits to Lebanon, each kit containing medicines, disposables and equipment to meet the needs of 10,000 people for three months. These were distributed through the Ministry of Public Health to 75 health facilities throughout Lebanon.

Doctors of the World UK launched an emergency appeal to support the network's response to the Beirut explosion, raising £16,438.

Moria fires

On 9 September 2020, a fire broke out at world's largest refugee camp, Moria, on the Greek island of Lesbos. The blaze destroyed the camp and left more than 12,000 men, women and children without shelter and in dire need of medical and humanitarian assistance.

Doctors of the World has been working on Lesbos since 2011, running healthcare programmes at Kara Tepe camp, the overflow site for Moria.

In the immediate aftermath of the fire, our staff were on the ground assessing the damage and needs of those affected to provide urgent medical care and humanitarian aid, while the team in Athens prepared emergency shipments of medicines, medical consumables and non-food items, such as tents, sleeping bags, COVID-19 protective equipment and hygiene kits.

In the weeks and months after the blaze, Doctors of the World continued to ensure access to healthcare for the thousands of vulnerable migrants and refugees on Lesbos. This included setting up medical mobile units at the new refugee camp built to house those displaced by the fires. Through these mobile units, we provided:

- Primary healthcare, including sexual and reproductive healthcare, with pregnant women among those displaced by the fires at Moria camp.
- Infection prevention and control, distributing PPE to health workers and other staff, and hygiene kits with reusable masks to refugees and migrants to stop the spread of COVID-19.
- Mental health and psychosocial support, including psychological first aid.
- Non-food items distributions, including dignity kits for women, which contain essentials like sanitary napkins, soap and toothbrushes.

Similar to the Beirut explosion, Doctors of the World UK launched an emergency appeal to support those affected by the Moria fires, raising £21,494.26.

In 2020, we supported 1,098 people through 1,002 social consultations and 492 medical consultations. The COVID-19 pandemic presented many challenges, but we were able to quickly and safely adapt our services to provide medical care, information and practical support to people in vulnerable circumstances across the UK.

Working remotely, the advice line team answered 1,279 calls and arranged remote consultations with our doctors, who provided 149 prescriptions. Our Safe Surgeries network expanded, reaching over 380 practices across 55 cities and towns, and we continued to advocate for equitable access to healthcare for everyone living in the UK. We also provided outreach to excluded groups in London and launched a pilot project in Birmingham.

Everyone living in the UK is entitled to free primary care, regardless of immigration status. Yet 77% of the patients we supported in 2020 were not registered with a GP, despite having lived in the UK for nine years on average before accessing our services.

As the pandemic led to job losses, people who were already vulnerable were plunged into further poverty and destitution. Patient data from 2020 shows that 65% of our patients were homeless or staying in temporary accommodation and 84% were living below the poverty line, compared with 29% and 70% in 2019, respectively.

The majority of our patients (69%) were undocumented migrants, while 20% were people seeking asylum in the UK. Many were too afraid to see a doctor due to fear of immigration enforcement.

The Home Office has long used the NHS to enforce its hostile environment policies. Stricter policies have been introduced in hospitals that require them to report unpaid bills and patient information for immigration purposes as part of the NHS charging regime. NHS bodies and doctors themselves have also been requested to share migrant patients' private data.

Patients are routinely dissuaded from accessing vital care due to Home Office encroachment into the health service. Moreover, very ill people have been wrongly denied vital treatment for serious conditions such as cancer and heart disease under the current charging regulations, which are complex and often poorly applied. Worryingly, pregnant migrant women have avoided antenatal care altogether due to fear of high healthcare bills and immigration enforcement.

Our staff and volunteers spend many hours persuading people who are very sick or heavily pregnant that the risk of not accessing the healthcare they need outweighs their fears of the hostile environment. It routinely causes great distress to people who are already in a vulnerable situation.

In the clinic, on outreach and through remote consultations, our volunteer doctors and nurses provide consultations and prescriptions for our patients, while caseworkers help them to register with a GP so that they have ongoing access to a doctor. We offer an additional service specifically for women and children, who often face significant barriers to healthcare.

East London clinic

The east London clinic is at the heart of what we do in the UK. At the end of March 2020, as the UK went into lockdown due to COVID-19, we temporarily closed the clinic and put the necessary measures in place to begin remote GP consultations.

Despite the many challenges the pandemic presented, we were able to quickly and safely adapt our clinic services to remotely support 1,098 people through 1,002 social consultations and 492 medical consultations in 2020. We also provided 149 prescriptions.

Meeting the specific needs of our service users and ensuring their safety, along with the safety of our volunteers and staff, remains at the centre of our operations as our response to COVID-19 continues.

In September 2020, we were able to trial reopening the clinic with COVID-19 safety measures in place before further lockdown restrictions came into force and we returned to remote consulting.

Advice line

After moving to a remote service in March 2020, our advice line continued to operate five days a week. Volunteers manning the remote advice line from home answered 1,279 calls.

The advice line team provides support and expert advice to patients and allied organisations with healthcare access issues. They also spend a considerable amount of time carrying out follow up advocacy for people who are struggling to access the NHS and other services and who, for various reasons, may find it difficult to advocate for themselves

COVID-19 pandemic response

As well as providing medical care, advice and practical support remotely, our doctors, nurses and caseworkers screened patients for COVID-19, offered information on government guidance in the service user's language, and explained how to access COVID-19 services through the NHS. Advice line data for 2020 shows 16 callers were experiencing symptoms of COVID-19. Nineteen callers were not aware of the current government guidance.

The clinic and advice line team also helped patients access food as the first lockdown led to job losses and plunged already vulnerable people into further poverty and destitution. In response to the increased number of queries from service users who had lost their jobs and could not buy food, a destitution caseworker role was created to support people to connect with foodbanks and mutual aid groups for emergency food parcels.

Women and children's project

Doctors of the World UK's female patients are among the most marginalised women in country and our Women and Children's Project supports hundreds of women and their families each year. In 2020, nearly half (48%) of our 1,098 service users were women, of whom 118 were pregnant, on average 14 weeks.

Our staff and volunteers provide vital services to these patients, including health assessments, STI screenings, and information and advice on accessing NHS services.

They also spend time informing pregnant women about NHS charges for antenatal care and signpost them to organisations that can help them to negotiate a payment plan. For those who are ineligible for free NHS care, it costs around £7,000 for an uncomplicated pregnancy.

The NHS charging regime makes the situation very complex for women in vulnerable circumstances, who might struggle financially and have often survived traumatic experiences at home and in the UK. We therefore work to reassure and support them to access antenatal care, in the best interests of themselves and their child.

In 2020, we also supported 152 children aged between 0 and 19 years. We try to ensure the children are safe and are adequately cared for. We help their families to register with a GP and support them to participate in the UK's childhood immunisation programme by signposting and providing information about the process.

Young people leaflets and webinars

For the past two years, Doctors of the World UK and the British Red Cross have collaborated on a young people's wellbeing project. The project supports young refugees and unaccompanied asylum-seeking children aged 18 and under to improve their health and wellbeing through increased knowledge, improved confidence, and greater access to health support services.

In 2020, we worked with our partners and project participants to develop a series of educational leaflets on health and wellbeing topics relevant to young people. The leaflets cover healthy living, mental health, the NHS, and sexual health and are available in 21 languages.

(continued overleaf)

The launch of these translated resources was complemented by a series of free webinars on topics of interest relating to the health and wellbeing of young people and featuring experts in these areas, including Doctors of the World UK's volunteers.

Baby boxes

Many of our pregnant service users experience extreme hardship. In 2020, we partnered with PramDepot, an arts-led recycling project, to provide these women with many of the things they need to welcome a baby into their home.

Baby boxes contain high-quality recycled baby clothes and equipment, all packed into a box, which can be used as bed for the baby.

Baby boxes are commonplace in Scandinavian countries, such as Finland, where a government-funded maternity package is available to expectant mothers to give all children, no matter what background they're from, an equal start to life. They are also provided universally in Scotland and supported by the Royal College of Midwives as a way to reduce the risks associated with unsafe co-sleeping.

If a Doctors of the World patient is identified as extremely vulnerable or as having no financial support, they are referred to PramDepot, which arranges delivery of a baby box.

Outreach services

In 2019, we launched the mobile clinic, a purpose-built vehicle that provides everything a GP or nurse might need for primary care consultations, as well as a private space for caseworkers to provide in-depth support to our patients.

When COVID-19 arrived in early 2020 and the van became too risky, our doctors and nurses donned Personal protective equipment (PPE) and hit the streets to deliver weekly medical outreach to people experiencing homelessness in the City of London, on foot. In June, after a successful six-month pilot project, we secured new funding to continue this vital work for another 12 months.

We also ran a four-week pilot project focused on improving access to healthcare for Traveller communities camped in the London Borough of Enfield and started supporting asylum seekers housed in Home Office accommodation, including twice weekly outreach at a hotel in Hackney.

In 2020, we received a generous donation for a second, purpose-built mobile clinic, which was delivered in early 2021.

Initial accommodation

When asylum seekers first arrive in the UK, the Home Office houses them in initial accommodation. Access to healthcare is typically very poor because the Home Office does not require accommodation providers to link residents with health services, meaning asylum seekers, who are often very vulnerable, can go for long periods cut out of the NHS.

Between April 2020 and 2021, the advice line received calls for help from 42 people who were housed at initial accommodation centres and hotels. None had a GP and reported difficulty accessing healthcare, despite being in hotels for several weeks. Clinical concerns raised included mental health needs, regular medications that had run out, including cases of interruption to antiretroviral treatment for HIV, and suspected cancer referrals.

For six months in 2020, we ran clinic sessions at a hotel in London that was being used as temporary initial accommodation, carrying out initial health checks and supporting residents to register with a local GP practice. Of the 170 residents we supported, over 80% had no access to primary care, while more than 70% had received no healthcare since arriving at the hotel.

UK: new projects

Sex workers outreach

In 2019, Doctors of the World UK commissioned research to gain a better understanding of the health and service needs of street sex workers in the London Borough of Newham, following the closure of a long-standing specialist support service.

In October 2020, a researcher and a Doctors of the World UK nurse conducted outreach with women selling sex on the street, to assess how their needs had changed since the COVID-19 pandemic had begun and to offer them an opportunity to engage with Doctors of the World UK's services.

The research was published in May 2021 with a series of recommendations for addressing the extreme unmet physical and mental health needs of street sex workers in Newham.

Birmingham pilot project

In November 2020, Doctors of the World UK launched a pilot project in Birmingham, a city that has a large, established migrant community, with over 22 percent of the population born overseas and more than 40 percent of residents belonging to BAME groups.

This was our first time delivering clinic services outside of London, to a patient group identified as having significant healthcare access issues. Due to the risks and uncertainty posed by COVID-19, the Birmingham clinic was launched remotely and operated on a weekly basis.

Similar to the east London clinic, Birmingham staff and volunteers provided support and expert advice to patients and allied organisations with healthcare access issues. They provided social and medical consultations, prescriptions, GP registration advocacy and advice on accessing other NHS services, such as COVID-19 testing, treatment and vaccination.

Funding for the pilot project will end in April 2021 but further funding is being sought to roll out a long term clinic service in Birmingham.

HIV and STI project

In 2020, Doctors of the World UK launched a project to deliver a new approach to HIV testing and STI screening in east London and via our mobile clinics, as part of efforts by UNAIDS to eliminate HIV transmission in London by 2030.

The project provides patients with information and advice on HIV and STI transmission and treatment, as well as services including HIV point of care testing, STI screening, and initial counselling following a positive test result. It was initially launched as a remote testing service due to COVID-19.

While the remote service was being implemented, patients were supported to access STI home testing kits through NHS services.

Advocacy work

Translated resources

The UK is a multilingual society. In England and Wales, over four million people speak a main language other than English, with 864,000 speaking little to no English.

When the UK first went into lockdown in March 2020, it quickly became clear to Doctors of the World UK that many people didn't have access to information on COVID-19 and the public health measures in place in their language.

We worked with our partners to translate UK-wide coronavirus guidance into over 60 languages. Over the course of the year, these resources were downloaded 57,791 times.

We also joined with 20 local authorities, public health bodies and non-profit organisations to call on the UK government to produce and maintain accessible COVID-19 guidance in languages that reflected our multilingual communities. Since then, we've seen a marked improvement in the availability of government public health information in their languages.

Thanks to our partners and supporters, we've continued to produce new translated resources on a wide range of health topics in a variety of formats and in up to 63 languages.

There were 61,878 downloads of our translated resources in 2020.

Rapid Needs Assessment

In April 2020, Doctors of the World UK carried out a rapid assessment of the circumstances and needs of communities excluded from healthcare services during the COVID-19 pandemic.

Working with service providers and people with lived experience, our researchers looked at the pandemic's effect on a wide range of groups: refugees; people seeking asylum, including unaccompanied asylum-seeking children; undocumented migrants, including survivors of trafficking; people in and recently released from immigration detention; people experiencing homelessness; Gypsy, Roma and Traveller communities; sex workers; and people recently released from prison.

They found COVID-19 and UK control measures had amplified existing inequalities and created additional barriers, further reducing these groups' access to healthcare and services. The key findings of the COVID-19 Rapid Needs Assessment (RNA) were:

- Excluded people are at higher risk of being exposed to the virus because they struggle to access and follow public health advice for reasons including language barriers and their financial and living circumstances.
- Excluded people struggle to see a doctor amid barriers such as digital exclusion and fear and mistrust of NHS services.

- Excluded people are at the sharp end of the pandemic. For example, some are at risk of being evicted from their homes or are already sleeping on the streets.
- Excluded people's mental health is suffering with some having existing mental health problems and many reporting loneliness, increased fear and anxiety, depression and sleeplessness.

The RNA makes twelve recommendations for the UK government, the NHS, local authorities, charities, and health service providers on how to mitigate the impact of COVID-19 on these communities.

COVID-19 vaccine project

At the end of 2020, as the UK's COVID-19 vaccination programme got underway, Doctors of the World UK secured funding for a project that aims to ensure equal access to COVID-19 vaccines.

Under the COVID-19 Vaccine Advocacy Project, we will produce new translated resources to promote uptake of the vaccines and to ensure migrant communities know their rights to healthcare, including vaccination services, in the UK.

We will also play a proactive advocacy and coordination role in the roll-out, drawing on the experience of our patients and our links with clinicians and migrant and health organisations to influence the vaccination programme and ensure everyone in the UK can access vaccines, regardless of immigration status.

Advocacy work: other projects

Safe Surgeries

September 2020 marked two years since the launch of our Safe Surgeries initiative, which aims to remove barriers to GP registration by providing clinical and non-clinical staff with free training, advice, and resources on how to make their practice inclusive and welcoming for everyone.

Safe Surgeries has been endorsed by the Royal College of General Practitioners and the Royal College of Nursing. The initiative gained greater prominence in 2020 as COVID-19 put health and access to healthcare at the forefront of people's minds, while creating new barriers to GP registration as health services moved online and those without the means or ability to access them were cut off from care.

The need to make practices safe places became more urgent than ever amid a government-led push for GP registration to ensure success of the vaccination programme roll out.

The Safe Surgeries team overcame the challenges of the pandemic, to deliver 50 Safe Surgeries online training sessions to 1,334 healthcare professionals, with support from eight Clinical Commissioning Groups (CCGs) who promoted the initiative in their areas. They also launched a COVID-19 response toolkit and issued nine e-newsletters to ensure Safe Surgeries practices are kept up to date on latest developments.

By the end of 2020, 100 new GP practices had joined the rapidly growing Safe Surgeries network. In total, there are 387 GP practices across 55 cities and towns that are committed to providing inclusive and welcoming healthcare for everyone in their communities. They represent 75 CCGs, stretching from Kernow CCG for Cornwall and the Isles of Scilly to Scotland.

Hospital Access Project

In June 2018, we launched the Hospital Access Project to provide specialist casework support and legal advice to people refused NHS hospital care or non-primary care related NHS services in the community due to their immigration status in the UK and as a result of the NHS Charging Regulations (2015 and 2017).

The Hospital Access Project is dedicated to advocating consistently and powerfully on behalf of our patients to hospitals and NHS trusts where immediately necessary or urgent care has been denied and has built an established track record of successful outcomes for our patients.

In October 2020, we published a report highlighting the lengthy treatment delays and high levels of destitution faced by our patients who had care withheld as a result of the charging regulations. Titled: Delays and Destitution, the report presents the findings of an audit of patient data collected by caseworkers delivering the Hospital Access Project between July 2018 and July 2020.

The audit found our patients were denied treatment for an average of 37 weeks, despite suffering from conditions such as cancer, heart problems or kidney failure. It also found that the NHS charging policy is being applied to destitute individuals with no realistic prospects of being able to pay for the NHS services they receive.

Challenging the hostile environment

Advocating for practice and policy change is central to Doctors of the World UK's work. Guided by patient stories and clinic data, we work locally and nationally to ensure equitable access to healthcare for everyone living in the UK, regardless of immigration status.

We coordinate the Expert Consortium on Refugee and Migrant Health, which brings together UK health research and policy experts to facilitate collaboration, learning, and evidence-based decision-making in the field of migrant health and healthcare. The consortium met remotely four times in 2020.

In April 2020, with more than 30 other medical and non-profit organisations, we wrote to the Home and Health Secretaries urging them to suspend the NHS charging regime and all associated immigration checks and data sharing to ensure no one in the UK was prevented from seeking care due to fear of immigration enforcement.

Advocacy work: collaborative work

Hands Up for Our Health

In October 2020, we launched our first coalition campaign in partnership with the Faculty of Public Health and Lancet Migration to advance migration health.

Hands Up for Our Health is a coalition of organisations fighting for everyone in the UK to have the chance to access healthcare, during COVID-19 and beyond. We have three asks for the UK government:

1. Suspend NHS charging during the pandemic
2. Investigate the impact of charging on patient and public health
3. Improve access to all NHS services

Hands Up for Our Health has grown to over 60 organisations and hundreds of individuals.

Close the Barracks

In September 2020, the UK Government commissioned two previously disused Ministry of Defence sites as accommodation for people who are seeking asylum in the UK. By November, 665 people were being housed across both sites.

We worked with our partners to provide remote support to residents, who would otherwise have had little to no access to healthcare, despite the high prevalence of complex physical and mental health needs among the asylum-seeking population.

Together with Freedom from Torture and the Helen Bamber Foundation, we coordinated a joint letter to the Health and Home Secretaries to urge them to close the barracks due to the lack of access to adequate and appropriate healthcare services, the public health risks resulting from a lack of compliance with the COVID-19 regulations, and the risk of re-traumatisation triggered by accommodation in former military barracks. The letter was signed by key medical organisations, including the British Medical Association and a number of royal medical colleges.

In the months that followed, we continued to provide remote support to people housed in the barracks and to call for their closure. We also submitted evidence to a parliamentary inquiry into conditions at the barracks.

Our Organisation

Board of Trustees

A member of our board was elected as the organisation's new President by the Trustees to chair the board from September 2020. The president is supported by two of the existing trustees, who were appointed to undertake Vice President responsibilities.

Strategic Plan 2020 – 2022

In 2020, we started working towards the aims and objectives of the Strategic Plan 2020–2022. The plan was developed in 2019 in collaboration with staff, trustees, and volunteers, and sets clear goals for the coming years.

Despite the uncertainty created by the COVID-19 pandemic, the plan remained relevant throughout 2020 and we made good progress towards the objectives. For example, we achieved our target for unrestricted funding in September – three months earlier than forecast – a good step towards achieving our objective of financial independence.

Remote working

The safety of our staff, volunteers and patients is paramount. In March 2020, following the arrival of COVID-19 in the UK, we swiftly closed the office and clinic, and supported staff and volunteers to adopt remote working practices. We also welcomed new staff and volunteers, who were provided with office equipment and onboarded remotely.

We provided information on financial assistance for remote working and regularly consulted with staff and volunteers on their needs and preferences for a future return to the office. When COVID-19 restrictions permitted, we trialled reopening the clinic with COVID-19 measures in place, and arranged staff meet ups, while also organising regular online meet ups to promote staff wellbeing.

The clinic is expected to reopen in June 2021 while staff and volunteers will be given the option to work from the office less frequently once restrictions have eased completely. We will continue to closely monitor the situation and government advice.

National Health Advisors

In 2020, we launched a co-production project to ensure migrants have greater influence over Doctors of the World UK's services and policy work. Migrants with lived experience of healthcare exclusion know best the impact of policies and services that affect and are available to them. Their insights should be at the centre of changing attitudes among the general public, making well-informed decisions, ensuring services are inclusive, and driving sustainable policy change in healthcare.

The launch of the National Health Advisors aligns with our strategic objective to "strengthen our movement with greater numbers of healthcare professionals, activists and service users who together support and set the direction of the organisation". In line with this objective, our approach will be to "work hand-in-hand with those benefiting from our services, advocacy or activism".

National Health Advisors work as an equal partner in the project, bringing their voices, views and insights to Doctors of the World UK's services, policy influencing and strategic engagement work, media, and campaigns.

Wellbeing group

In 2020, as the COVID-19 pandemic took a toll on people's mental health, we launched a wellbeing group to support staff's mental health and wellbeing.

The wellbeing group consists of a Senior Management Team (SMT) representative, non-SMT staff and a HR officer, and meets on a regular basis. Under its remit, the group proposes and carries out actions and activities to improve staff wellbeing, including making recommendations to SMT.

We also surveyed staff to gain an understanding of their mental health needs and how Doctors of the World UK could support these.

(continued overleaf)

Racial and social justice at Doctors of the World UK

In 2020, we carried out a review of diversity and inclusion at Doctors of the World UK, surveying staff and volunteers (including trustees) to identify and better understand the challenges we face in addressing inequalities that exist in the organisation. The survey was completed by 77% of trustees, 100% of Senior Management Team (SMT) staff, 90% of non-SMT staff and 91% of volunteers.

Although we understood that there were areas of the organisation that required significant change in order to reflect the diversity of the communities we serve, the survey highlighted some issues particularly starkly. It was clear that people who identify as Black, Asian and minority ethnic are underrepresented in Doctors of the World UK's leadership and disproportionately hold lower paid and more insecure roles within the organisation. We recognise that the issues identified in the survey reflect structural inequality within the organisation and will have had, and continue to have, a very real impact on people's day to day lives.

Following this initial survey, we established an advisory group to make recommendations on how to take the findings of the survey forward. The group consists of staff, both SMT and non-SMT, volunteers (including trustees) and National Health Advisors, who provide scrutiny and advice on Doctors of the World UK's progress in achieving organisational goals related to racial and social justice within the organisation.

Doctors of the World UK's goals are:

- We will hold ourselves to a higher standard than the rest of society when it comes to racial equality and social justice.
- We will challenge structural racism in society, the third sector and our own organisation.
- We will build, retain and develop a workforce that reflects the diversity of the UK and the people who use our services, from leadership roles to people entering the workforce for the first time.
- Everyone who works or volunteers at Doctors of the World UK, and those who use Doctors of the World UK services, will have an equal opportunity to succeed and thrive within the organisation.
- We will be proactive in maintaining a vision of social issues that need challenging.

To live up to our anti-racist values and commitment to racial justice, as an organisation we will make concrete changes to address the inequality that exists within our own organisation, continue to monitor our progress, and strive to do better. The SMT has started this work by drafting a work plan with timebound actions that will demonstrate how change will be built into the organisation's strategic planning, prioritisation, decision making and leadership. The plan will include a mechanism by which Doctors of the World UK can be accountable for this work.

What
the
future
holds



International

COVID-19

As COVID-19 continues to cause suffering, illness and death around the world, the Médecins du Monde international network's global response to the pandemic will continue. Doctors of the World UK will promote the network's efforts to curb the spread of COVID-19 and to protect the most vulnerable, while building local capacity and calling for universal access to healthcare, including COVID-19 vaccines. Where unmet financial needs arise, we will respond by launching fundraising appeals if possible.

UK aid cuts

In 2020, the UK Government announced that it would cut aid spending from 0.7% of national income to 0.5% – a reduction of more than £4 billion. The cuts are not split evenly, with some programmes having funding reduced by 85% or more, and affect conflict-ravaged countries such as Syria and Yemen, where the Médecins du Monde international network runs health programmes. With the Bond network of non-government organisations working in international development, we will continue to urge the government to reconsider aid cuts and to reinstate the commitment to 0.7% of national income.

Armenia HIV project

We are excited to begin work on a project aimed at reducing the spread of HIV and AIDS deaths among people who inject drugs (PWIDs) in Armenia. This patient group has limited access to testing and prevention services and often experiences stigma, discrimination and criminalisation.

Doctors of the World staff will use their extensive harm prevention experience to develop and introduce innovative models of HIV detection and linkage to care among PWIDs, as well as further scale-up models. They will also work to address stigma, discrimination, and the criminalisation of PWIDs through capacity building and community-led advocacy to increase awareness of PWIDs' needs among health practitioners and policy makers.

Led by Médecins du Monde France, the project will run from January 2021 to June 2022.

Disasters and emergencies

Doctors of the World UK will continue to develop its readiness to respond to disasters and emergencies, in particular by raising funds for Médecins du Monde international network programmes through digital campaign materials that can be activated at short notice when news of an emergency breaks.

Programmes

We will continue to offer a range of services – both remotely and via outreach – five days a week to support the many people living in the UK who find it impossible to access mainstream health services, despite being fully entitled to them.

When it is safe to do so, we will reopen the east London clinic to ensure people who face barriers such as digital exclusion are able to access our services, while continuing to operate a national advice line and offer remote GP consultations.

In 2021, we will take delivery of a second mobile clinic, generously donated by a funder, which will allow our outreach team to reach even more people in need. We will also review the achievements and learnings of our Birmingham pilot project, which ended in April, with a view to securing more funding to establish a permanent service in the region.

Additionally, after publishing research on the health and service needs of street sex workers in the London Borough of Newham, we will work with local stakeholders and potential funders to address the identified needs.

Policy and advocacy

We will continue to work with the National Health Advisors to engage with migrant communities about their right to health through training sessions and resources. Together we will also capacity build within the NHS and Public Health England, and engage with the Doctors of the World UK team to contribute to decision-making and agenda-setting, and to shape services, policy, and campaign activities. We have launched a new resource, developed in partnership with the National Health Advisors, for social prescribing link workers and plan to continue growing the network in the north of England.

We will continue to produce translated resources to ensure migrant communities understand their healthcare rights in the UK and can access essential information on health topics and services in their language. We will also work to ensure equal access to the COVID-19 vaccines through the COVID-19 Vaccine Advocacy Project, drawing on the experiences of our patients and our links with clinicians and migrant and health organisations to influence the UK's vaccination programme and to produce resources for patients, service providers and policymakers.

As demand for our expertise in refugee and migrant healthcare rights grows, we will continue to deliver training and information sessions to key stakeholders, including healthcare professionals and NHS staff. We will expand the Safe Surgeries national network to improve access to healthcare services for excluded groups across the UK.

In partnership with NHS England, we will also launch an e-learning module in partnership that will make our Safe Surgeries training more accessible than ever. We will continue to provide support, resources, and guidance to GP practices and Clinical Commissioning Groups, as well as sharing examples of best practice and reporting on access to GP registration.

Lastly, we will publish testimonies and data on the experiences of our patients to drive change in key policy areas. We will continue to engage with the government, politicians, and other key stakeholders to reform migrant healthcare policies and ensure that everyone is able to access the healthcare they need.

We will maintain an active role in the Médecins du Monde international network, contributing to international policy actions and reports.

Organisational Structure

Overview

Doctors of the World UK is a registered charity in England and Wales and part of the Médecins du Monde international network. It is an independent organisation that shares the values and principles of the Médecins du Monde international network and benefits from its technical and financial support if needed.

The charity Doctors of the World UK is a company limited by guarantee and governed by its Memorandum and Articles. The directors of the company are also trustees for the purposes of charity law and meet on a monthly basis to review the activities and future plans of Doctors of the World UK, and to receive and consider financial updates and forecasts.

The day-to-day management of the organisation is delegated to the Director of Development who is responsible for executing the strategic and operational plans agreed by the trustees.

A Senior Management Team has been set up and meets twice a month. It is responsible for delivery of the organisation's strategy and policies.

Senior Management Team

- Director of Development
- Director of Partnerships and Strategic Projects
- Associate Director of Research
- Head of Policy and Advocacy
- Head of UK Services
- Head of Finance

Trustees

All trustees give their time voluntarily and receive no compensation or benefits from Doctors of the World UK. The trustees are covered by an indemnity insurance policy, which is renewed annually.

Trustees are recruited to ensure a spread of relevant skills across the Board. All trustee roles are advertised but trustees may also be identified by a trustee or employee or other party. Applications are treated equally regardless of their source. The aim is to have a Board that is balanced in terms of diversity and that includes people with the skill sets the charity needs.

These include medical field experience, finance, marketing, fundraising, and legal and compliance skills and experience.

Remuneration policy

The salaries of Doctors of the World UK staff are periodically benchmarked against comparable organisations, including other charities, with the support of an external consultant. Doctors of the World UK aims to set salaries equivalent to the median for such organisations. All posts are evaluated based on agreed, organisation-wide criteria that determine the grade and salary for the post, the details of which are available to all staff in the staff handbook.

We aim to recruit, subject to experience, at the lower to medium point within a band, providing scope to be rewarded for excellence. The overall goal of the charity's pay policy is to offer fair pay to attract and keep appropriately qualified staff to lead, manage, support and/or deliver the charity's aims.

In 2020, we signed the #ShowTheSalary pledge to show our commitment to fair recruitment through full salary disclosure when advertising our vacancies.

Future plans

We review our aims, objectives and activities each year as part of the budget process. This review looks at what we achieved and the outcomes of our work in the previous 12 months.

The review also looks at the success of each key activity and the benefits they have brought to those groups of people we are set up to help. This enables us to ensure our aims, objectives and activities remain focused on our stated objectives.

We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives they have set.

Doctors of the World UK plans to continue the activities outlined above subject to funding.

Volunteers

Our ability to secure essential care for people in vulnerable circumstances depends upon support from volunteers. They are at the heart of our organisation.

In the UK, volunteers staff our clinics and help run our administrative office. We ensure our team is fully equipped and supported to face the challenges inherent in this kind of work.

Overseas, we depend upon the skills, dedication and determination of a broad range of volunteers to deliver network initiatives. They work hard to coordinate emergency and long-term programmes in conflict and non-conflict settings to ensure that medical care is available to those who need it most.

Fundraising approach

Our volunteers and frontline staff make such a difference to people's lives because of their expertise and empathy. We want all our professional relationships to emulate their warmth and support, and that informs our fundraising approach.

We foster a personable and competent fundraising team, who build strong and enduring relationships with our supporters, so that their support of Doctors of the World UK continues to evolve and goes beyond a one-off event. We stay in regular contact, offering tips on good fundraising, supporting our fundraisers' creative efforts, and keeping them up to date on the difference their time, energy and money makes to the organisation.

We remain committed to using the money from our donors and fundraisers in the wisest and most ethical ways; and are happy that our voluntary income streams deliver a good return on investment. We have made improvements to our online payment systems to ensure giving to Doctors of the World UK online is as easy and rewarding as possible. We do our fundraising inhouse as much as possible, including interacting with donors through our Supporter Service staff.

Throughout the year, we approached companies who could provide paid-for fundraising services. In all cases we completed careful and considered due diligence on the organisations and the amount of time and effort we would need to put in, versus the income we would likely receive.

(continued overleaf)

We worked with a consultant to manage our work to ask for donations on our behalf by email and a digital mobilisation agency to craft a fundraising campaign. Our policies and approach to fundraising standards are outlined below:

- We have a policy to protect vulnerable people and we insist on checking the policies of our suppliers as part of any tender process.
- We give our supporters the opportunity to opt out of further contact as part of every approach for a donation.
- When selecting people for an approach by telephone, we screen them against the Telephone Preference Service register.
- All our mailing lists are screened against industry standard bereavement registers and the MPS.
- We screen against the Fundraising Preference Service.
- We do not share or sell data.
- We have business processes in place to enforce intervals between fundraising approaches.
- We monitor the activities of our fundraising agencies by 'mystery shopping', to ensure that our agencies are adhering to standards and also to the approach that we have agreed.
- As well as receiving sample recordings of telephone contacts, we are able to request specific recordings where concerns are raised.

In 2020, we remained registered with the Fundraising Regulator, adhering to their Code of Fundraising Practice. We had no instances of non-compliance with the code during the year. Our Supporter Care team responded to all queries. There were no complaints concerning our fundraising activities. We would take any complaints very seriously and use them to improve both our service and performance for the future.

We also remained members of the Institute of Fundraising and continued to ensure staff are fully trained – and understand their responsibilities – in their respective areas.

Giving to Doctors of the World UK should be a great experience. We have a supporter promise on our website as a set of standards for how we work, and the service our donors and fundraisers can expect from our team. If our donors ever feel we're falling short of our standards, we make it easy for people to contact us and we always take care to put it right.

We ensured our privacy policy was updated in line with the data protection legislation and regulation, and that it was accessible to all on our website. Lastly and most importantly, at the forefront of our minds is that all our work simply wouldn't be possible without our supporters, donors, partners, volunteers and fundraisers.

Grant making policy

Part of our charitable activity is undertaken by making grants to organisations within the Médecins du Monde international network to facilitate their participation in programmes that meet our objectives. The grants are made to successful chapters who fulfil the agreed criteria for each programme and who are best suited to deliver the objectives of the activity.

Financial review and highlights

Overview

Total income for the year was £1,750,332 (2019: £1,379,821), whilst expenditure was £1,445,144 (2019: £1,441,350).

Of these amounts, restricted income during 2020 was £1,034,150 (2019: £786,684) and restricted expenditure was £815,277 (2019: £817,194), the increase in income reflecting better than budgeted grants mainly from institutions and trusts.

2020 saw the unrestricted fund increase to £177,520 (2018: £87,274) mainly due to lower core costs achieved through tight control of costs.

The Board of Trustees regularly undertakes an assessment of risks, including financial risks, and ensures that reserves are maintained at a level that will ensure that the organisation's core activities continue. Following a reduction in unrestricted reserves in 2019 the organisation continued to prioritise securing funding for all core costs and UK programmes. Additionally, the organisation persisted with the implementation of cost saving programmes.

The Board closely monitors the financial performance of the organisation through monthly reviews of financial information, including monitoring performance against the latest budgetary information.

When the UK went into lockdown in March 2020 due to COVID-19, board members received a weekly cashflow to more closely monitor income and expenditure performance. The sources of income the charity uses have been reliable against forecast. The pandemic has led to additional unexpected funding and there has been strong public support for the work we do. The risks presented by COVID-19 remain low but are regularly monitored. Based on the current assumptions underlying the 2020 Budget and the Plan exercises, the Financial Statements have been prepared on a going concern basis.

Reserves policy

The unrestricted reserves at the end of the year under review were £177,520 (2019: £87,278) and restricted reserves were £426,910 (2019: £211,964).

Restricted reserves represent the amount paid by donors to undertake specific programmes, which were recognised in the financial year under review; expenditure relating to this fund will be incurred during 2019. Doctors of the World UK does not carry any designated funds. £72,932 of unrestricted reserves are available to meet overheads and/or undertake charitable actions as decided by the trustees and management. The remaining £14,346 being invested in fixed assets.

Doctors of the World UK's reserves policy stipulates that our organisation seeks to hold the equivalent to three months' running costs as an unrestricted fund and that reserves are maintained at a level, which will ensure that the organisation's core activity should continue during periods of unforeseen difficulties. At the end of 2020, the unrestricted reserve represented 4.06 months of budgeted costs (2019: 2.2 months).

The Board of Trustees periodically undertakes an assessment of financial risk and re-building the reserves is an ongoing priority, which is being worked towards through investment in fundraising capacity and continual cost monitoring allied with a continued cost saving programme.

Risk management

A risk register has been established to record the identified risks that Doctors of the World UK is exposed to. It is updated on a regular basis and, where appropriate, systems and procedures have been adopted in order to mitigate these risks.

Internal controls have been established to ensure that, where possible, expenditure has been properly authorised, and income is properly accounted for and that procedures are in place to ensure compliance with the health and safety of staff, volunteers, service users and visitors.

Risk assessments are carried out continuously by the senior management team and the risk register is reviewed by the Board of Trustees annually.

Principal risks and uncertainties	Mitigation
Unrestricted income does not cover overhead costs	Annual budgets set with unrestricted income targets. Progress against target is reported monthly to the board and forecasts are updated quarterly.
	Income and expenditure monitored monthly via management accounts and a 'financial pipeline' meeting, flagging any risks/ opportunities and identifying any corrective measures needed.
	Review and update five-year plan to determine the longer term prospects of the organisation and budget expenditure accordingly.
	Small deficits can be met from existing reserves.
Failure to deliver quality programmes in line with donor requirements	Donor proposals are co-authored and agreed by Doctors of the World UK and the International programmes teams. All grant conditions are shared and agreed by all participating Médecins du Monde network teams before signing.
	Programme level risk registers are maintained and reviewed on a regular basis.
	Doctors of the World UK submits regular reports to donors and updates on any changes. Internal field monitoring visits are included in the planned activities schedule.
	Due diligence and oversight from Doctors of the World UK over all grants implemented in association with other chapters.
Loss of partners/donor trust/ support caused by damage to the organisation reputation	Daily monitoring of media activity.
	Organisational policies in place to ensure best practice governance and media communication protocols.
	Reputational crisis management protocol agreed.
COVID-19 impact on fundraising and operations	Weekly report on income against targets.
	Monthly flash report on financial position.
	COVID-19 to be added to the Risk Register.
	Treasurer informed of fundraising underperformance, if it occurs.

Acknowledgment of Support

Donation of rent-free offices

Doctors of the World UK would like to record its thanks for the support of the Canary Wharf Group and its Chair and CEO, Sir George Iacobescu CBE. They have provided the organisation with rent-free office space in the Canary Wharf Estate since 1998 and have committed to do so until June 2022.

Donors and Supporters

Barrow Cadbury Trust	London Catalyst
BBC Children in Need	London Community Response Fund
British Medical Association (BMA Giving)	NHS England
The British Medical Journal	Peter Stebbings Memorial Charity
The British Red Cross Society	Pickwell Foundation
Canary Wharf Management	Remedium Partners
City Bridge Trust	ShareGift (The Orr Mackintosh Foundation)
City and Hackney Clinical Commissioning Group	Paul Hamlyn Foundation
City of London Corporation	Stratford Development Partnership
Coronavirus Community Support Fund, distributed by The National Lottery Community Fund, with thanks to the Government for making this possible	The Tolkien Trust
DCMS (Tampon Tax Fund)	Trust for London
Fast Track Cities	University of Birmingham
Greater London Authority	University College London
Imperial College London	The University of Sheffield
Joseph Rowntree Charitable Trust	The Wellcome Collection

We'd like to thank all the donors who helped us in 2020 and whose ongoing support makes it possible for us to continue to provide access to healthcare for people in vulnerable situations, both in the UK and internationally.

Statement of trustees' responsibilities

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. The trustees (who are also directors of Doctors of the World UK for the purposes of company law) 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). Company law 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 charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Approval

This report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime. It was approved by the Board of Directors and Trustees on 29 September 2021 and signed on its behalf by:

Dr James Elston
President

Independent Auditor's Report to the members of Doctors of the World UK

Opinion

We have audited the financial statements of Doctors of the World UK (the 'charitable company') for the year ended 31 December 2020 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 December 2020 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Doctors of the World UK's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or

- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance.

The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Noelia Serrano
(Senior statutory auditor)

Date: 29th September 2021

for and on behalf of

Sayer Vincent LLP
Statutory Auditor
Invicta House
108-114 Golden Lane
LONDON, EC1Y 0TL

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 December 2020

				2020			2019
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	Note	£	£	£	£	£	£
Income from:							
Donations and legacies	2	668,001	54,621	722,622	572,971	113,503	686,474
Charitable activities							
International actions	3	-	25,947	25,947	-	386	386
National actions	3	47,604	953,582	1,001,186	-	672,795	672,795
Other income – desk licence fees		577	-	577	20,166	-	20,166
Total income		<u>716,182</u>	<u>1,034,150</u>	<u>1,750,332</u>	<u>593,137</u>	<u>786,684</u>	<u>1,379,821</u>
Expenditure on:							
Raising funds	4	466,747	-	466,747	321,389	-	321,389
Charitable activities							
International actions	4	21,942	40,833	62,775	32,745	107,844	140,589
National actions	4	141,178	774,444	915,622	270,022	709,350	979,372
Total expenditure		<u>629,867</u>	<u>815,277</u>	<u>1,445,144</u>	<u>624,156</u>	<u>817,194</u>	<u>1,441,350</u>
Net (expenditure) / income before transfers	6	86,315		305,188	(31,019)	(30,510)	(61,529)
Transfers between funds		3,927	(3,927)	-	(1,676)	1,676	-
Net movement in funds		<u>90,242</u>	<u>214,946</u>	<u>305,188</u>	<u>(32,695)</u>	<u>(28,834)</u>	<u>(61,529)</u>
Reconciliation of funds:							
Total funds brought forward		87,278	211,964	299,242	119,973	240,798	360,771
Total funds carried forward		<u>177,520</u>	<u>426,910</u>	<u>604,430</u>	<u>87,278</u>	<u>211,964</u>	<u>299,242</u>

All of the above results are derived from continuing activities.

There were no other recognised gains or losses other than those stated above.

Movements in funds are disclosed in Note 16 to the financial statements.

Balance sheet

As at 31 December 2020

Company registration number 3483008

	Note	2020		2019	
		£	£	£	£
Fixed assets:					
Tangible assets	11		48,008		56,452
			48,008		56,452
Current assets:					
Stock	12	1,599		2,252	
Debtors	13	229,154		183,385	
Cash at bank and in hand		666,975		404,026	
		897,728		589,663	
Liabilities:					
Creditors: amounts falling due within one year	14	341,306		346,873	
Net current assets			556,422		242,790
Total net assets	15		604,430		299,242
The funds of the charity:					
Restricted income funds	16	426,910		211,964	
Unrestricted income funds	16	177,520		87,278	
Total charity funds		604,430		299,242	

Approved by the trustees on 29th September 2021 and signed on their behalf by:

Dr James Elston

President

Statement of cash flows

For the year ended 31 December 2020

	Note	2020		2019	
		£	£	£	£
Cash flows from operating activities					
Net cash (used in) / provided by operating activities	17		276,964		(109,545)
Cash flows from investing activities					
Purchase of fixed assets		(14,015)		(11,106)	
Net cash used in investing activities			(14,015)		(11,106)
Change in cash and cash equivalents in the year			262,949		(120,651)
Cash and cash equivalents at the beginning of the year			404,026		524,677
Cash and cash equivalents at the end of the year			666,975		404,026

Notes to the financial statements (continued)

For the year ended 31 December 2020

1 Accounting policies

a) General information

Doctors of the World UK is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address is 29th floor, One Canada Square, London E14 5AA.

b) Basis of preparation

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) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

Key judgements that the charitable company has made which have a significant effect on the accounts include the likelihood of renewal of institutional grants.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

f) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably. Income includes associated gift aid tax reclaims.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

g) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated goods, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; an equivalent and corresponding amount is then recognised in expenditure in the period of receipt.

h) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

i) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

j) Expenditure and irrecoverable VAT

Expenditure, including grants made, is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in encouraging third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity:

- Support costs: based on FTE of staff directly involved in the national or international actions
- Governance costs: based on FTE of staff directly involved in the national or international actions

Notes to the financial statements (continued)

For the year ended 31 December 2020

1 Accounting policies (continued)

l) Grants payable

Grants payable are made to third parties in furtherance of the charity's objectives. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

m) Foreign Exchange

Monetary assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the exchange rate prevailing at the date of the transaction. Exchange differences are taken into account in arriving at the net incoming resources for the year.

n) Tangible fixed assets

Purchases are capitalised as fixed assets where the price exceeds £350. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- Computer equipment 4 years
- Fixtures and fittings 5 years
- Motor Vehicle 7 years

Restricted fixed assets are initially recognised within restricted funds. Following completion of the programme the asset and any associated depreciation are derecognised and transferred into unrestricted funds.

o) Stocks

Stocks are stated at the lower of cost and net realisable value. Donated items of stock, held for distribution or resale, are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

p) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

q) Cash in bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of service users.

r) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

s) Pensions

The charity provides staff who have completed their probation period access to a Group Personal Pension scheme with Scottish Widows. For contributing members of staff the charity contributes 6% of salary.

t) Operating Leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the Statement of financial activities on a straight line basis over the minimum lease term.

Notes to the financial statements (continued)

For the year ended 31 December 2020

2a Income from donations and legacies (current year)

	Unrestricted	Restricted	2020 Total
	£	£	£
Functioning grants from Médecins du Monde France	191,000	–	191,000
Other donations and gifts	477,001	54,621	531,622
	<u>668,001</u>	<u>54,621</u>	<u>722,622</u>

2b Income from donations and legacies (prior year)

	Unrestricted	Restricted	2019 Total
	£	£	£
Functioning grants from Médecins du Monde France	191,000	–	191,000
Other donations and gifts	371,629	113,503	485,132
	<u>562,629</u>	<u>113,503</u>	<u>676,132</u>

Other donations and gifts include the provision by Canary Wharf Management of rent free offices to the value of £152,976 (2019: £152,063) and free Digital Support of £1,576 (2019: Nil)

Notes to the financial statements (continued)

For the year ended 31 December 2020

3 Income from charitable activities

	Unrestricted	Restricted	2020 Total	2019 Total
	£	£	£	£
Hackney CCG	-	37,200	37,200	-
Tampon Tax Project Women's Migrant Hub	-	22,590	22,590	110,360
Haringey Council	-	6,324	6,324	-
The Commission for Equality and Human Rights	-	-	-	4,320
MdM France – Observatory Report	-	-	-	(11,688)
Trust for London	-	75,250	75,250	51,500
MdM USA – Open Society Foundation	-	-	-	52,291
Tolkien Trust	-	160,000	160,000	50,000
Paul Hamlyn Foundation	-	67,200	67,200	68,500
Joseph Roundtree Charitable Trust	-	56,440	56,440	18,486
NHS Sandwell and West Birmingham CCG	-	-	-	24,148
NHS Manchester CCG	-	-	-	21,397
British Red Cross Society (Children in Need)	-	12,478	12,478	24,710
NHS England	-	24,288	24,288	10,000
Barrow Cadbury	-	-	-	15,000
Big Lottery	-	63,551	63,551	9,980
City of London	-	70,154	70,154	3,188
Other income from National Actions	47,604	358,107	405,711	220,603
Sub-total for National Actions	47,604	953,582	1,001,186	672,795
DAHI Canada – Ukraine	-	-	-	-
ECHO / People in Need – Ukraine	-	-	-	-
East Africa Famine Appeal	-	-	-	-
MdM Spain – European Union Aid	-	25,947	25,947	386
Europe Refugee Appeal	-	-	-	-
Big Lottery Fund Nepal	-	-	-	-
START – Morocco	-	-	-	-
START – Niger	-	-	-	-
Sub-total for International Actions	-	25,947	25,947	386
	47,604	979,529	1,027,133	673,181

Other income from National Actions includes the donation of volunteer time and training for clinic and caseworker activities to the value of £103,178 (2019: £178,680).

Negative income represents the refund of income recognised in a prior period.

In 2019, all income from charitable activities was restricted.

Notes to the financial statements (continued)

For the year ended 31 December 2020

4a Analysis of expenditure (current year)

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2020 Total
		International actions	National actions			
	£	£	£	£	£	£
Staff costs (Note 7)	181,630	494	426,047	-	78,971	687,142
Fundraising and publicity costs	62,538	-	-	-	-	62,538
Direct activity costs	-	1,053	348,397	-	-	349,450
Grant funding (Note 5)	-	39,286	-	-	-	39,286
Other costs	-	-	-	10,336	296,392	306,728
	244,168	40,833	774,444	10,336	375,363	1,445,144
Support costs	222,579	21,942	130,842	-	(375,363)	-
Governance costs	-	-	10,336	(10,336)	-	-
Total expenditure 2020	466,747	62,775	915,622	-	-	1,445,144

Of the total expenditure, £624,156 was unrestricted and £817,194 was restricted.

4b Analysis of expenditure (prior year)

	Cost of raising funds	Charitable activities		Governance costs	Support costs	2019 Total
		International actions	National actions			
	£	£	£	£	£	£
Staff costs (Note 7)	164,415	34,764	302,264	-	71,511	572,954
Fundraising and publicity costs	45,892	-	-	-	-	45,892
Direct activity costs	-	59,134	407,086	-	-	466,220
Grant funding (Note 5)	-	13,946	-	-	-	13,946
Other costs	-	-	-	11,238	331,100	342,338
	210,307	107,844	709,350	11,238	402,611	1,441,350
Support costs	108,066	31,856	262,690	-	(402,611)	-
Governance costs	3,016	889	7,332	(11,238)	-	-
Total expenditure 2019	321,389	140,589	979,372	-	-	1,441,350

Of the total expenditure, £624,156 was unrestricted and £817,194 was restricted.

Notes to the financial statements (continued)

For the year ended 31 December 2020

5 Grant making

	Grants to institutions	2020	2019
	£	£	£
Cost			
Médecins du Monde – France	29,175	29,175	-
Médecins du Monde – Spain	-	-	13,946
Médecins du Monde – Belgium	10,111	10,111	-
At the end of the year	39,286	39,286	13,946

The above grants to other Médecins du Monde chapters reflect the collaborative nature of the implementation of international grants, whereby Doctors of the World UK works with other chapters who fulfil the agreed criteria for each programme and who are best suited to deliver the objectives of the activity.

6 Net expenditure before transfers for the year

This is stated after charging / crediting:

	2020	2019
Depreciation	22,459	26,531
Operating lease rentals:		
Property	21,351	164,563
Equipment	1,020	3,949
Auditor's remuneration (excluding VAT):		
Audit	7,800	7,650
Foreign exchange loss / (gain)	(3,938)	5,712
Loss on disposal of fixed assets	-	151

Notes to the financial statements (continued)

For the year ended 31 December 2020

7. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2020	2019
	£	£
Salaries and wages	611,168	510,218
Social security costs	45,284	34,647
Employer's contribution to defined contribution pension schemes	30,690	28,089
	687,142	572,954

The following number of employees received employee benefits (excluding employer pension costs) during the year between:

	2020	2019
£60,000 – £69,999	–	1
£70,000 – £79,999	1	–

The total employee benefits (including pension contributions) of the key management personnel were £280,721 (2019: £181,667).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2019: £nil). No charity trustee received payment for professional or other services supplied to the charity (2019: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £268 (2019: £1,744) incurred by 2 (2019: 2) members relating to attendance at board meetings.

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2020	2019
	No.	No.
International actions	.5	1.2
National actions	17.7	12.7
Fundraising and Communications	3.5	4.2
Office management and admin	3.0	2.4
	24.7	20.5

Full Time Equivalents

	2020	2019
	No.	No.
International actions	1.1	1.1
National actions	11.8	8.9
Fundraising and Communications	3.0	4.0
Office management and admin	2.0	1.5
	17.9	15.5

Notes to the financial statements (continued)

For the year ended 31 December 2020

9 Related party transactions

Médecins du Monde France are considered to be a related party due to its right to appoint a trustee to the Board. However, that appointee has no power to exercise any more control or influence than any other trustee.

	Grants paid	Grants Received	Other paid/ (received) net	Balance payable at year end	Balance receivable at year end
	£	£	£	£	£
Médecins du Monde – France	29,175	191,000	-	-	-

10 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

11 Tangible fixed assets

	Fixtures and fittings	Computer equipment	Motor Vehicle	Total
	£	£	£	£
Cost or valuation				
At the start of the year	76,897	32,358	64,947	174,202
Additions in year	-	9,015	5,000	14,015
Disposals in year	-	-	-	-
At the end of the year	76,897	41,373	69,947	188,217
Depreciation				
At the start of the year	62,068	23,209	32,473	117,750
Charge for the year	8,468	4,713	9,278	22,459
Disposals in year	-	-	-	-
At the end of the year	70,536	27,922	41,751	140,209
Net book value				
At the end of the year	6,361	13,451	28,196	48,008
At the start of the year	14,829	9,149	32,474	56,452

All of the above assets are used for charitable purposes.

Notes to the financial statements (continued)

For the year ended 31 December 2020

12 Stock

	2020	2019
	£	£
Medical supplies	1,599	2,252
	1,599	2,252

13 Debtors

	2020	2019
	£	£
Other debtors	89,991	17,653
Prepayments	39,622	42,789
Accrued income	99,541	122,943
	229,154	183,385

14 Creditors: amounts falling due within one year

	2020	2019
	£	£
Trade creditors	222,287	216,111
Taxation and social security	15,855	13,144
Other creditors	29,175	10,188
Accruals	71,342	104,294
Pension contributions	2,647	3,136
	341,306	346,873

15a Analysis of net assets between funds (current year)

	General unrestricted	Restricted	Total funds
	£	£	£
Tangible fixed assets	5,024	42,984	48,008
Net current assets	172,496	383,926	556,422
Net assets at the end of the year	177,520	426,910	604,430

15b Analysis of net assets between funds (prior year)

	General unrestricted	Restricted	Total funds
	£	£	£
Tangible fixed assets	14,345	42,107	56,452
Net current assets	72,933	169,857	242,790
Net assets at the end of the year	87,278	211,964	299,242

16a Movements in funds (current year)

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£	£	£	£	£
Restricted funds:					
National actions					
London Clinics					
Volunteer donations in kind	-	103,178	(103,178)	-	-
Other restricted donations and grants	44	-	-	-	44
Young Refugees Health & Welfare					
British Red Cross Society	19,366	12,478	(24,441)	-	7,403
Clinic move to Stratford					
Other restricted donations	8,455	249,495	(211,184)	-	46,766
Right to Care Project					
Trust for London	26,047	75,250	(46,099)	-	55,198
Mobile Clinic – Outreach					
Other restricted donations and grants	637	141,178	(59,249)	-	82,566
Volunteer donations in kind	-	-	-	-	-
Mobile Clinic – Vehicle					
Help Refugees	22,527	-	(9,278)	-	13,249
MdM Network Observatory Report					
MdM USA – Open Society Foundation	2,861	-	-	-	2,861
Safer Surgeries Project					
Paul Hamlyn Foundation	56,139	67,200	(66,783)	-	56,556
Clinical Commissioning Groups	18,178	-	(16,676)	-	1,502
Joseph Roundtree Charitable Trust	11,502	18,486	(33,485)	-	(3,497)
Policy & Advocacy – General	18,002	99,869	(114,570)	-	3,301
Tolkien	-	130,000	(21,596)	-	108,404
Other restricted donations	437	126,191	(67,501)	(3,927)	55,200
International actions					
Gaza Appeal	-	-	(23,002)	-	(23,002)
Ebola Appeal	8,311	-	(8,311)	-	-
EU Aid Projects	(27,018)	10,825	(4,508)	-	(20,701)
Mozambique Appeal	284	-	-	-	284
Refugee Appeals	1,814	-	(1,794)	-	20
East Africa Famine Appeal	274	-	(320)	-	(46)
Global Clinic Crowdfunder	10,631	-	(2,898)	-	7,733
Other restricted donations	33,473	-	(404)	-	33,069
Total restricted funds	211,964	1,034,150	(815,277)	(3,927)	426,910
Unrestricted funds:					
General funds	87,278	716,182	(629,867)	3,927	177,520
Total unrestricted funds	87,278	716,182	(629,867)	3,927	177,520
Total funds	299,242	1,750,332	(1,445,144)	-	604,430

16a Movements in funds (current year)

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£	£	£	£	£
Restricted funds:					
National actions					
London Clinics					
Arhag – Tampon Tax Project	–	90,360	(90,360)	–	–
Volunteer donations in kind	–	164,354	(164,354)	–	–
Other restricted donations and grants	1,776	86,494	(89,176)	950	44
Young Refugees Health & Welfare					
British Red Cross Society	11,884	24,710	(17,228)	–	19,366
Clinic move to Stratford					
Other restricted donations	–	28,620	(20,165)	–	8,455
Right to Care Project					
Trust for London	22,403	51,500	(47,856)	–	26,047
Other restricted donations	1,068	–	(1,068)	–	–
Mobile Clinic – Outreach					
Other restricted donations and grants	–	70,200	(69,563)	–	637
Volunteer donations in kind	–	14,326	(14,326)	–	–
Mobile Clinic – Vehicle					
Help Refugees	31,805	–	(9,278)	–	22,527
MdM Network Observatory Report					
MdM France – CHAFAA	11,687	(11,687)	–	–	–
MdM USA – Open Society Foundation	–	43,621	(40,760)	–	2,861
Safer Surgeries Project					
Open Society Foundation	43,048	–	(43,048)	–	–
Paul Hamlyn Foundation	–	68,500	(12,361)	–	56,139
Clinical Commissioning Groups	–	41,045	(22,867)	–	18,178
Joseph Roundtree Charitable Trust	–	18,486	(6,984)	–	11,502
Policy & Advocacy – General	–	25,000	(6,998)	–	18,002
Tolkien	43,248	–	(43,248)	–	–
Other restricted donations	926	9,222	(9,711)	–	437
International actions					
Elton John AIDS Foundation – Russia	2,500	–	(2,500)	–	–
Ebola Appeal	–	10,000	(1,689)	–	8,311
Emergency Refugee Fund	–	7,697	(7,697)	–	–
EU Aid Projects	10,146	386	(54,110)	16,560	(27,018)
Mozambique Appeal	–	17,092	(16,808)	–	284
Refugee Appeals	12,991	8,854	(20,031)	–	1,814
East Africa Famine Appeal	15,794	700	(386)	(15,834)	274
Global Clinic Crowdfunder	–	14,910	(4,279)	–	10,631
Other restricted donations	31,522	2,294	(343)	–	33,473
Total restricted funds	240,798	786,684	(817,194)	1,676	211,964
Unrestricted funds:					
General funds	119,973	593,137	(624,156)	(1,676)	87,278
Total unrestricted funds	119,973	593,137	(624,156)	(1,676)	87,278
Total funds	360,771	1,379,821	(1,441,350)	–	299,242

Notes to the financial statements (continued)

For the year ended 31 December 2020

16c Purposes of restricted funds in current year and prior year

National actions

The fund for National actions is established based on restricted donations to further our work in the UK, primarily in support of our UK clinics and other national programmes.

International actions

The fund for International actions is established based on restricted donations to further our work outside the UK.

Credit balances on individual grant funds represent amounts where income has been recognised upon receipt and expenditure will be incurred in future periods. Debit balances represent amounts where donors make settlement for grant expenditure in arrears, and such amounts have or are to be received in future periods.

Transfers to restricted funds represent support from unrestricted funds to programmes where restricted funding has not been sufficient to deliver programme initiatives. Transfers from restricted funds represents support for unrestricted funding following completion of programme activities and reporting requirements.

17 Reconciliation of net (expenditure) / income to net cash flow from operating activities

	2020	2019
	£	£
Net expenditure for the reporting period (as per the statement of financial activities)	305,188	(61,529)
Depreciation charges	22,459	26,529
Loss on the disposal of fixed assets	-	151
(Increase) / Decrease in stocks	653	(105)
(Increase) / Decrease in debtors	(45,769)	(49,663)
Decrease in creditors	(5,567)	(24,930)
Net cash used in operating activities	276,964	(109,547)

18 Legal status of the charity

The charity is a company limited by guarantee and has no share capital.
The liability of each member in the event of winding up is limited to £1.

19 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property		Equipment	
	2020	2019	2020	2019
	£	£	£	£
Less than one year	30,000	32,508	2,094	2,508
One to five years	77,500	110,479	885	2,979
	107,500	142,987	2,979	5,487

Notes to the financial statements (continued)

For the year ended 31 December 2020

20 Contingent liabilities

One of the grants received in 2017 from Médecins du Monde France for £239,000 contained a repayment clause. The repayment clause was capable of exercise until December 2020. This was not recognised as a liability during the current year or prior year as the criteria to trigger repayment was assessed as not probable. In the prior year this was recognised as income as the criteria to trigger repayment was also assessed as not probable.

21 Controlling party

There is no single ultimate controlling party.



DOCTORS OF THE WORLD UK

A registered charity and company Limited by Guarantee
Company number: 3483008 • Charity number: 1067406