



## Doctors of the World UK Report and Financial Statements

For the year ended 31 December 2020



# Contents

Trustees' report	3
What we do and why we do it	4
What we achieved in 2020	5
International	6
UK	8
Our Organisation	15
What the future holds	17
International	18
UK	19
Organisational Structure	20
Financial review and highlights	23
Acknowledgment of Support	25
Statement of trustees' responsibilities	26
Independent Auditor's Report	27

# 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](http://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
<b>Unrestricted income does not cover overhead costs</b>	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.
<b>Failure to deliver quality programmes in line with donor requirements</b>	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.
<b>Loss of partners/donor trust/support caused by damage to the organisation reputation</b>	Daily monitoring of media activity.
	Organisational policies in place to ensure best practice governance and media communication protocols.
	Reputational crisis management protocol agreed.
<b>COVID-19 impact on fundraising and operations</b>	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](http://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	£	£	£	£	£	£
<b>Income from:</b>							
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
<b>Total income</b>		<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>
<b>Expenditure on:</b>							
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
<b>Total expenditure</b>		<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>
<b>Net (expenditure) / income before transfers</b>	6	86,315		305,188	(31,019)	(30,510)	(61,529)
Transfers between funds		3,927	(3,927)	-	(1,676)	1,676	-
<b>Net movement in funds</b>		<u>90,242</u>	<u>214,946</u>	<u>305,188</u>	<u>(32,695)</u>	<u>(28,834)</u>	<u>(61,529)</u>
<b>Reconciliation of funds:</b>							
Total funds brought forward		87,278	211,964	299,242	119,973	240,798	360,771
<b>Total funds carried forward</b>		<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	
		£	£	£	£
<b>Fixed assets:</b>					
Tangible assets	11		<b>48,008</b>		56,452
			<b>48,008</b>		56,452
<b>Current assets:</b>					
Stock	12	<b>1,599</b>		2,252	
Debtors	13	<b>229,154</b>		183,385	
Cash at bank and in hand		<b>666,975</b>		404,026	
		<b>897,728</b>		589,663	
<b>Liabilities:</b>					
Creditors: amounts falling due within one year	14	<b>341,306</b>		346,873	
<b>Net current assets</b>			<b>556,422</b>		242,790
<b>Total net assets</b>	15		<b>604,430</b>		299,242
<b>The funds of the charity:</b>					
Restricted income funds	16	<b>426,910</b>		211,964	
Unrestricted income funds	16	<b>177,520</b>		87,278	
<b>Total charity funds</b>		<b>604,430</b>		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	
		£	£	£	£
<b>Cash flows from operating activities</b>					
Net cash (used in) / provided by operating activities	17		<b>276,964</b>		(109,545)
<b>Cash flows from investing activities</b>					
Purchase of fixed assets		<b>(14,015)</b>		(11,106)	
<b>Net cash used in investing activities</b>			<b>(14,015)</b>		(11,106)
<b>Change in cash and cash equivalents in the year</b>			<b>262,949</b>		(120,651)
Cash and cash equivalents at the beginning of the year			<b>404,026</b>		524,677
<b>Cash and cash equivalents at the end of the year</b>			<b>666,975</b>		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)	-	-
<b>Total expenditure 2020</b>	<b>466,747</b>	<b>62,775</b>	<b>915,622</b>	<b>-</b>	<b>-</b>	<b>1,445,144</b>

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)	-	-
<b>Total expenditure 2019</b>	<b>321,389</b>	<b>140,589</b>	<b>979,372</b>	<b>-</b>	<b>-</b>	<b>1,441,350</b>

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	<b>29,175</b>	-
Médecins du Monde – Spain	-	-	13,946
Médecins du Monde – Belgium	10,111	<b>10,111</b>	-
At the end of the year	39,286	<b>39,286</b>	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	<b>22,459</b>	26,531
Operating lease rentals:		
Property	<b>21,351</b>	164,563
Equipment	<b>1,020</b>	3,949
Auditor's remuneration (excluding VAT):		
Audit	<b>7,800</b>	7,650
Foreign exchange loss / (gain)	<b>(3,938)</b>	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
	<b>687,142</b>	<b>572,954</b>

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	<b>1</b>	–

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
	<b>24.7</b>	<b>20.5</b>

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
	<b>17.9</b>	<b>15.5</b>

## 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
	£	£	£	£
<b>Cost or valuation</b>				
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
<b>Depreciation</b>				
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
<b>Net book value</b>				
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
	<b>1,599</b>	<b>2,252</b>

### 13 Debtors

	2020	2019
	£	£
Other debtors	89,991	17,653
Prepayments	39,622	42,789
Accrued income	99,541	122,943
	<b>229,154</b>	<b>183,385</b>

### 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
	<b>341,306</b>	<b>346,873</b>

### 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
<b>Net assets at the end of the year</b>	<b>177,520</b>	<b>426,910</b>	<b>604,430</b>

### 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
<b>Net assets at the end of the year</b>	<b>87,278</b>	<b>211,964</b>	<b>299,242</b>

**16a Movements in funds (current year)**

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£	£	£	£	£
<b>Restricted funds:</b>					
<b>National actions</b>					
<b>London Clinics</b>					
Volunteer donations in kind	-	103,178	(103,178)	-	-
Other restricted donations and grants	44	-	-	-	44
<b>Young Refugees Health &amp; Welfare</b>					
British Red Cross Society	19,366	12,478	(24,441)	-	7,403
<b>Clinic move to Stratford</b>					
Other restricted donations	8,455	249,495	(211,184)	-	46,766
<b>Right to Care Project</b>					
Trust for London	26,047	75,250	(46,099)	-	55,198
<b>Mobile Clinic – Outreach</b>					
Other restricted donations and grants	637	141,178	(59,249)	-	82,566
Volunteer donations in kind	-	-	-	-	-
<b>Mobile Clinic – Vehicle</b>					
Help Refugees	22,527	-	(9,278)	-	13,249
<b>MdM Network Observatory Report</b>					
MdM USA – Open Society Foundation	2,861	-	-	-	2,861
<b>Safer Surgeries Project</b>					
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
<b>International actions</b>					
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
<b>Total restricted funds</b>	<u>211,964</u>	<u>1,034,150</u>	<u>(815,277)</u>	<u>(3,927)</u>	<u>426,910</u>
<b>Unrestricted funds:</b>					
<b>General funds</b>	<u>87,278</u>	<u>716,182</u>	<u>(629,867)</u>	<u>3,927</u>	<u>177,520</u>
<b>Total unrestricted funds</b>	<u>87,278</u>	<u>716,182</u>	<u>(629,867)</u>	<u>3,927</u>	<u>177,520</u>
<b>Total funds</b>	<u>299,242</u>	<u>1,750,332</u>	<u>(1,445,144)</u>	<u>-</u>	<u>604,430</u>



**16a Movements in funds (current year)**

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£	£	£	£	£
<b>Restricted funds:</b>					
<b>National actions</b>					
<b>London Clinics</b>					
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
<b>Young Refugees Health &amp; Welfare</b>					
British Red Cross Society	11,884	24,710	(17,228)	–	19,366
<b>Clinic move to Stratford</b>					
Other restricted donations	–	28,620	(20,165)	–	8,455
<b>Right to Care Project</b>					
Trust for London	22,403	51,500	(47,856)	–	26,047
Other restricted donations	1,068	–	(1,068)	–	–
<b>Mobile Clinic – Outreach</b>					
Other restricted donations and grants	–	70,200	(69,563)	–	637
Volunteer donations in kind	–	14,326	(14,326)	–	–
<b>Mobile Clinic – Vehicle</b>					
Help Refugees	31,805	–	(9,278)	–	22,527
<b>MdM Network Observatory Report</b>					
MdM France – CHAFAA	11,687	(11,687)	–	–	–
MdM USA – Open Society Foundation	–	43,621	(40,760)	–	2,861
<b>Safer Surgeries Project</b>					
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
<b>International actions</b>					
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
<b>Total restricted funds</b>	<b>240,798</b>	<b>786,684</b>	<b>(817,194)</b>	<b>1,676</b>	<b>211,964</b>
<b>Unrestricted funds:</b>					
<b>General funds</b>	<b>119,973</b>	<b>593,137</b>	<b>(624,156)</b>	<b>(1,676)</b>	<b>87,278</b>
<b>Total unrestricted funds</b>	<b>119,973</b>	<b>593,137</b>	<b>(624,156)</b>	<b>(1,676)</b>	<b>87,278</b>
<b>Total funds</b>	<b>360,771</b>	<b>1,379,821</b>	<b>(1,441,350)</b>	<b>–</b>	<b>299,242</b>

## 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)
<b>Net cash used in operating activities</b>	<b>276,964</b>	<b>(109,547)</b>

### 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
	<b>107,500</b>	<b>142,987</b>	<b>2,979</b>	<b>5,487</b>

## 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