

# WORLD CHILD CANCER UK

England & Wales · Charity number 1084729

## Details

---

Other names	THE GORDON MORRISON CHARITABLE TRUST, THE GORDON MORRISON FAMILY TRUST
Status	Registered
Legal form	Trust
Registered	2001-01-26
Register	<a href="#">View on the Charity Commission register</a>

## Contact

---

Address	86-90 Paul Street London EC2A 4NE
Phone	0203 176 7892
Email	<a href="mailto:info@worldchildcancer.org">info@worldchildcancer.org</a>
Website	<a href="http://www.worldchildcancer.org">www.worldchildcancer.org</a>

## Activities

---

**Objects:** The objects of the charity (the “objects”) are: (i) to advance health, including by advancing the prevention, diagnosis and cure of any form of cancer or related illness and the treatment and care of persons suffering from such illness or in need of rehabilitation as a result of such illness; (ii) to relieve the hardship of those suffering from any form of cancer or related illness, including the relief of hardship of any dependents or affected family; and (iii) to advance the education of the general public in all areas relating to any form of cancer or related illness including through the advancement and dissemination of research, in each case with particular emphasis on children in the developing world.

**Activities:** In high-income countries over 80% of children who develop cancer survive, but in low-income countries it is often under 30%. World Child Cancer works with local teams and partners in Africa and Asia to redress that inequity to improve quality of care and survival. We provide strategic solutions to diagnosis, access to treatment and holistic care, while advocating for government-led sustainability.

## Classification

---

- **How:** Makes Grants To Individuals, Makes Grants To Organisations, Provides Human Resources, Provides Buildings/facilities/open Space, Provides Advocacy/advice/information
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** Children/young People

## Geography

---

- Bangladesh
- Burma
- Cameroon
- Ghana
- Indonesia
- Malawi
- Nepal
- Sierra Leone

## Finances

---

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£3,238,605	£3,697,135	£678,536	18
2023-12-31	£5,874,243	£5,627,802	£1,137,066	14
2022-12-31	£2,895,296	£3,269,998	£890,625	16
2021-12-31	£2,735,996	£2,585,862	£1,265,327	15
2020-12-31	£2,772,702	£2,468,882	£1,115,193	13

## Trustees

---

Name	Role	Appointed
World Child Cancer Trustees Limited		2013-07-10

**WORLD CHILD CANCER UK**

England & Wales - Charity number 1084729

---

# Accounts

---

**World Child Cancer UK**

**Annual Report and Financial  
Statements**

Year to 31 December 2024

Charity Registration number: 1084729

## Contents

### Reports

Reference and administrative information	1
Chairman and CEO's report	2
Trustee's report	5
Independent auditor's report on the financial statements	23

### Financial statements

Statement of financial activities	28
Balance sheet	29
Statement of cash flows	30
Principal accounting policies	31
Notes to the financial statements	36

## Reference and administrative information

<b>Corporate trustee</b>	World Child Cancer Trustees (Company no. 08518700), whose Directors are the trustee representatives of World Child Cancer UK
<b>Trustee representatives</b>	Rachel Hollis (Chair), FRCN Sara Bailey Professor Simon Bailey Yves Dermaux Mark Everard Virginia Falcón Meriel Flint-O’Kane David Morrison Paul Nabavi Prince Nyamadi Nathalie Scott Julie Torode
<b>Key Management Personnel</b>	Luke Thomas – Chief Executive Karen Thompson – Interim Director of Finance Joe Dixon – Director of Programmes
<b>Registered address</b>	86 – 90 Paul Street London EC2A 4NE
<b>Charity registration number</b>	1084729 (England and Wales)
<b>Auditor</b>	Buzzacott Audit LLP 130 Wood Street London EC2V 6DL
<b>Bankers</b>	The Cooperative Bank 80 Cornhill London EC3V 3NJ  Metro Bank One Southampton Row London WC1B 5HA
<b>Solicitors</b>	Bates Wells & Braithwaite LLP 2-6 Cannon Street London EC4M 6YH

As we look back on 2024 at World Child Cancer there is much to celebrate, and much to look forward to in the year ahead. Some of the highlights of the year across the holistic programmes we manage can be seen in the Trustee's report below.

At the beginning of 2024 we said goodbye and thank you to Julie Worrall who had spent a year with us as Interim Chief Executive, and welcomed our new Chief Executive, Luke Thomas. With Luke's arrival we began the work to review our organisational strategy, looking towards where we want World Child Cancer to be in 2030. The review process engaged all of our brilliant staff teams, both here in the UK, and across all our programme countries, as well as our US colleagues and key strategic partners.

In the countries where we work, survival from childhood cancer is around 20%, when here in the UK and other high-income countries, it is over 80%. We also know that improving survival rates in low and middle-income countries is achievable and affordable. We believe all children, wherever they live, should have equal access to the best possible treatment and care so they do not die when they could be cured with relatively simple and affordable treatments. This is at the heart of the vision we share and we are grateful to our supporters and partners across the world for helping to make the change that makes that happen.

We will launch our new five year strategy in 2025, continuing to pursue our shared vision of a world where every child with cancer, wherever they live, has timely access to the highest quality treatment, care and support to allow them to survive and thrive.

We have reaffirmed our mission, to improve survival rates, care and quality of life for children with cancer and their families in low and middle-income countries. We will do this through evidence-led programmes, impactful collaborations, and influencing policy change.

We understand the root causes of the inequity which is at the heart of our mission. There is a lack of awareness of childhood cancer in society, and in health care systems in the countries where we work. There is a lack of the infrastructure and resources, especially the human resource, needed to treat childhood cancer. Families are unable to meet the burden of cancer treatment (financial, social, and psychological). And finally, there is a lack of prioritisation of childhood cancer at the national level.

Our mission is closely aligned to the aim of the World Health Organization (WHO) Global Initiative for Childhood Cancer, which has set a global target to achieve a 60% childhood cancer survival rate by 2030, with the goal of saving one million extra lives. As a proud partner of this initiative, World Child Cancer is actively working towards achieving this goal.

Through review of our strategy, we have strengthened and built on the four pillars of our programme strategy that have served us well through our current strategy period.

### **Early and Accurate Diagnosis**

Delayed diagnosis leads to worse outcomes. Improving early and accurate diagnosis is key to addressing the reasons why many children continue to go undiagnosed, are misdiagnosed, or encounter barriers to accessing treatment. Our work on raising awareness of childhood cancer in the communities and health systems within which we work is a central component of our programmes and a recognised model for good practice.

### **Improving Access to Treatment and Care**

Most childhood cancers can be cured. Improving the standards of treatment and care is essential for ensuring healthcare providers have the knowledge, skills, and resources to effectively treat childhood cancer. We continue to train doctors, nurses, and other health care workers through our successful health partnership model, developing more “shared care” centres to bring care closer to home, and improving equipment and infrastructure in our sites. We are improving access to effective palliative care so that where treatment is not successful children do not die in pain.

### **Child Wellbeing and Family Support**

Successful treatment starts and ends with the whole family. Too many families cannot afford the high costs of treatment, travelling long distances to hospital, and living away from home for weeks and months. In the countries where we work, support from government is minimal, or non-existent. The result is far too many children having to abandon treatment and dying. Whatever the outcome of treatment, the emotional stress on the whole family of having a child with cancer is enormous and our support for families includes financial, social, and emotional components. We focus on the child, funding Child Life Specialists (or Play Therapists) who provide information and emotional support to children through play. We help children continue to learn through our support of hospital schools.

### **Advocacy and Communications**

Advocating for increased government resources and attention to childhood cancer is a critical component of our long-term strategy and essential to the sustainability of childhood cancer services. As a founding stakeholder to the Global Initiative for Childhood Cancer, we are active in several WHO focus countries, demonstrating what can be achieved through strengthening health systems.

None of our work would be possible without collaboration with a range of incredible partners. This includes the teams in the hospitals where we work, the health care professionals who support them, professional organisations, and our strategic and funding partners. They have all contributed to our strategic review, and we acknowledge their support in the Trustee's report.

### **Our people**

We would like to thank our incredible staff team, here in the UK and in the programme countries and regions in which we work, for their hard work, and commitment over another year. At the end of the year we were sorry to say goodbye to Rebecca Ross, our Finance Director, who has been with World Child Cancer from the very start. Her father, Geoff Thaxter was one of the Founders of the charity, and Rebecca was one of the very earliest employees. She has made a huge contribution to the work of the organisation, and we are delighted that she has agreed to become one of our Patrons.

There have also been some significant changes on the Board, with Kate Lee, Karen Brade, and Anuj Chande all coming to the end of their terms during 2024. We thank them for their commitment to our cause and for their service.

## Chair & CEO's report 31 December 2024

We had a great response when we advertised for new Trustees, and at the end of the year we were delighted to welcome four new Trustees. Mark Everard joined the Board having done an amazing job as the Chair of our incredible Ambassadors group, who, under his leadership had another spectacular year, raising £287,000 across a range of activities from the gala dinner, quizzes, and trekking in Iceland!

We are delighted to be joined by David Morrison, who has been connected to our charity since its earliest days, bringing a deep understanding of our journey and mission. Meriel Flint-O'Kane, is a global health expert with a focus on research, evidence, and health equity that aligns with our goals, and our final new Board member is Virginia Falcón, a specialist in digital analytics and Big Data, offering fresh insights to shape strategy and execution.

We are confident that we have the right Board in place, working collaboratively with our excellent Senior Management Team and brilliant staff as we look towards the launch and implementation of our new strategy, and continue to increase our impact and even the odds for children with cancer across the globe.



Rachel Hollis, FRCN

Chair



Luke Thomas

CEO

The Trustee presents its annual report together with the audited financial statements of World Child Cancer UK (registered charity (No. 1084729) in England and Wales) for the year ended 31 December 2024. The Trustee confirms that the annual report and financial statements of the Charity comply with the Charities Act 2011, the requirements of the Charity's governing document and 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).

### **OBJECTIVES AND ACTIVITIES**

#### **Evening the odds for children with cancer**

Childhood cancers are overwhelmingly curable, and survival from childhood cancer in high income countries is over 80% and rising. The vast majority of childhood cancer occurs in low and middle-income countries, where as few as 20% of children survive. Only around half of all children who get cancer will even receive a diagnosis, and many will receive it too late to be cured. Many children simply don't have access to the treatment or expert staff who can provide life-saving interventions or palliative care that can make cancer care and treatment bearable. The hospitals, clinical staff and families we work with are all passionately committed to providing the best care possible, so World Child Cancer will do everything possible to help achieve that goal.

#### **Improving access to care**

In principle, making treatment and survival in low and middle-income countries match those elsewhere is surprisingly simple: diagnose children earlier, and make sure they get access to specialist healthcare professionals and the relatively inexpensive treatments that we know work. In practice, the barriers are more complex but we believe that they can be overcome with investment, data and partnership. High-income countries achieved stunning results with this approach, applied and improved over decades, but every country is different. By partnering with local leaders, we can support and empower them to apply and adapt best practices to the local context.

World Child Cancer takes a holistic approach to the challenge. This means looking at every part of the child's journey through cancer, from pre-diagnosis through to life after recovery, both from the child's perspective and the healthcare system itself. The first step is perhaps both the most important and the most challenging. Distance from the healthcare system, both geographically and in life-experience, means that many people either don't recognise the signs and symptoms, or don't know where or how to get a diagnosis. Addressing this means understanding the physical, financial and cultural barriers and implementing solutions that people will understand and act upon. The key to this is educating front line healthcare workers, community leaders and the public, and then ensuring that the pathway to diagnosis is as swift as possible.

Once children have reached hospital we work with the whole healthcare system to ensure that there are specialist staff, treatments, equipment and space for their care. We also provide support and education for children and families, so that they understand what's happening and their wellbeing is taken into account. This has a huge impact on their experience, and on outcomes. Families who have financial and emotional resilience are

much more likely to start and complete treatment, so our holistic family support model directly impacts survival rates and quality of life.

There is a significant shortage of specialist healthcare professionals in childhood cancer in many low to middle-income countries. To address this we have significantly increased our training of paediatric oncologists, paediatric oncology nurses, and paediatric oncology pharmacists. In our programmes in Africa this has been done in partnership with the Ghana College of Physicians and the Ghana College of Nurses and Midwives, and includes access for students from other African countries in the region.

We want children to thrive as well as to survive. We therefore recognise the importance of education and support hospital schools and teachers. In August 2024 we began to support the hospital school in Malawi, which is designed to ensure children don't fall behind, and also to give them routine, purpose and social interaction. It has already had 122 children in the children's cancer ward join, with four taking exams in the school, and all four passing. We will evaluate this project and if it continues to succeed we will factor it in to our model for family support.

We have continued our advocacy and engagement with governments in all of the countries where we work. It continues to be a vital part of embedding improvements into the system, and we have seen progress in several countries. We have also engaged closely with the World Health Organization and other international actors to contribute to global efforts to improve childhood cancer treatment and care.

### **Locally led, globally connected**

The challenges faced in the countries where we work are a mixture of familiar and unique, so the solutions must be tailored to the places where we partner. This is why World Child Cancer always employs local teams to work in partnership with the leaders in the healthcare systems to design the solutions. Where we add extra value is through our connection to international institutions, such as world-leading hospitals, the World Health Organization, international initiatives, donors and other partners. We bring all of these together to coordinate a local and global response to the challenge of childhood cancer.

Improving childhood cancer survival rates in developing countries is achievable and affordable. We are investing in sustainable programmes which make a real difference to the lives of thousands of children each year, but we want to do more. We demonstrate impact through truly collaborative partnerships with local staff, and advocate with governments to include childhood cancer in national cancer plans and budgets.

## Trustee's report 31 December 2024

The principal activities of the charity are to:

- ◆ Pay for additional staffing and specialist training for local healthcare staff;
- ◆ Fund health partnership activities;
- ◆ Improve healthcare facilities, diagnosis, access to medicines and other much needed resources;
- ◆ Support awareness raising and advocacy campaigns to raise the profile of childhood cancer, how to seek diagnosis treatment, and the support of governments; and
- ◆ Provide practical support for children and families to help them cope when the child is diagnosed with cancer.

### Approach to fundraising

World Child Cancer UK organises fundraising events in the UK and co-ordinates the activities of our supporters around the world. The charity is signed up to the Fundraising Regulator's Code of Fundraising Practice and a number of our staff are members of the Institute of Fundraising. All fundraising activities are undertaken to ensure that they are not unreasonably intrusive, persistent or pressurising and all marketing material contains clear instructions on how a person can be removed from our mailing lists. We are happy to confirm that we have received no complaints about our fundraising activities this year.

We are extremely grateful to all our donors and supporters but would particularly like to thank the following for their generous support in 2024 – AD Construction Group Ltd, the Ahimsa Trust, the Alternative Hair Charitable Foundation, Amgen Inc, Bristol Myers Squibb, Carlyle Group Inc, Else Kroner Fresenius Stiftung, the Eurofins Foundation, Foundation S - The Sanofi Collective, the Foreign, Commonwealth and Development Office, Global Health Partnerships (formerly THET), HCG, the HelpCare Foundation, Informa plc, the James Tudor Foundation, Love Your Melon, the Omron Foundation, the Mirath Foundation, the Rangoonwala Foundation, the Reed Foundation (the Big Give Trust), the Souter Charitable Trust, Trail Group, the UBS Optimus Foundation, Vistry Group (formerly Countryside Partnerships) and Wiggett Group plc.

### ACHIEVEMENTS AND PERFORMANCE

#### Programme highlights of 2024.

##### Key achievements

- ◆ World Child Cancer supported 10,668 children in the programme countries in 2024 with 5,744 newly diagnosed cases of cancer. The psycho-social component of the charity's work has continued to grow significantly, with 5,038 cash payments being provided throughout the year to cover transport, nutrition, accommodation, diagnostic tests, and drug costs, along with 7,000 families receiving emotional support. We have trained 1,509 healthcare staff in early warning signs and symptoms of childhood cancer and 3,048 in specialised paediatric oncology skills.

## Trustee's report 31 December 2024

- ◆ World Child Cancer facilitated the delivery of donated drugs in Malawi, Cameroon and Ghana, in partnership with International Health Partners (“IHP”) valued at £362,924.
- ◆ In October, Dr George Chagaluka, a Paediatric Oncologist at Queen Elizabeth Central Hospital in Blantyre, Malawi, joined Richard Sabawo, Programme Coordinator, and Ghazaleh Kad, Programme Advisor, for World Child Cancer’s first knowledge exchange trip between programmes, bringing together our Malawian and Ghanaian teams. WCC’s programme in Ghana is the organisation’s largest and most established, providing an excellent platform for sharing challenges and successes experienced over the years.
- ◆ This year’s Congress of the International Society of Paediatric Oncology (SIOP) for Africa was held in Johannesburg and was well attended by WCC, with staff and healthcare professionals from across our programmes in Malawi, Ghana & Cameroon attending in-person. Highlights included: Glenn Mbah (Programme Coordinator, Cameroon) received the Nursing Leadership Award. The award is bestowed upon any present or past member of the Society for their substantial contributions to paediatric oncology nursing. Glenn follows in the impressive footsteps of Rachel Hollis (WCC Chair) in receiving this award. Presentations were also delivered by several WCC staff members throughout the week.
- ◆ World Child Cancer held a joint 90-minute sponsored session with Amgen at the Congress of the Union for International Cancer Control (UICC) on 17 September 2024. The objective of the session was to provide a platform for a wider discussion around childhood cancer and the factors contributing to the disparity in survival rates between high-income and low-income countries. Amgen was extremely pleased with the session and is already excited about developing a presentation for SIOP 2025.
- ◆ In November, World Child Cancer hosted an impactful session titled *Empowering Young Lives: Exploring the Global Impact, Benefits, and Insights of Xploro – An Innovative App Providing Essential Health Information on Childhood Cancer*. The event featured a live demo of the Xploro app by its CEO, showcasing how it transforms complex medical information into a child-friendly format. The app’s adaptation for low- and middle-income countries was highlighted. Child health literacy expert Professor Lucy Bray presented research on Xploro’s effectiveness, demonstrating its role in enhancing coping, reducing anxiety, improving procedural experiences, and fostering long-term health engagement.
- ◆ In October, World Child Cancer received the exciting news that we are now fully registered as a local NGO in Myanmar. We have also begun the process of renewing our MOU with the Ministry of Health.
- ◆ We have continued supporting Yangon and Mandalay Children’s Hospitals (“YCH” and “MCH”) in Myanmar to provide treatment and psychosocial support to children with cancer and their families.
- ◆ We were pleased to celebrate International Childhood Cancer Day across all the countries in which we work this year. In 2024, World Child Cancer delivered a wide range of communication activities that have reached millions of people.

- ◆ We received the FCDO Project Completion Technical Report in early 2024 for the projects in Nepal and Malawi. Following a review by FCDO, both projects received an A rating on their technical assessment, indicating that outcomes met expectations. There are no outstanding actions or processes for either grant.
- ◆ In November, the government of Nepal announced the provision of free cancer treatment for children under the age of 14. While this is a significant step forwards, attention is now shifting towards ensuring the effective implementation of this policy.
- ◆ Megan Cruise, Psychosocial Support Advisor, conducted a four-day workshop at the King Hussein Cancer Centre in Amman, Jordan, funded by the King Hussein Cancer Foundation. The workshop was attended by 15 participants, including doctors, nurses, counsellors, psychologists, palliative care professionals, and a music therapist. Megan has now successfully rolled out this training in Cameroon, Bangladesh, Ghana, Mexico, Nepal, Vietnam, and Indonesia.

### **Key Challenges**

- ◆ As part of the Amgen project, World Child Cancer has agreed to organise shipments of Rituximab to Ghana, Malawi, Cameroon, Indonesia, and Nepal. While we've successfully shipped the drug to three of these countries, with a second shipment currently underway, challenges persist in securing a partner for shipments to Indonesia and Nepal. We are actively working with Amgen to identify solutions to overcome this challenge.
- ◆ Bangladesh experienced significant political unrest last year, compounded by the worst floods in the North-East of the country in over a century, displacing more than 4 million people. Anti-government protests, particularly between police and university students, have led to the deaths of over 150 people and triggered widespread lockdowns and internet blackouts across the nation. As a result, the implementation of programmes has faced substantial challenges.
- ◆ Working in Myanmar remains challenging due to the political situation there.

### **Strategic partnerships and external engagement**

- ◆ We have revised and signed a new memorandum of understanding with City Cancer Challenge ("C/CAN") in the year. C/CAN is a city-based partnership initiative that supports cities around the world as they work to improve access to quality, equitable cancer care. They do this by transforming the way stakeholders from the public and private sectors collectively design, plan and implement cancer solutions. Both WCC and C/CAN are present in Ghana (Kumasi), Myanmar (Yangon) and Mexico (Leon) where there are numerous opportunities for working together.

## **ACHIEVEMENTS AND PERFORMANCE**

### **Country reports**

*In each of the countries in which the Charity works, we have presented some key metrics to demonstrate the impact of the work. In general, the same metrics have been used for all countries, however in some countries not all metrics are shown because either the*

## Trustee's report 31 December 2024

*information is not available or a particular type of support is not provided. For example, in Vietnam, our support does not extend to training staff in paediatric oncology and therefore that metric is not shown.*

### **Malawi**

The WCC Malawi programme is focused on enhancing the capacity of the Queen Elizabeth Central Hospital (QECH), a government-owned, free tertiary teaching hospital in Blantyre. As one of only two hospitals in Malawi offering treatment for children with cancer, it plays a crucial role in the country's healthcare system. Our programme has consistently supported children with cancer and their families by providing transport grants, nutritional assistance, treatment, and diagnostic cost coverage. Additionally, we have delivered early warning signs training across districts in Malawi and raised awareness about childhood cancer through events and campaigns.

Children reached: 777

Healthcare staff trained in early warning signs and symptoms: 525

Cash payments distributed: 1522

Families receiving emotional support: 2179

### **Bangladesh**

In June 2024, World Child Cancer successfully registered as and INGO operating in Bangladesh. Our partnership with ASHIC Foundation will conclude in March 2025. Significant efforts are underway to facilitate a smooth transition and ensure the successful establishment of the organisation in the country. These efforts include opening bank accounts, adapting policies, and cultivating key relationships to support the effective delivery of our work in 2025 and beyond.

Children reached: 2,553

Healthcare staff trained in paediatric oncology: 358

Healthcare staff trained in early warning signs and symptoms: 131

Number of new families who receive family support from a Family Support Officer: 2,822

### **Myanmar**

In October, World Child Cancer received the exciting news that we are now fully registered in Myanmar. We have also begun the process of renewing our MOU with the Ministry of Health. Despite the humanitarian crisis affecting Myanmar, our programme continued supporting children with cancer and their families in YCH and MCH with transport grants, nutrition, and support for the costs of treatment and diagnosis, and supporting the supply of the necessary drugs for treatment and care of children with cancer.

Newly diagnosed children reached: 417

Healthcare staff trained in paediatric oncology: 0

Cash payments distributed: 1,554

Families receiving emotional support: 1,133

### **Cameroon**

During 2024, significant progress was made regarding the establishment of shared care networks for paediatric oncology in Cameroon. This project brought together key stakeholders to map the available services and develop shared care networks to connect shared care

## Trustee's report 31 December 2024

centres with hub centres, led by the National Committee for the Fight Against Cancer (NACFAC), from the Ministry of Health. Through a series of workshops and meetings, two shared care networks built around the hub centres of the Mother and Child Centre of the Chantal Biya Foundation (CME-FCB) and Mbingo Baptist Hospital (MBH) have been designed and developed, connecting CME-FCB and MBH to multiple shared care centres providing secondary care to childhood cancer patients. A draft shared care network manual, which outlines the referral pathways and roles and responsibilities of each hospital, has been produced. This manual is now being finalised and will be submitted to the Ministry of Public Health for review in early 2025.

Children reached: 480

Healthcare staff trained in paediatric oncology: 484

Healthcare staff trained in early warning signs and symptoms: 298

Cash payments distributed: 1,175

### **Ghana**

Ghana remains our largest programme and serves as the host for our regional office in Sub-Saharan Africa. In partnership with major funder UBS, we continue to offer fellowships in paediatric oncology for paediatricians, pharmacists, along with specialised training for nurses.

In 2024, four new trainees enrolled in the Paediatric Oncology Fellowship, with one successfully passing their fellowship exam in March. Three trainee pharmacists graduated from the Pharmacy Fellowship in June, while the Paediatric Oncology Nurses' Fellowship launched in January, enrolling four nurses.

Additionally, two nurses from Kamuzu Central Hospital in Malawi completed a six-week internship at the Red Cross Children's Hospital in South Africa. The WCC Ghana team contributed presentations at the SIOP Africa Conference in June. Furthermore, Greater Accra Regional Hospital launched a new Child Life Specialist service to support the well-being of young cancer patients. Lastly, the Paediatric Oncology Nursing (PON) Foundation Cascade Training at Upper West Region Hospital trained 24 nurses to deliver enhanced supportive care.

Children reached: 1,011

Healthcare staff trained in paediatric oncology: 1,858

Healthcare staff trained in early warning signs and symptoms: 436

Cash payments distributed: 2,341

Families receiving emotional support: 994

### **Vietnam**

This year has been business as usual, with the Family Support Officer continuing to offer financial, emotional, and practical support to families at Hue Central Hospital. This position acts as a model service which could be rolled out to other paediatric oncology units across the country.

Newly diagnosed: 188

Cash payments distributed: 5

Families receiving emotional support: 188

### ***Nepal***

In September/October, an International Health Partnership visit took place in Nepal, led by the Lead Pharmacist from Great Ormond Street Hospital (UK). During the visit, two pharmacy training sessions were delivered to 46 healthcare professionals, including pharmacists, nurses, and doctors, from our four partner hospitals. The sessions covered essential topics such as Burkitt Lymphoma treatment, the principles of cytotoxic therapy, pharmacological management of side effects, and the safe handling of systemic anti-cancer therapy. This marked the first-ever pharmacy training of its kind in Nepal

Newly diagnosed: 307

Healthcare staff trained in paediatric oncology: 144

Healthcare staff trained in early warning signs and symptoms: 119

Families receiving financial support: 399

Families receiving emotional support: 552

### ***Mexico***

In February, Megan Cruise (Psychosocial Support Advisor) and Nathan Ward (Programme Manager) visited our programme in Mexico. The aim of the visit was to build a team of Psychosocial Support trainers across multiple paediatric oncology units in Monterrey, and to engage with our partners in Monterrey to evaluate our programme to date and plan future collaboration and activities. The visit was successful, with key meetings and discussions about future collaboration with hospitals and partners in Nuevo Leon.

Children reached: 369

Families receiving emotional support: 460

Cash payments distributed: 1,079

### ***Sierra Leone***

In November, a clinical team from Cardiff and Vale Hospital visited Sierra Leone to assess paediatric oncology services at Ola Daring Children's Hospital (ODCH) and explore future plans. They reviewed 2024 successes and challenges, toured the unit, and discussed renovating the play space and the need for a teacher. The team noted issues with chemotherapy preparation, including the use of an adapted incubator and limited storage for medications. They met with the Ministry of Health to highlight the absence of radiotherapy, though long-term plans are in place to introduce it. At Connaught Hospital, they attended a palliative care meeting, emphasizing the need for pain management training at ODCH. Plans for collaboration on palliative care and psychosocial support training were discussed. The team also raised concerns about histopathology capacity, stressing the need for funding for consumables and equipment to improve diagnosis and support the paediatric oncology team.

Nathan Ward, WCC Programme Manager, joined the Cardiff team in Sierra Leone to conduct a programmatic needs assessment, assessing the possibility of expanding our support to ODCH in 2025.

Newly diagnosed: 70

Healthcare staff trained in paediatric oncology: 14

Families receiving emotional support: 144

## STRUCTURE, GOVERNANCE AND MANAGEMENT

### Constitution and organisational structure

World Child Cancer UK is constituted and governed by a trust deed dated 1 December 2000. The Trustee is responsible for the overall governance of the Charity.

The maximum number of trustees or trustee representatives is twelve at any one time. The standard number of terms of office is two, however, by exception a third term may be allowed if it is considered in the best interests of the organisation to do this.

### Trustees

World Child Cancer UK has one corporate trustee, World Child Cancer Trustees, whose Directors act as Trustee Representatives. Those who served in the year are:

Trustee representatives	Appointed/resigned
Sara Bailey	
Professor Simon Bailey	
Karen Brade	Resigned 12 December 2024
Anuj Chande	Resigned 12 December 2024
Yves Dermaux	
Mark Everard	Appointed 26 September 2024
Virginia Falcón	Appointed 26 September 2024
Meriel Flint-O'Kane	Appointed 26 September 2024
Helen Griffiths	Resigned 13 March 2025
Rachel Hollis	
Kate Lee	Resigned 26 September 2024
David Morrison	Appointed 26 September 2024
Paul Nabavi	
Professor Lorna Awo Renner	Resigned 13 March 2025
Julie Torode	

### Honorary Patrons during the year

- ◆ Professor Tim Eden
- ◆ Gill Thaxter
- ◆ Anu Vedi
- ◆ Caitriona Balfe
- ◆ Gordon Morrison
- ◆ David Thomas

### Committees

As well as the Corporate Trustee, World Child Cancer UK has several sub-committees to aid in the running of the charity. The details of these committees are listed below:

***HR and Governance Committee***

This committee is responsible for overseeing all employment matters and recommends the appointment of the new Trustees. In respect of staff, it monitors staff performance through appraisals, reviews salaries and ensures employment legislation is adhered to. Members during the year:

- ◆ Helen Griffiths
- ◆ Rachel Hollis
- ◆ Yves Dermaux (to 12 December 2024)
- ◆ Virginia Falcón (from 12 December 2024)

***Programme Committee***

The Programme Committee oversees the work of the programmes team, making sure that it adheres to the approved strategy and that it delivers in terms of programme and global targets. The Programme Committee includes representation from World Child Cancer UK, the Netherlands and USA to enhance the integration and harmonisation of our global work. Members during the year:

- ◆ Gertjan Kaspers
- ◆ Abby White
- ◆ Alison Finch
- ◆ Rehana Punjwani
- ◆ Sue Horton
- ◆ Festus Muigai
- ◆ Kathy Pritchard-Jones
- ◆ John Van Doorninck
- ◆ Nihad Salifu
- ◆ Rachel Hollis
- ◆ Julie Torode

***Finance Committee***

The Finance Committee assists the Board in its duty to supervise the broad direction of World Child Cancer's financial affairs, including current and forecast financial performance, liaising with the external auditors and considering the financial controls and financial risks to which the charity is exposed. Members during the year:

- ◆ Karen Brade (to 12 December 2024)
- ◆ Anuj Chande (to 12 December 2024)
- ◆ Yves Dermaux (from 12 December 2024)
- ◆ David Morrison (from 12 December 2024)
- ◆ Paul Nabavi
- ◆ Rachel Hollis (ex-officio)

**Policies adopted for the induction and training of Trustees or their representatives**

The charity relies upon the guidance issued by the Charity Commission in relation to the induction and training of Trustees or their representatives and follows guidance and best practice. General practice for inducting new Trustees and trustee representatives includes meeting with key management and other trustees, the provision of a training pack which includes key financial, fundraising and programme information and copies of past board Minutes and papers. In addition, all new trustees undertake safeguarding training.

**Key management personnel and pay policy for senior staff**

The trustees delegate the day-to-day management of the charity to the key management personnel. These comprise the roles of the Chief Executive Officer, Finance Director, and Director of Programmes. It is the responsibility of the HR and Governance sub-committee to review the pay and benefits for staff once per year and set pay based on industry benchmarks, performance and budget availability.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the HR and Governance sub-committee. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

**Risk management**

Risk to the charity is actively managed and the register of risks is reviewed on a quarterly basis by the Trustee and relevant sub-committees. In addition, the senior management team monitor and act upon the risks identified in the risk register and this is done on a continuing basis. The Trustee has assessed the major risks to which the charity is exposed and is satisfied that there are appropriate systems and procedures in place to mitigate the exposure to the major risks:

- ◆ Ensuring that fundraising targets are met, an appropriate income generation plan is in place and ensuring the balance of restricted and unrestricted income and reserves is appropriate. This past year has continued to be financially challenging, with the fundraising environment remaining highly competitive. Coupled with this is the challenge of managing restricted and unrestricted fundraising. Whilst restricted donations contribute hugely towards the success of World Child Cancer's programmes, unrestricted income is also required to ensure the charity can continue to operate effectively. As part of ensuring the Charity operates as efficiently as possible, the aim is always full cost recovery within funding applications and wherever possible,

programme management contributions are built into all restricted funding proposals. Regular planning meetings are important to identify funding gaps and to agree which fundraising applications should be prioritised.

- ◆ Changes in the political and social landscape of the countries where the charity operates which could result in unrest or instability. This results in a risk to staff and volunteers travelling to those countries on behalf of the organisation, a risk to staff working in-country and a direct risk to the charity's beneficiaries. This risk is especially critical in Myanmar where a military coup took place in early 2021. Public hospitals in Myanmar were closed by the military for part of 2022, and as a result there has been a dramatic fall in the number of children presenting at hospital which has a catastrophic impact on survival rates. An added complication has been the fact banks have been generally closed and when open, only minimal withdrawals have been allowed. Getting funds into Myanmar to support families has therefore been extremely challenging. World Child Cancer is working closely with staff in-country to try and ensure their safety is preserved and they work from home wherever possible to minimise risk. Aside from Myanmar, managing potentially dangerous situations is carried out through observing FCDO advice, reviewing security advice for travel to particular countries and observing local customs and cultures. We have also faced challenges in the year due to political instability in Bangladesh and local security issues in Cameroon and have managed them effectively using the above approach.

In addition to the political situation in Myanmar, the war in Ukraine and the ongoing situation in Palestine have had worldwide ramifications which have affected many charities in the sector and not just World Child Cancer. Higher energy and food prices have caused high inflation and in some of World Child Cancer's African programme countries, this continues to run as high as 40%. This high inflation causes fundraising challenges and puts pressure on staff and of course patients and their families. Additional financial support has been provided to staff where possible, and funding and budgets are regularly revised but World Child Cancer has very limited methods by which to mitigate the impacts of high inflation.

- ◆ We are unable to recruit and retain the right mix of staff and trustees. Recruiting and retaining the right people across the world is fundamental to our being able to deliver excellent outcomes for the children and families we work with. This is challenging in the context of high inflationary environments in many countries where we work and our level of available financial resources to address this risk. We address this risk through a careful and focussed approach to recruitment, strong communication channels across the charity, addressing high inflation risks with one-off payments and linking of salaries to hard currency amounts where possible and regular salary benchmarking surveys that then feed into our financial planning framework.
- ◆ Ensuring the appropriate level of free reserves are held. A charity is always faced with the challenge of holding sufficient free reserves to be able to comfortably support itself through a downturn but it equally requires not to hold excessive free reserves which could otherwise be deployed to further the charity's aims. World Child Cancer's reserves policy states that 3 months' of operating costs and 3-4 months' of programme costs should be held as reserves (further detail in the Reserves section of the report). Careful management is required to give us the best possible chance of adhering to this

policy. The reserves policy is reviewed regularly by the Board in the context of the major strategic risks faced by the charity, and free reserves are closely monitored through the regular production of management information. The Finance Committee supports the Board in close monitoring of the reserves position and other financial risks such as cashflow availability. Regular organisational reforecasts are completed during the year which allow us to flex spending plans based on the most up to date information about fundraising targets, external financial factors and current reserves levels.

- ◆ The risk of inadequate safeguarding leading to the abuse of, or injury to a child or vulnerable adult. The organisation has a robust Safeguarding Policy for children and vulnerable adults to which all staff and volunteers are required to adhere. The safeguarding of a child or vulnerable adult, such as a parent of a child with cancer, continues to be of utmost priority. Safeguarding training is regularly refreshed for all staff and volunteers, most recently in autumn 2024. The charity's Code of Conduct forms part of an employee's employment contract and this further sets out the expected behaviours of all representatives of World Child Cancer. World Child Cancer has well-publicised procedures to follow in the event of any safeguarding concern and all safeguarding incidents or near misses are reported to the HR & Governance Committee and the Board, with a focus on ensuring mitigating actions are rapidly completed and that any necessary changes to systems and processes are also in hand. No safeguarding incidents were reported from any of our programmes in 2024.

## **FINANCIAL REVIEW**

### **Financial results and position**

Total income in the year was 46% lower than 2023 at £3.2 million (2023 – £5.9 million). However, these headline numbers include exceptionally generous in kind donations of vital cancer drugs for our programmes valued at £2.9 million in 2023 compared to ongoing in kind donations valued at £365,000 in 2024. Income before donated goods has decreased slightly by 4% in the year to £2,873,000 (2023 – £2,987,000). This represents a strong result from the fundraising team, offset slightly by changing payment profiles agreed with some of our larger donors. We remain lucky to have a broad and committed community of individuals fundraising on our behalf and they have continued to make an important contribution to our income in 2024. Our Ambassadors group have held a number of successful events on our behalf, raising £287,000 of valuable unrestricted income in the year (2023 – £320,000) and our individual givers and major donors have generously donated £313,000 in 2024 (2023 – £365,000), which remains a strong result in the context of an ongoing cost of living crisis that is impacting many people's household budgets.

Total expenditure for the year was £3.7 million (2023 – £5.6 million) resulting in an overall deficit for the year of £459,000 (2023 – surplus of £246,000). As with income, total expenditure in 2023 also includes £2.9 million of donated cancer drugs, which were shipped to our hospital partners in Malawi and Cameroon, compared to ongoing in kind donations of £365,000 in 2024.

Expenditure on the support of treatment programmes before donated goods has amounted to £2,873,000 in the year, up from £2,440,000 in 2023. This 18% increase has been made possible by our partnership with Amgen Inc. who have enabled us to increase our work for

## Trustee's report 31 December 2024

children with Burkitt's Lymphoma in Ghana, Cameroon, Malawi, Nepal and Indonesia. Fundraising expenditure has increased from £301,000 in 2023 to £459,000 in 2024, as we have invested in trialling new fundraising approaches which we expect to produce a return on investment over the next three years and beyond. Diversifying our income streams remains a vitally important part of our plan to improve our financial sustainability in a volatile and complex external operating environment. .

The result for the year is a deficit of £459,000 (2023 – surplus of £246,000) made up of an unrestricted surplus of £17,000 (2023 – deficit of £212,000) and a restricted deficit of £476,000 (2023 – surplus of £459,000). The restricted deficit has arisen due to planned spending of restricted income received in prior years – this is reflected in the reduction in restricted reserves from 2024's high point of £907,000 to more typical levels of £432,000 at the year end. Trustees are pleased to recognise an unrestricted surplus for the year, another important part of improving our financial sustainability, and plan to achieve a further small unrestricted surplus in 2025.

### Reserves policy

The Trustee Representative continues to ensure the reserves policy is appropriate and reflects the environment in which World Child Cancer operates, the risks it faces, its strategic and operational objectives and the type of income it receives. Furthermore, World Child Cancer wishes to ensure that essential services to beneficiaries can be maintained, particularly given the backdrop of worldwide economic uncertainty. In the countries in which the charity works, we have committed funding to ensure the programmes can operate and where these programmes are not covered by restricted funding, the Trustee Representative has taken the decision to designate additional funding when needed to allow the programmes to operate for a period of 3-4 months. If required at the year end, these additional funds are disclosed as designated reserves.

As a result, World Child Cancer UK has adopted a policy of having 3 types of reserves:

- ◆ **Restricted reserves:** funds which have a restriction placed on them by the donor.
- ◆ **Designated reserves:** funds designated for use by the Trustee; the policy adopted is that the total of designated and restricted reserves is sufficient to ensure 3-4 months' worth of direct programme costs are held at the year end, as each programme's budget is agreed annually and most of the programmes do not have alternative sources of funding.
- ◆ **Unrestricted reserves:** funds that should be available to the charity to be used in the event of a downturn in income, unexpected costs or if any of the key risks facing the charity materialise.

Having considered all factors, it is considered appropriate that 3 months' worth of operational costs should be held as unrestricted reserves.

As at 31 December 2024, total funds held by World Child Cancer UK amount to £679,000 (2023 – £1,137,000). Restricted reserves are £432,000 (2023 – £907,000). Designated reserves are £nil (2023 – £nil) owing to the fact that restricted reserves already account for 3-4 months' worth of future direct programme costs.

## Trustee's report 31 December 2024

The balance of reserves amount to £247,000 (2023 – £229,000) and are held within the unrestricted fund. Of this, £10,000 (2023 – £8,000) is held as tangible fixed assets which are not part of the free reserves of the Charity as these are not available for immediate realisation. Therefore, the free reserves of World Child Cancer UK at 31 December 2024 are £237,000 (2023 – £221,000), which equates to approximately 4 months' worth of operating costs (more than the reserves policy of 3 months).

The reserves policy is reviewed on an annual basis to ensure it is appropriate and offers satisfactory safeguards to the charity's beneficiaries, its staff and other relevant parties.

### **Going concern**

The Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a going concern. The Trustee believes that the Charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus the Trustee continues to adopt the going concern basis of accounting in preparing the annual financial statements.

### **Public benefit**

When considering the charity's activities, the Trustee has complied with the duty to have due regard to the Charities Commission's general guidance on public benefit and is satisfied that the organisation fully complies with the Public Benefit requirements.

## **SUSTAINABILITY STATEMENT**

World Child Cancer UK is committed to being a responsible organisation and as such, strives to consider all stakeholders in the way it operates. Indeed, World Child Cancer has as its core 5 values the following:

- ◆ Act for sustainable change;
- ◆ Act with integrity;
- ◆ Act collaboratively;
- ◆ Act with kindness;
- ◆ Act to keep children safe.

Sustainability, or 'Environmental, Social and Governance' (ESG) is embedded into World Child Cancer UK's strategy and this document seeks to set out the ways in which this is being addressed.

### **Environmental policies**

World Child Cancer UK is committed to minimising the impact of its activities on the environment. One of the organisation's key activities is undertaking training and health partnership activities and this has traditionally meant air travel to fly healthcare professionals from their home countries to the programme countries. Covid has shown that there are

alternative ways of working and that some training can be delivered virtually. Whilst there will be times when face-to-face meetings/training are preferable, the organisation has found alternative, effective ways of working and so going forward, air travel will undoubtedly continue to be reduced. In any case, air travel is minimised wherever possible. In addition to this, the environmental policy sets out other ways to minimise the impact on the environment such as sharing documents electronically, recycling and considering a supplier's environmental credentials when they tender for services.

Climate change is a concern and is particularly pertinent in countries in which World Child Cancer UK works as natural disasters are, sadly, more common. These natural disasters can be driven by climate change and hence the drive to minimise environmental impact becomes ever more crucial.

### **Social policies**

World Child Cancer UK strives to be an inclusive and diverse organisation. To this end, there has been a focus over recent years of recruiting in-country and expanding the global workforce. Today, World Child Cancer employs 36 people, over 55% of whom are based internationally. After the London base, the regional office in Ghana is the second largest and is home to 11 staff.

The opinions and ideas of staff are central to how World Child Cancer operates and regular staff surveys are carried out. The surveys ask questions about role, career opportunities, leadership, strategy, working conditions, reward and recognition. The most recent staff survey was undertaken in autumn 2024, and work is underway to celebrate successes and address the areas for improvement highlighted in the survey feedback.

### **Governance policies**

World Child Cancer UK complies fully with all statutory requirements and has robust policies regarding what it expects of its staff and trustees. This is set out in the organisation's Code of Conduct which all parties must agree to. In addition, there are detailed policies on equality & diversity, bribery, ethical sponsorship, risk management and a code of ethics.

In addition, World Child Cancer has adopted the Charity Governance Code and undertook a Board Evaluation benchmarked against the Code in November 2024. The results of the evaluation were generally very strong, but areas for further improvement were identified around monitoring and evaluation, risk management and diversity, equity inclusion and belonging. Further work on these areas has been included in the 2025 Board workplan as a result.

Underpinning all of World Child Cancer UK's work is its utmost aim to keep all children and vulnerable adults free from harm and this is enshrined in the safeguarding policy. There is clear guidance in the whistleblowing policy as to what to do if anyone has concerns regarding safeguarding and the topic is discussed regularly at both board and staff meetings to ensure all parties remain vigilant.

Risk management is monitored via the risk matrix and discussed at quarterly board meetings as well as being a standing topic at senior management meetings. Remuneration is reviewed in accordance with the policy and via the HR & Governance Committee. Pay is commensurate with experience, qualifications, benchmarking and the sector. A salary benchmarking study is

## **Trustee's report** 31 December 2024

conducted regularly for UK staff and a similar study was undertaken in Ghana recently. The aim is to ensure that frequent benchmarking exercises are undertaken in all of the programme countries at regular intervals.

### **TRUSTEE'S RESPONSIBILITIES STATEMENT**

The Trustee is responsible for preparing the trustee's report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the Trustee is required to:

- ◆ select suitable accounting policies and then apply them consistently;
- ◆ observe the methods and principles in 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);
- ◆ make judgments and accounting estimates that are reasonable and prudent;
- ◆ state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- ◆ prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

This report was approved by the Trustee on 12 June 2025 and signed on its behalf by:



Rachel Hollis, Chair

**Independent auditor's report to the corporate trustee of World Child Cancer UK**

**Opinion**

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

In our opinion, the accounts:

- ◆ give a true and fair view of the state of the charity's affairs as at 31 December 2024 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Charities Act 2011.

**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 accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts 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 the charity'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 Trustee is responsible for the other information. The other information comprises the information included in the Chair's Report, the trustees' report and accounts other than the financial statements and our auditor's report thereon. Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts or our knowledge obtained in 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 there is a material misstatement in the accounts or a material misstatement of the other information. 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.

### **Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

- ◆ the information given in the trustees' annual report is inconsistent in any material respect with the accounts; or
- ◆ sufficient accounting records have not been kept; or
- ◆ the accounts are not in agreement with the accounting records and returns; or
- ◆ we have not received all the information and explanations we require for our audit.

### **Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the accounts 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 accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the trustees are responsible for assessing the charity'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 charity 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 is detailed below:

***How the audit was considered capable of detecting irregularities including fraud***

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ we identified the laws and regulations applicable to the charity through discussions with trustees and other management, and from our commercial knowledge and experience of the sector;
- ◆ we focused on specific laws and regulations in both the UK and overseas, which we considered may have a direct material effect on the financial statements or the operations of the charity, including the Charities Act 2011, data protection legislation, employment law and safeguarding principles;
- ◆ we considered the impact of the international nature of the charity's operations on its compliance with laws and regulations;
- ◆ we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- ◆ identified laws and regulations were communicated within the audit team and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

**Auditor's responsibilities for the audit of the financial statements** (continued)

***How the audit was considered capable of detecting irregularities including fraud***  
*(continued)*

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions;
- ◆ assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- ◆ used data analytics to investigate the rationale behind any significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ agreeing financial statement disclosures to underlying supporting documentation;
- ◆ reading the minutes of meetings of those charged with governance;
- ◆ enquiring of management as to actual and potential litigation and claims; and
- ◆ reviewing any available correspondence with HMRC and the company's legal advisors.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

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 charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and with regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees 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 charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

*Buzzacott Audit LLP*

Buzzacott Audit LLP  
Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

16 June 2025

Buzzacott Audit LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

## Statement of financial activities Year ended 31 December 2024

	Notes	Restricted funds £	Un-restricted funds £	2024 Total funds £	Restricted funds £	Un-restricted funds £	2023 Total funds £
<b>Income from:</b>							
Donations and legacies	1	2,058,012	803,472	2,861,484	2,409,126	570,696	2,979,822
Donated goods: medical supplies	1	365,129	—	365,129	2,886,777	—	2,886,777
Investments		108	11,884	11,992	76	7,568	7,644
<b>Total income</b>		<b>2,423,249</b>	<b>815,356</b>	<b>3,238,605</b>	<b>5,295,979</b>	<b>578,264</b>	<b>5,874,243</b>
<b>Expenditure on:</b>							
Raising funds	2	1,071	458,024	459,095	—	300,736	300,736
Charitable activities: Support of treatment programmes	3	2,532,984	339,927	2,872,911	2,011,106	429,183	2,440,289
Charitable activities: Delivery of medical supplies	1	365,129	—	365,129	2,886,777	—	2,886,777
<b>Total expenditure</b>		<b>2,899,184</b>	<b>797,951</b>	<b>3,697,135</b>	<b>4,897,883</b>	<b>729,919</b>	<b>5,627,802</b>
<b>Net income (expenditure) before transfers</b>		<b>(475,935)</b>	<b>17,405</b>	<b>(458,530)</b>	398,096	(151,655)	246,441
Transfer between funds	11	—	—	—	60,401	(60,401)	—
<b>Net income (expenditure) and net movement in funds</b>	6	<b>(475,935)</b>	<b>17,405</b>	<b>(458,530)</b>	458,497	(212,056)	246,441
<b>Reconciliation of funds</b>							
Fund balances brought forward		907,834	229,232	1,137,066	449,337	441,288	890,625
<b>Fund balances carried forward</b>		<b>431,899</b>	<b>246,637</b>	<b>678,536</b>	<b>907,834</b>	<b>229,232</b>	<b>1,137,066</b>

The notes on pages 36 to 44 form part of these financial statements.

**Balance sheet** 31 December 2024

	Notes	2024 £	2024 £	2023 £	2023 £
<b>Fixed assets</b>					
Tangible fixed assets	8		<b>9,746</b>		7,893
<b>Current assets</b>					
Debtors	9	<b>238,181</b>		222,298	
Short term deposits		—		30,000	
Cash at bank and in hand		<b>528,078</b>		919,890	
		<b>766,259</b>		1,172,188	
<b>Creditors:</b> amounts falling due within one year	10	<b>(97,469)</b>		(43,015)	
<b>Net current assets</b>			<b>668,790</b>		1,129,173
<b>Net assets</b>			<b>678,536</b>		1,137,066
Restricted funds	11		<b>431,899</b>		907,834
Unrestricted funds					
. General	11		<b>246,637</b>		229,232
<b>Total funds</b>			<b>678,536</b>		1,137,066

The financial statements were approved and authorised for issue by the Trustee on 12 June 2025 and signed on its behalf, by Rachel Hollis:



The notes on pages 36 to 44 form part of these financial statements.

Charity number: 1084729

## Statement of cash flows Year ended 31 December 2024

		2024 £	2023 £
<b>Cash flows from operating activities</b>			
Net cash (used in) operating activities	A	(468,655)	(7,652)
<b>Cash flows from investing activities</b>			
Purchase of tangible fixed assets		(5,149)	(2,847)
Investment income		11,992	7,644
Purchase of short-term deposits		—	(30,000)
Disposal of short-term deposits		30,000	—
<b>Net cash provided by (used in) investing activities</b>		<b>36,843</b>	<b>(25,203)</b>
<b>Cash flows from financing activities</b>			
Loan financing		40,000	—
<b>Net cash provided by financing activities</b>		<b>40,000</b>	<b>—</b>
<b>Change in cash and cash equivalents in the year</b>		<b>(391,812)</b>	<b>(32,855)</b>
<b>Cash and cash equivalents at 1 January</b>		<b>919,890</b>	<b>952,745</b>
<b>Cash and cash equivalents at 31 December</b>	B	<b>528,078</b>	<b>919,890</b>

### A Reconciliation of net movement in funds to net cash (used in) operating activities

		2024 £	2023 £
Net (expenditure) income for the year (as per Statement of Financial Activities)		(458,530)	246,441
Adjustment for:			
Depreciation charges		3,296	3,231
Investment income		(11,992)	(7,644)
(Increase) in debtors		(15,883)	(21,290)
Increase (decrease) in creditors		14,454	(228,390)
<b>Net cash (used in) operating activities</b>		<b>(468,655)</b>	<b>(7,652)</b>

### B Analysis of changes in net debt

		2024 £	2023 £
Cash at bank and in hand		528,078	919,890
<b>Total cash and cash equivalents</b>		<b>528,078</b>	<b>919,890</b>

World Child Cancer UK does not have any borrowings or lease obligations. Net debt consists therefore of the cash at bank and in hand and short-term deposits.

## **Principal accounting policies** Year ended 31 December 2023

### **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 United Kingdom 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 Charities Act 2011.

World Child Cancer UK constitutes a public benefit entity as defined by FRS 102.

The financial statements are presented in sterling and are rounded to the nearest pound.

### **Critical accounting estimates and areas of judgement**

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. This includes assessing the impact of the ongoing global conflicts and the increase in the costs of living on the charity's income, expenditure and financial position (see assessment of going concern below).

### **Accounting estimates and assumptions**

The charity makes estimates and assumptions concerning the receipt of Voluntary Medical Aid, which is a donated service. The calculation of the estimated financial cost of this aid is based on the time spent by the professionals donating their time and what the salary cost of those professionals would have been if they were employed by the charity.

### **Assessment of going concern**

The Trustee has assessed whether the use of the going concern assumption is appropriate in preparing these financial statements. The Trustee has made this assessment in respect to a period of one year from the date of approval of these financial statements.

The Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the charity is a going concern. The Trustee of the charity has concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The Trustee believes that the charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

The most significant areas of judgement that affect items in the accounts are detailed above.

### **Income recognition**

All income is recognised once the charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

## Principal accounting policies Year ended 31 December 2023

Income comprises donations (including from fundraising appeals and events) and legacies, institutional grant income, donated medical drugs and equipment, donated services of doctor and consultant time and investment income.

Donations are recognised when the charity has confirmation of both the amount and settlement date. In the event of donations pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

For legacies, entitlement is taken as the earlier of the date on which either: the Charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the Charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the Charity, or the Charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Grants from government and other agencies have been included as income from charitable activities where these amount to a contract for services, but as donations where the money is given in response to an appeal or with greater freedom of use.

Donated services or facilities are recognised when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time is not recognised.

Donated professional services and donated facilities are valued 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; a corresponding amount is then recognised in expenditure in the period of receipt.

Donated goods are recognised at a value equivalent to their market value when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably. A corresponding amount is then recognised in expenditure at the date the goods are received by our hospital partners in the countries in which we operate.

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.

## Principal accounting policies Year ended 31 December 2023

### Expenditure recognition

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity, and includes financial support provided to individuals. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Support costs are those costs incurred directly in support of expenditure on the objects of the Charity and include project management carried out at Headquarters. These include governance costs which are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements. Support costs are allocated across expenditure on raising funds and charitable activities as a proportion of total expenditure incurred.

Expenditure on raising funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Expenditure on charitable activities are costs incurred on the Charity's operations, including support costs and costs relating to the governance of the Charity apportioned to charitable activities.

Termination benefits are measured at the best estimate of the expenditure required to settle the obligation at the reporting date. If the expected settlement date of the termination payments is 12 months or more after making the provision and the effect would be material, the present value of the obligation must be calculated using an appropriate discount rate.

### Tangible fixed assets and depreciation

All assets costing more than £250 are capitalised.

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the statement of financial activities.

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Office equipment	20% straight line
------------------	-------------------

## Principal accounting policies Year ended 31 December 2023

### Debtors

Debtors are recognised at the settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid.

### Cash at bank and in hand

Cash at bank and 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. Any cash investment with a longer maturity is classified as a short term deposit.

### Liabilities and provisions

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

### Financial instruments

The Charity only holds basic financial instruments as defined in FRS 102. The financial assets and financial liabilities of the Charity and their measurement basis are as follows:

*Financial assets* – trade and other debtors are basic financial instruments and are debt instruments measured at amortised cost. Prepayments are not financial instruments.

*Cash at bank* – classified as a basic financial instrument and is measured at face value.

*Financial liabilities* – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost. Taxation and social security are not included in the financial instruments disclosure definition. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver services rather than cash or another financial instrument.

### Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at rates of exchange ruling at the balance sheet date.

Transactions in foreign currencies are translated into sterling at the rate ruling on the date of the transaction.

Exchange gains and losses are recognised in the statement of financial activities.

### Operating leases

Rentals under operating leases are charged to the statement of financial activities on a straight line basis over the lease term.

## **Principal accounting policies** Year ended 31 December 2023

### **Pensions**

The Charity operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Charity to the fund in respect of the year.

### **Fund accounting**

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

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

Investment income, gains and losses are allocated to the appropriate fund.

**1 Income from donations and legacies**

	Restricted funds £	Unrestricted funds £	Total funds 2024 £
<b>Donations</b>			
. Community and events	11,233	464,232	<b>475,465</b>
. Individual giving and major donors	34,152	279,044	<b>313,196</b>
. Corporates, trusts and foundations	1,150,388	60,196	<b>1,210,584</b>
. Statutory funding	352,180	—	<b>352,180</b>
. Voluntary medical aid	510,059	—	<b>510,059</b>
<b>Total</b>	<b>2,058,012</b>	<b>803,472</b>	<b>2,861,484</b>
	<i>Restricted funds £</i>	<i>Unrestricted funds £</i>	<i>Total funds 2023 £</i>
<i>Donations</i>			
. Community and events	—	320,619	320,619
. Individual giving and major donors	219,505	146,482	365,987
. Corporates, trusts and foundations	1,317,250	92,113	1,409,363
. Statutory funding	410,065	—	410,065
. Voluntary medical aid	462,306	—	462,306
. Other donated services	—	11,482	11,482
<i>Total</i>	<i>2,409,126</i>	<i>570,696</i>	<i>2,979,822</i>

Included within statutory funding for the year ended 31 December 2024 is £135,015 (2023 – £87,998) received from the Foreign and Commonwealth Development Office (FCDO) in respect of our UK Aid Match grant for Ghana – grant reference 205210-289. This amount was fully spent on the designated project.

In the prior year the following amounts were received from the FCDO and fully spent as intended:

- £122,157 for our UK Aid Match grant for Bangladesh – grant reference 205210-248
- £127,358 for our UK Aid Match Nepal project – grant reference is 205210-257.
- £72,552 from FCDO for our programme in Malawi – grant reference 205210-271.

Included within Corporates, Trusts and Foundations income for the year ended 31 December 2024 is an amount of £451,237 (2023 – £442,125) from the UBS-Optimus Foundation in respect of creating a centre of excellence for paediatric oncology in Sub-Saharan Africa. In the prior year £213,559 was included from Bristol Myers Squibb as a grant for strengthening paediatric oncology skills in Ghana and Cameroon.

The donated drugs noted on the face of the statement of financial activities relate to charity facilitating the delivery of drugs in Malawi, Ghana and Cameroon, in partnership with International Health Partners valued at £365,129 (2023 – £2,886,777).

## 2 Expenditure on raising funds

	Restricted funds £	Unrestricted funds £	Total funds 2024 £
Fundraising costs	1,071	198,384	<b>199,455</b>
Staff costs	—	246,798	<b>246,798</b>
Support costs (note 4)	—	12,842	<b>12,842</b>
<b>Total</b>	<b>1,071</b>	<b>458,024</b>	<b>459,095</b>

	Restricted funds £	Unrestricted funds £	Total funds 2023 £
<i>Fundraising costs</i>	—	98,745	98,745
<i>Staff costs</i>	—	194,621	194,621
<i>Support costs (note 4)</i>	—	7,370	7,370
<i>Total</i>	—	300,736	300,736

## 3 Analysis of expenditure on charitable activities

	Restricted funds £	Unrestricted funds £	Total funds 2024 £
Project costs	1,628,193	74,186	<b>1,702,379</b>
Other direct costs	260,254	42,684	<b>302,938</b>
Voluntary medical aid	510,059	—	<b>510,059</b>
Staff costs	134,478	142,695	<b>277,173</b>
Support costs (note 4)	—	80,362	<b>80,362</b>
<b>Total</b>	<b>2,532,984</b>	<b>339,927</b>	<b>2,872,911</b>

	Restricted funds £	Unrestricted funds £	Total funds 2023 £
Project costs	1,245,420	115,821	1,361,241
Other direct costs	194,729	35,232	229,961
Voluntary medical aid	462,306	—	462,306
Donated goods and services	—	11,482	11,482
Staff costs	108,651	175,101	283,752
Support costs (note 4)	—	91,547	91,547
<b>Total</b>	<b>2,011,106</b>	<b>429,183</b>	<b>2,440,289</b>

#### 4 Support costs

	<b>Total funds 2024 £</b>	Total funds 2023 £
Legal and professional	<b>4,970</b>	5,127
Audit and accounting fees	<b>18,290</b>	14,780
Other costs	<b>15,416</b>	28,798
Support staff costs	<b>51,232</b>	46,981
Depreciation	<b>3,296</b>	3,231
	<b>93,204</b>	98,917

#### 5 Analysis of expenditure type

	Staff costs £	Depreciation £	Other costs £	<b>Total funds 2024 £</b>
Current year				
Expenditure on raising funds	253,855	454	204,786	<b>459,095</b>
Direct costs on charitable activities	554,711	2,842	2,680,487	<b>3,238,040</b>
	<b>808,566</b>	<b>3,296</b>	<b>2,885,273</b>	<b>3,697,135</b>

	Staff costs £	Depreciation £	Other costs £	Total funds 2023 £
Prior year				
Expenditure on raising funds	194,621	—	106,115	300,736
Direct costs on charitable activities	483,526	3,231	4,840,309	5,327,066
	<b>678,147</b>	<b>3,231</b>	<b>4,946,424</b>	<b>5,627,802</b>

#### 6 Net expenditure

This is stated after charging:

	<b>Total funds 2024 £</b>	Total funds 2023 £
Depreciation of tangible fixed assets:		
. Owned by the charity	<b>3,296</b>	3,231
Operating lease rentals	—	1,737
Auditor's remuneration (including VAT)		
. Audit fees: current year	<b>15,300</b>	11,880
. Other fees	<b>1,590</b>	1,500
Foreign exchange expense	<b>7,741</b>	45,421

## 7 Staff costs

Staff costs were as follows:

	<b>Total funds 2024 £</b>	Total funds 2023 £
Wages and salaries	<b>716,333</b>	598,520
Social security costs	<b>36,909</b>	43,324
Other pension costs	<b>55,324</b>	36,303
	<b>808,566</b>	678,147

£1,050 of termination costs were incurred in the year ended 31 December 2024 (2023 – £2,894) and are included within “wages and salaries” above.

The average number of persons employed by the Charity during the year was as follows:

	<b>2024 No.</b>	2023 No.
Programmes, administration, fundraising and finance	<b>18</b>	14
The number of higher paid employees was		
£60,001 - £70,000	<b>1</b>	1
£70,001 - £80,000	<b>1</b>	1
£80,001 - £90,000	<b>1</b>	—

The key management personnel during the year comprise the roles of: Chief Executive, Interim Director of Finance and the Director of Programmes. The total remuneration of key management personnel (including employer national insurance and pension contributions) in the year was £271,996 (2023 – £264,474). All staff are enrolled into the pension scheme and receive the same percentage contributions regardless of grade.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the Trustee sub-committee who oversee HR matters. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

**8 Tangible fixed assets**

Current year	Office equipment £	Total £
<b>Cost</b>		
At 1 January 2024	14,748	<b>14,748</b>
Additions	5,149	<b>5,149</b>
At 31 December 2024	19,897	<b>19,898</b>
<b>Depreciation</b>		
At 1 January 2024	6,855	<b>6,855</b>
Charge for the year	3,296	<b>3,296</b>
At 31 December 2024	10,151	<b>10,151</b>
<b>Net book value</b>		
At 31 December 2024	<b>9,746</b>	<b>9,746</b>
At 31 December 2023	7,893	7,893

**9 Debtors**

	2024 £	2023 £
Trade debtors	<b>22,313</b>	1,875
Prepayments and accrued income	<b>198,863</b>	217,702
Other debtors	<b>17,005</b>	2,721
	<b>238,181</b>	222,298

**10 Creditors: amounts falling due within one year**

	2024 £	2023 £
Trade creditors	<b>3,665</b>	5,333
Accruals and deferred income	<b>23,373</b>	25,427
Other creditors	<b>30,431</b>	12,255
Short term loan	<b>40,000</b>	—
	<b>97,469</b>	43,015

The short term interest-free unsecured loan was provided to support the charity in hosting a fundraising event and is repayable by 31 December 2025. The loan was provided by Gordon Morrison, father of one of the trustee representatives, David Morrison. The terms of the loan were approved by the Board prior to David becoming a trustee and the Board are satisfied that the terms are appropriate.

<b>Deferred income</b>	2024 £	2023 £
Deferred income at 1 January	<b>948</b>	238,509
Amounts released from previous years	<b>(948)</b>	(238,509)
Resources deferred in the year	<b>4,973</b>	948
Deferred income a 31 December	<b>4,973</b>	948

## Notes to the financial statements 31 December 2024

Deferred income comprises money received from donors during the year that is deferred into the following year based on the income recognition requirements of the Charity SORP.

### 11 Statement of funds

Current year	At 1 January 2024 £	Income £	Expenditure £	Transfers £	At 31 December 2024 £
<b>Restricted funds</b>					
Malawi	11,667	145,167	(124,025)	—	<b>32,809</b>
Myanmar	5,047	9,983	(4,074)	—	<b>10,956</b>
Cameroon	70,879	97,301	(94,154)	—	<b>74,026</b>
Ghana	231,483	351,327	(484,633)	—	<b>98,177</b>
Vietnam	4,766	—	(4,766)	—	<b>—</b>
Nepal	61,660	52,222	(30,557)	—	<b>83,325</b>
UBS project	60,459	451,327	(437,366)	—	<b>74,420</b>
Mexico	47,575	—	(46,161)	—	<b>1,414</b>
Sierra Leone	5,929	—	(1,465)	—	<b>4,464</b>
Family/Psychological	40,835	9,186	(23,942)	—	<b>26,079</b>
Amgen project	311,753	335,726	(710,679)	—	<b>(63,200)</b>
Multi-country projects	55,781	95,822	(62,174)	—	<b>89,429</b>
Donated goods and services including Voluntary Medical Aid	—	875,188	(875,188)	—	<b>—</b>
	<u>907,834</u>	<u>2,423,249</u>	<u>(2,899,184)</u>	<u>—</u>	<u><b>431,899</b></u>
<b>Unrestricted funds</b>					
General funds	229,232	815,356	(797,951)	—	<b>246,637</b>
	<u>229,232</u>	<u>815,356</u>	<u>(797,951)</u>	<u>—</u>	<u><b>246,637</b></u>
<b>Total funds</b>	<u>1,137,066</u>	<u>3,238,605</u>	<u>(3,697,135)</u>	<u>—</u>	<u><b>678,536</b></u>

The restricted funds represent donations and grants received that are to be spent on specific programmes in the countries listed.

The restricted Malawi funds of £32,809 (2023 – £11,667) are to be spent on staff training, patient support packs, treatment costs and awareness raising activities.

The Myanmar funds of £10,956 (2023 – £5,047) will be spent on improving access to, and quality of, paediatric oncology services in Myanmar.

There is a restricted balance of £74,026 (2023 – £70,879) for Cameroon which will be spent on drugs for Burkitts' Lymphoma patients, specialist training, advocacy and awareness raising, parent support costs and palliative care outreach work.

£98,177 (2023 – £231,483) of restricted funds are for use in Ghana, including on several projects from large donors. The funds will be spent on improving access to paediatric oncology services in some of the remotest areas of Ghana and on local and international training, advocacy and awareness raising activities, equipment, drug costs and parent support.

No amounts are being held at the balance sheet date in respect of the programme in Vietnam (2023 – £4,766) .

**11 Statement of funds** (continued)

In Nepal, £83,325 (2023 – £61,660) of restricted funds are to be spent on improving access to hospitals, developing early-warning signs training, providing key drugs and healthcare professional training.

£74,420 (2023 – £60,459) is to be spent in Ghana on the UBS Optimus Foundation programme which aims to develop a centre of paediatric oncology excellence in West Africa.

Mexico has £1,414 (2023 – £47,575) carried forward which will be used to improve paediatric oncology outcomes in Mexico.

There is £4,464 (2023 – £5,929) carried forward for use in Sierra Leone which will be spent on patient care and diagnostics.

The family and psychosocial programme has £26,079 (2023 – £40,835) carried forward and this will be spent on patient and family psychosocial services such as play therapists, cancer-specific literature for families and the Xploro app which helps and empowers children through their cancer treatment.

The Amgen Inc programme is in deficit of £63,200 (2023 – surplus of £311,753). The programme exists to improve early detection and access to treatment, strengthen paediatric oncology services for children with Burkitt's' Lymphoma, and deliver advocacy and sharing of learning for long-term impact in a number of countries around the world. This fund is in deficit due to the grant payment schedule and the requirements for recognising income under the Charities SORP. World Child Cancer has received further payments from Amgen Inc post year end that have eliminated this deficit.

£89,429 (2023 – £56,353) of restricted funds relating to multi-country programme are being carried forward to be spent in 2024 on improving paediatric oncology services across sub-Saharan Africa.

11 Statement of funds (continued)

	At 1 January 2023 £	Income £	Expenditure £	Transfers £	At 31 December 2023 £
<i>Prior year</i>					
<b>Restricted funds</b>					
<i>Malawi</i>	32,637	79,874	(185,880)	85,036	11,667
<i>Bangladesh</i>	3,263	122,237	(117,947)	(8,125)	(572)
<i>Myanmar</i>	8,644	40,608	(67,522)	23,317	5,047
<i>Cameroon</i>	14,308	118,058	(69,480)	7,993	70,879
<i>Ghana</i>	118,703	387,248	(274,468)	—	231,483
<i>Vietnam</i>	12,814	—	(8,048)	—	4,766
<i>Nepal</i>	15,096	175,920	(129,356)	—	61,660
<i>UBS project</i>	60,965	442,125	(442,631)	—	60,459
<i>Mexico</i>	79,614	17,351	(49,390)	—	47,575
<i>Sierra Leone</i>	10,632	6,820	(11,523)	—	5,929
<i>Family/Psychological</i>	4,877	42,344	(6,386)	—	40,835
<i>Philippines</i>	—	1,200	(1,200)	—	—
<i>Amgen project</i>	—	385,802	(61,213)	(12,836)	311,753
<i>Multi-country projects</i>	87,784	127,309	(123,756)	(34,984)	56,353
<i>Donated goods and services including Voluntary Medical Aid</i>	—	3,349,083	(3,349,083)	—	—
	449,337	5,295,979	(4,897,883)	60,401	907,834
<b>Unrestricted funds</b>					
<i>General funds</i>	441,288	578,264	(729,919)	(60,401)	229,232
	441,288	578,264	(729,919)	(60,401)	229,232
<b>Total funds</b>	890,625	5,874,243	(5,627,802)	—	1,137,066

12 Analysis of net assets between funds

	Restricted funds £	Unrestricted funds £	Total funds 2024 £
<i>Current year</i>			
<i>Tangible fixed assets</i>	9,746	—	9,746
<i>Current assets</i>	519,622	246,637	766,259
<i>Creditors due within one year</i>	(97,469)	—	(97,469)
	431,899	246,637	678,536
	Restricted funds £	Unrestricted funds £	Total funds 2023 £
<i>Prior year</i>			
<i>Tangible fixed assets</i>	—	7,893	7,893
<i>Current assets</i>	912,834	259,354	1,172,188
<i>Creditors due within one year</i>	(5,000)	(38,015)	(43,015)
	907,834	229,232	1,137,066

**13 Related party transactions**

No Trustee or Trustee representative received any remuneration or benefit in kind for professional or other services rendered to the Charity.

Some Trustee representatives are medical professionals and provide support to the Charity in the form of voluntary medical aid. Included within the balance of donated services and voluntary medical aid in notes 1 and 4 to the financial statements of amounts of £510,059 (2023 – £462,306), is an amount totalling £32,800 (2023 – £35,260) relating to the support provided by 3 trustees (2023 – 3 trustees).

Accommodation and flight expenses of £515 were incurred by World Child Cancer in relation to 1 (2023 – 1) trustee representative who resides outside the UK in order that they may attend trustee meetings (2023 – £544). In 2023, £4,206 in expenses were incurred as part of their support providing voluntary medical aid and representing World Child Cancer at the International Paediatric Oncology Congress 2023, held in Canada. No such equivalent event was held in 2024.

Total donations made by Trustee representatives (including connected persons) amounted to £19,972 during the year (2023 – £13,183).

Sara Bailey, one of the Trustee representatives is senior partner at Trowers & Hamblins LLP who donated £3,650 to World Child Cancer during the year (2023 – £3,500).

The loan made to the charity in the year by Gordon Morrison also meets the definition of a related party transaction. Full details of the loan arrangements are set out in note 10 above.

**14 Pension commitments**

The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £55,324 (2023 – £36,303).

**15 Operating lease commitments**

At 31 December 2024, the Charity no longer had any operating lease commitments due to the expiry of its office lease (2023 – £1,737).

**16 Post balance sheet events**

There are no post balance sheet events to note.

**WORLD CHILD CANCER UK**

England & Wales - Charity number 1084729

---

# Accounts

---

# **World Child Cancer UK**

## **Annual Report and Financial Statements**

Year to 31 December 2023

Charity Registration number: 1084729

## Contents

### Reports

Reference and administrative information	1
Chairman and CEO's report	3
Trustees' report	6
Independent auditor's report on the financial statements	23

### Financial statements

Statement of financial activities	28
Balance sheet	29
Statement of cash flows	30
Principal accounting policies	31
Notes to the financial statements	36

## Reference and administrative information

<b>Corporate trustee</b>	World Child Cancer Trustees (Company no. 08518700), whose Directors are the trustee representatives of World Child Cancer UK
<b>Trustee representatives</b>	Rachel Hollis (Chair), FRCN Sara Bailey Professor Simon Bailey Karen Brade Anuj Chande Yves Dermaux Helen Griffiths Kate Lee Paul Nabavi Professor Lorna Awo Renner, MBChB, MPH (Liv), FRCPCH (UK) Julie Torode
<b>Company Secretary</b>	Rebecca Ross, BA (Hons), FCA
<b>Key Management Personnel</b>	Luke Thomas – Chief Executive Karen Thompson – Interim Director of Finance Joe Dixon – Interim Director of Programmes
<b>Registered address</b>	1 Betjeman Close Coulsdon Surrey CR5 2LU
<b>Charity registration number</b>	1084729 (England and Wales)
<b>Auditor</b>	Buzzacott LLP 130 Wood Street London EC2V 6DL
<b>Bankers</b>	The Cooperative Bank 80 Cornhill London EC3V 3NJ  Metro Bank One Southampton Row London WC1B 5HA

## Reference and administrative information

**Solicitors** Bates Wells & Braithwaite LLP  
2-6 Cannon Street  
London  
EC4M 6YH

In my 2022 report I said we expected 2023 to be another year of change and challenge for World Child Cancer – and that has indeed been the case. However we also have much to celebrate and we see great opportunities for the organisation in the year ahead.

In 2023 the World Health Organization Global Initiative for Childhood Cancer continued to gather momentum in its activities to improve access to cancer treatment and achieve at least 60% survival for all children with cancer by 2030, thus saving an additional one million lives.

World Child Cancer is proud to be a stakeholder to this global movement, with our team standing alongside our partners, our funders, and the children and families we support. We believe it is the human right of all children to receive necessary health treatment and we are determined to make that a reality for children with cancer.

We know that in the countries we work survival from childhood cancer is around 20%, when here in the UK, and other high-income countries, it is over 80%. We also know that improving survival rates in low and middle-income countries is achievable and affordable. We believe all children, wherever they live, should have equal access to the best possible treatment and care so they do not die when they could be cured with relatively simple and affordable treatments. This is at the heart of the vision we share and we are grateful to our supporters and partners across the world for helping us as we strive to deliver on this vision. With your support, and the work of our amazing team here at World Child Cancer, this year has seen great achievements across all four pillars of our strategy.

#### **Improving treatment and care**

Improving the quality of cancer treatment is essential to our work and we continue to train doctors, nurses, and other health care workers through our successful health partnership model, developing more “shared care” centres to bring care closer to home, and improving equipment and infrastructure in our sites. We are improving access to effective palliative care so that where treatment is not successful children do not die in pain.

#### **Family Support**

Successful treatment starts and ends with the whole family. Too many families cannot afford the high costs of treatment, travelling long distances to hospital, and living away from home for weeks and months. The result is far too many children having to abandon treatment and dying. Whatever the outcome, the emotional stress on the whole family of having a child with cancer is enormous and our support for families includes financial, social, and emotional components.

#### **Early Diagnosis**

Early diagnosis of childhood cancer leads to better outcomes. That is why we are working with communities, health workers and partners to diagnose children earlier. Our work on raising awareness of childhood cancer in the communities and health systems within which we work is a central component of our programmes and a recognised model for good practice.

### **Advocacy**

Our aim is to influence national governments and international agencies to give childhood cancer the attention it deserves. As a founding stakeholder to the Global Initiative for Childhood Cancer, we are active in several WHO focus countries, demonstrating what can be achieved through strengthening health systems.

None of this work would be possible without collaboration with a range of incredible partners. This includes the teams in the hospitals where we work, and the health care professionals who support them; professional organisations; advocacy colleagues, other NGOs, and our funding partners.

I would like to thank our great staff team, here in the UK and in the programme countries and regions in which we work, for their hard work, and commitment over another year. There have been significant changes within the leadership of this team in 2023.

The year began with the retirement of Jon Rosser, our long-standing Chief Executive, who had done so much to grow the charity into the impactful organisation it is today. The Board took the opportunity to review the structure and function of our leadership team, and recruited Julie Worrall into the role of Interim Chief Executive as we took the time to do so. Julie provided exceptional leadership to the organisation during the year she spent with us and has helped us to define what we were looking for in our new Chief Executive. After a robust recruitment process, we are delighted to welcome our new Chief Executive, Luke Thomas, who came into post at the start of 2024. Luke has a strong track record of leadership in fundraising and engagement in UK and international non-profit organisations and has already embraced our cause with energy, passion, and ambition.

During the year, we were sorry to say goodbye to Piera Freccero, our Director of Programmes, who moved on to take up an exciting leadership role in the Global Health Partnerships team at King's College London. We were, however, delighted to welcome back into the organisation Joe Dixon, who has taken up an interim role as Director of Programmes.

By contrast it has been a year of stability on the Board, following changes in 2022, and I would like to thank all my fellow Trustees for their strong support to the organisation over the course of the year.

In 2023 we continued to see the need for support grow across all our programme countries, and beyond. The cost-of-living crisis which we feel here in the UK is experienced even more acutely in many of our programme countries, and continues to hit the poorest hardest. Every year the need is greater, and the resources required to meet that need are greater too. Inflation rates are high, up to 40% in some counties in Africa, where Malawi has also seen a significant devaluation of its currency. Across all our programmes, year on year, our funding simply does not go as far as it did.

The need for increased resources comes at a time when the fundraising climate remains challenging. Despite this we have had some significant successes over the year, and we are incredibly grateful for the amazing support from our Ambassadors group, who, under the leadership of their Chair Mark Everard, have raised an amazing total of £320,000 in 2023. Our Patron Caitriona Balfe delivered the Radio 4 appeal on our behalf, which not only raised

a significant amount of money, but also helped in raising the profile of World Child Cancer, and the importance of the work we do.

We are delighted to have entered into three significant, multiyear partnerships with three very different organisations who share our aims and our vision. Our partnership with Foundation S – The Sanofi Collective is focussed on strengthening health systems and building Shared Care Networks in Cameroon and Nepal. Our collaboration with biotechnology company Amgen Inc has seen the launch of a five-year programme to improve outcomes, with a specific focus on children affected by B-cell lymphomas, including Burkitt Lymphoma, in five target countries. Our partnership with the Else Kroner Foundation will support our work in Malawi, and includes an important element of advocacy.

We continue to receive invaluable support from the UBS Optimus Foundation. It is now five years since this game changing partnership was launched, and Julie Worrall was able to reflect back to them the incredible progress we have made together. You can read the contents of this conversation on our website here: <https://worldchildcancer.org/conversation-with-ubs-optimus-foundation/>

We are incredibly grateful to all our other long-term partners and supporters, and we extend our thanks to them later on in this report.

You can read more about the memorable moments of 2023 here: <https://worldchildcancer.org/2023-end-of-year-review/> and there is much to look forward to in 2024!

We thank 'Project Giving Back' for sponsoring our Nurturing Garden at the RHS Chelsea Flower Show in 2024. We hope to see many of our friends and supporters in the garden! We are delighted that at the end of the show the garden will be relocated to one of the 'home from homes' provided by Young Lives vs. Cancer (the UK charity for children and young people with cancer).

During the year, we will be beginning a review of our organisational strategy, and looking towards to where we want, and our beneficiaries need, World Child Cancer to be in 2030 as the Global Initiative for Childhood Cancer comes to its planned conclusion. We want to ensure that we continue to grow in the impact we make and in our global reach. We need to ensure that our income also grows to match our aspirations and our vision of a world where every child with cancer has equal access to the best treatment and care.



Rachel Hollis, FRCN

Chair

The Trustee presents its annual report together with the audited financial statements of World Child Cancer UK (registered charity (No. 1084729) in England and Wales) for the year ended 31 December 2023. The Trustee confirms that the annual report and financial statements of the Charity comply with the Charities Act 2011, the requirements of the Charity's governing document and 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).

## **OBJECTIVES AND ACTIVITIES**

### **Evening the odds for children with cancer**

World Child Cancer believes that no child should die unnecessarily of cancer. Survival in high income countries is now over 80% and rising. In the under resourced countries where we work, survival can be as low as 10%. That difference is unnecessary and unjust. We believe it is a human right of all children to receive necessary health treatment and we are determined to make that a reality for children with cancer. No child should be left to die of a painful illness when they could be cured with relatively simple and affordable treatments.

### **Improving access to care**

Many childhood cancers are curable if detected and treated early enough. They are also relatively simple and inexpensive to treat. The availability of generic medicines and medical procedures, which have been known to doctors for decades, means that we already have the expertise to treat these children.

There are other challenges which also need to be addressed, to give children a better chance of survival. These start at the local community level where there is little awareness amongst frontline health workers or understanding of cancer in children, and a mistaken belief that it is not curable. Often childhood cancer is not diagnosed, misdiagnosed, or is diagnosed too late for effective treatment to take place. In fact, a large percentage of children with cancer never get to a specialist centre to receive care, treatment or pain relief. By raising awareness in the community, and delivering basic training for community health workers, we can change this.

Across the developing world there is a shortage of trained doctors and nurses to provide the right levels of care. We believe that investment in training is essential to improving survival rates. One of the most successful ways to achieve this is through building health partnerships between countries. These health partnerships involve volunteer doctors and nurses from the developed world giving their time and expertise to support colleagues around the world. This provides a powerful partnership and two-way exchange of knowledge and expertise. Advancements in technology have given rise to innovative ways for these teams to work together. It is now common for them to hold virtual mentoring sessions, case discussions and remote diagnosis which speed up treatment for children.

### **Supporting families**

There is often little or no funding for childhood cancer care from local sources, so families are faced with huge medical bills. This is a significant barrier to a child starting treatment. Many children are unable to complete their treatment either, as it is often long and expensive, placing a burden on the wider family. With specialist centres usually situated in the capital, many families must travel long distances and live away from their homes whilst their child is being treated. They lose their livelihoods or suffer a significant drop in income, something which affects the whole family, and are pushed further into poverty. We believe that families need more support so that their children can be treated and cared for properly. Our work includes a range of support services for families including investments in family accommodation at the hospital, subsidising medical and travel costs and providing training and support to help parents earn a living whilst away from home. Some of the support given is in the form of cash grants to families which is used to pay for food, accommodation near the hospital, transport to and from the hospital and diagnostic tests. Such financial support varies from country to country depending on the needs and individual circumstances of the families.

### **We can make a difference**

Improving childhood cancer survival rates in developing countries is achievable and affordable. We are investing in sustainable programmes which make a real difference to the lives of thousands of children each year, but we want to do more. We believe all children, wherever they live, should have an equal access to the best possible treatment and care so they do not die of a potentially curable illness. In the long run, we aim to persuade governments to make adequate provision in their national health budgets to provide for all children with cancer. The principal activities of the charity are to:

- ◆ Pay for additional staffing and facilitate training for local healthcare staff;
- ◆ Cover the costs of health partnership activities;
- ◆ Improve healthcare facilities, access to medicines and other much needed resources;
- ◆ Support awareness raising and advocacy campaigns to raise the profile of the inequality in current care; and
- ◆ Provide practical support for families to help them cope when their child is diagnosed with cancer.

### **Approach to fundraising**

World Child Cancer UK organises fundraising events in the UK and co-ordinates the activities of our supporters around the world. We do not use professional fundraisers or involve commercial participators and have received no complaints about our fundraising activities this year. The charity is signed up to the Fundraising Regulator's Code of Fundraising Practice and a number of our staff are members of the Institute of Fundraising. All fundraising activities are undertaken to ensure that they are not unreasonably intrusive, persistent or pressurising and all marketing material contains clear instructions on how a person can be removed from our mailing lists.

We are extremely grateful to all our donors and supporters but would particularly like to thank the following for their generous support in 2023 – AD Construction Group Ltd, the Alternative Hair Charitable Foundation, Amgen Inc, the Beatrice Laing Trust, Bristol Myers Squibb, Countryside Partnerships plc, the Eurofins Foundation, Foundation S - The Sanofi Collective, the Foreign, Commonwealth and Development Office, the HelpCare Foundation, Informa plc and Carlyle Group Inc, Love Your Melon, the Omron Foundation, the Randal Charitable Foundation, the Rangoonwala Foundation, the Stavros Niarchos Foundation, the UBS Optimus Foundation and Wiggett Group plc.

## **ACHIEVEMENTS AND PERFORMANCE**

### **Programme highlights of 2023.**

#### Key achievements

- ◆ World Child Cancer supported over 7,000 children in the programme countries in 2023 with 5,014 newly diagnosed cases of cancer. The psycho-social component of the charity's work has continued to significantly grow significantly, with over 5,751 cash grants being provided throughout the year to cover transport, nutrition, accommodation, diagnostic tests, and drug costs. 7,133 families and children received emotional support, over double the number in 2022. We have trained 839 healthcare staff in psycho-social support (an increase of 716 from 2022), 1,164 in early warning signs and symptoms of childhood cancer and 615 in specialised paediatric oncology skills.
- ◆ World Child Cancer facilitated the delivery of donated drugs in Malawi and Cameroon, in partnership with International Health Partners ("IHP") valued at £2.9 million.
- ◆ In October, we signed an agreement with Amgen Inc. for a \$3m grant to support children with cancer, with a particular focus on B-cell lymphomas, in Cameroon, Malawi, Ghana, Nepal and Indonesia for the next 5 years. One of the initial priorities was to agree Key Performance Indicators with Amgen, setting realistic and achievable targets against them. These indicators and targets have now been agreed and will be used to measure overall impact, outcomes, and outputs of project over the next 5 years.
- ◆ A navigation-focused project has been initiated in Ghana. Our psycho-social support advisor conducted two workshops with parents at the Korle Bu Teaching Hospital ("KBTH") and the Komfo Anokye Teaching Hospital ("KATH") to gather insights into their needs upon arriving at the hospitals. Subsequently, a team of lead nurses created a navigator handbook and provided training to selected parents, empowering them to offer support to other families. Navigation is also a key element in a project that WCC aims to implement in collaboration with Childhood Cancer International ("CCI").
- ◆ The Ghana College of Physicians & Surgeons ("GCPS") fellowship has continued, with 2 fellows graduated in December (one from Ghana and one from Sierra Leone). WCC and our Programme Lead, Prof Lorna Awo Renner, received awards at the 'Maiden College Awards Night' organised by the GCPS for providing support to the college, and for outstanding contribution to the establishment of the Centre of Excellence for Paediatric Oncology Training in the West Africa sub-region. The President of Ghana, Minister of Health and Deputy Chief of Staff were in attendance.

## Trustee's report 31 December 2023

- ◆ Ghana College of Nurses & Midwives is launching the first paediatric oncology nursing fellowship in 2024. 4 fellows have enrolled in the programme to date. The cascade of paediatric oncology nursing Foundation training has continued in Ghana, with a fourth 'Training of Trainers' course being delivered in Tanzania as part of the work of the Sub Saharan Africa Nursing Network supported by WCC.
- ◆ We were pleased to celebrate International Childhood Cancer Day across all the countries in which we work this year. In 2023 more than ever, World Child Cancer has developed a wide range of communication activities that have reached millions of people.
- ◆ We have continued supporting Yangon and Mandalay Children's Hospitals ("YCH" and "MCH") in Myanmar to provide treatment and psychosocial support to children with cancer and their families. The programme was also able to deliver nutritional management webinars through our partner, Boston Children's Hospital (USA), upskilling 26 doctors and nurses at YCH and MCH in interventions to improve children's nutritional status.
- ◆ We completed the implementation of our FCDO-funded projects in Nepal, Bangladesh and Malawi in the year. These projects reached 9,857 children during their operation and made an important contribution to improving the lives of children with cancer in these three countries.
- ◆ In 2023 the Xploro app was implemented in Cameroon, which means it is now available in 3 WCC programmes, Cameroon, Ghana and Malawi. Xploro helps children understand the cancer diagnosis, treatment procedures and importance of accepting treatment. The app uses gameplay and artificial intelligence to deliver essential health information to young patients and has been proven to strengthen coping mechanisms, reduce stress, increase wellbeing and foster better long-term engagement with health services.
- ◆ The children's palliative care project in Ghana in collaboration with the International Childrens' Palliative Care Network ("ICPCN") has been completed, with research conducted to map out palliative care needs and gaps in Ghana, and an analysis written and shared with key stakeholders via a face-to-face meeting in Ghana led by Professor Julia Downing. Following on from this work, WCC Ghana and ICPCN have continued a formal partnership and have secured funding from the Tropical Health and Education Trust (THET) to run a one-year project from February 2024 to develop CPC in Ghana through educating health professionals.

### Key challenges

- ◆ Nepal – Registering the Amgen and Foundation S projects. As per the provisions outlined in the Social Welfare Act 2049, INGOs intending to operate in Nepal are required to apply to the Social Welfare Council, seeking authorization before initiating their activities. WCC's local implementing partners (RGM & TACC) are responsible for initiating the process which requires an extensive set of documents to be submitted. Upon receiving these documents, the Council holds the authority to grant permission to the INGOs, within a duration of three months from the date of application receipt. The process for both project is now underway but is proving slow due to several challenges

## Trustee's report 31 December 2023

arising, including Kanti Children's Hospital being under new leadership and putting several conditions on signing an MOU with WCC (required for the registration of the Foundation S grant).

- ◆ As part of the Amgen project, WCC has agreed to organise Rituximab to be shipped to Ghana, Malawi, Cameroon, Indonesia & Nepal. Whilst our partner, IHP will ensure Rituximab is shipped to Ghana, Malawi, and Cameroon, we are struggling to identify a second partner to support the delivery of Rituximab to Indonesia and Nepal.

### Strategic partnerships and external engagement

- ◆ We were pleased to sign a memorandum of understanding with City Cancer Challenge ("C/CAN") in the year. C/CAN is a city-based partnership initiative that supports cities around the world as they work to improve access to quality, equitable cancer care. They do this by transforming the way stakeholders from the public and private sectors collectively design, plan and implement cancer solutions. Both WCC and C/CAN are present in Ghana (Kumasi), Myanmar (Yangon) and Mexico (Leon) where there are numerous opportunities for working together.
- ◆ The London Global Cancer Week, held in November, featured a significant event organised by WCC that concentrated on Global Initiatives in the care of Adolescents and Young Adults with Cancer. The session delved into the different approaches being taken globally to decisions about appropriate clinical management, psychosocial support, and survivorship. The event featured presentations and a panel discussion and involved the following speakers Dr Louise Soanes (Chief Nurse at Teenage Cancer Trust), Dr Francine Kouya (Supervisor of Clinical Oncology in Cameroon Baptist Convention Health Services), Dr Sumit Gupta (Staff Oncologist & Clinician Investigator at The Hospital for Sick Children & Chair for PERCC), Prince S.K Nyamadi (childhood cancer survivor, biomedical scientist, and co-founder of Living Dreams Foundation), and Dr Chiara Ionio (Psychologist & Associate Professor of Psychology of Development and Education at the Catholic University of Milan). You can watch the event here: <https://worldchildcancer.org/londonglobalcancerweek/>

## ACHIEVEMENTS AND PERFORMANCE

### Country reports

*In each of the countries in which the Charity works, we have presented some key metrics to demonstrate the impact of the work. In general, the same metrics have been used for all countries, however in some countries not all metrics are shown because either the information is not available or a particular type of support is not provided. For example, in Vietnam, our support does not extend to training staff in paediatric oncology and therefore that metric is not shown.*

### **Malawi**

The key highlight from 2023 was the successful completion of the 2-year FCDO project. Despite several challenges throughout 2023, the number of children accessing paediatric oncology treatment exceeded the project target by 40% at the end of 2023. This is a particularly strong achievement, given that the programme in Malawi experienced multiple operational challenges in 2023 including high inflation and devaluation of the local currency

(the kwacha), a cholera outbreak, and a devastating cyclone. This instability is in addition to the previous economic and infrastructural challenges, including but not limited to transport disruptions, fuel shortage, foreign currency scarcity, and increased cost of living. Despite these challenges, the programme delivered an accelerated number of early warning signs trainings across 6 districts in Malawi, delivered cancer awareness events, and continued to support children with cancer and their families in the Queen Elizabeth Central Hospital ("QECH") with transport grants, nutrition, treatment and diagnostic costs.

Children reached: 797

Healthcare staff trained in early warning signs and symptoms: 261

Cash grants distributed: 1,070

Families receiving emotional support: 1,611

### ***Bangladesh***

The Bangladesh programme remained committed to adopting a comprehensive strategy, emphasising quality treatment, improving diagnosis, supporting families, and increasing awareness and advocacy campaigns. An annual paediatric oncology conference focusing on the dissemination of standardised treatment protocols for various paediatric cancers marked the completion of the three and half year FCDO-funded project. Extensive training sessions were conducted for healthcare professionals, including Early Warning Signs & Symptoms ("EWSS") training and psycho-social support training sessions. Additionally, specialised training was conducted for nurses to enhance their skills in paediatric oncology nursing development. Family support officers at five partner hospitals continued to provide individual and group information sessions to parents to improve care for their cancer-affected children and financial aid was extended to vulnerable families of cancer-affected children for transportation, diagnosis, and treatment. With the launch of the new BMS-funded haematology project, the programme was extended to five new hospitals outside Dhaka in the latter half of the year.

Children reached: 2,207

Healthcare staff trained in paediatric oncology: 45

Healthcare staff trained in early warning signs and symptoms: 321

Cash grants distributed: 1,215 Families receiving emotional support: 2,253

### ***Myanmar***

The overall political situation in Myanmar was less volatile in 2023, although inflation rates increased to 29% during the year. The county also experienced Cyclone Mocha in May, causing food insecurity and transport disruptions. The Ministry of Health has reduced its resourcing of healthcare, with paediatric oncology hit the hardest. Furthermore, the selling of foreign reserves and capital controls led to a shortage of medicines – including cancer drugs. Despite the humanitarian crisis affecting Myanmar, our programme continued supporting children with cancer and their families in YCH and MCH with transport grants, nutrition, and support for the costs of treatment and diagnosis, and supporting the supply of the necessary drugs for treatment and care of children with cancer.

Children reached: 1,281

Healthcare staff trained in paediatric oncology: 0

## Trustee's report 31 December 2023

Cash grants distributed: 1,341

Families receiving emotional support: 1,110

### **Cameroon**

The Cameroon programme continues to provide support for patients and families accessing treatment, diagnosis and other services related to childhood cancer. In 2023, the programme made greater steps in becoming a more nationally focused programme, supporting the development of a strong and cohesive national paediatric oncology system. Successes included building the capacity of shared-care, non-specialist hospitals to provide basic treatment and palliative care, while also expanding the knowledge of primary healthcare workers regarding childhood cancer.

Children reached: 729

Healthcare staff trained in paediatric oncology: 35

Healthcare staff trained in early warning signs and symptoms: 484

Cash grants distributed: 1,909

### **Ghana**

Ghana remains our major country of operation and it hosts the regional office for Africa and World Child Cancer's partners at Korle-Bu Teaching Hospital. It is the hub centre for paediatric oncology for West Africa. In collaboration with the major funder, UBS-Optimus Foundation, work has continued offering fellowships in paediatric oncology for paediatricians, pharmacists and specialised training for nurses. Regional "Training of Trainers" for nurses has been offered along with training on the early warning signs and symptoms of childhood cancer and retinoblastoma for regional and district health care workers. In addition, awareness-raising activities for the general public were organised. An assessment of the national palliative care services took place and support given to develop nutritional support for children with cancer.

Children reached: 1,020

Healthcare staff trained in paediatric oncology: 397

Healthcare staff trained in early warning signs and symptoms: 0

Cash grants distributed: 1,792

Families receiving emotional support: 922

### **Vietnam**

We recruited and trained the first Family Support Officer in Vietnam at Hue Central Hospital in 2023. They provide holistic support to children with cancer and their families, including financial and emotional support. This position acts as a model service which could be rolled out to other paediatric oncology units across the country.

Cash grants distributed: 56

Families receiving emotional support: 110

### **Nepal**

The year saw the completion of World Child Cancer's first three-year FCDO-funded project in Nepal. This project has provided year-long Paediatric Oncology fellowships for nurses and doctors, established a shared care network, and run a number of nationwide EWSS

## Trustee's report 31 December 2023

awareness raising events. A paediatrician and three nurses participated in specialised fellowships in India and Nepal. Similarly, Kanti Children's Hospital's shared care centres in Pokhara and Biratnagar were strengthened through trainings and exchange visits. EWSS training sessions were conducted widely across the country, reaching 98 healthcare professionals from five out of the seven provinces in Nepal. Furthermore, psychosocial, and financial support was provided to families of cancer affected children by the family support officer for treatment and diagnosis. World Child Cancer's engagement with key stakeholders including WHO and the Ministry of Health during the first national workshop for the GICC platform in Nepal was another key highlight where the first declaration on childhood cancer response was signed to urge the government to formulate an informed comprehensive childhood cancer plan, aligning with the national cancer strategy.

Newly diagnosed: 167

Healthcare staff trained in paediatric oncology: 88

Healthcare staff trained in early warning signs and symptoms: 98

Cash grants distributed: 115

Families receiving emotional support: 546

### ***Mexico***

2023 saw the relaunch of the Mexico programme, with a critical focus on supporting patients and families. Counselling and transport support projects were launched with partners in Mexico to great effect, reaching over 400 children and their families in the first six months. Additionally, two paediatric oncology nurse training courses were developed with two universities in Monterrey and are currently ongoing, which will significantly build the capacity of the paediatric oncology unit at Hospital Universitario Dr Jose Eleuterio Gonzalez ("HU") and support other centres. Diagnostic equipment was also provided to HU and Hospital de la Ninez Oaxaquena in Oaxaca.

Children reached: 205

Families receiving emotional support: 430

Cash grants distributed: 809

### ***Sierra Leone***

The Sierra Leone programme took significant strides in providing a more well-rounded paediatric oncology system to patients and families in 2023. Awareness was a big part of this, and strong public awareness campaigns resulted in increases in early referrals of childhood cancer patients. More support is also available to patients and families, including nutrition services. Training successes included the beginning of the strengthening of the shared-care centre in Lunsar, whereby a pharmacist undertook a 3-month training course in Ghana.

Newly diagnosed: 83

Healthcare staff trained in paediatric oncology: 0

Families receiving emotional support: 151

Cash grants distributed: TBC

## STRUCTURE, GOVERNANCE AND MANAGEMENT

### Constitution and organisational structure

World Child Cancer UK is constituted and governed by a trust deed dated 1 December 2000. The Trustee is responsible for the overall governance of the Charity.

The maximum number of trustees or trustee representatives is twelve at any one time. The standard number of terms of office is two, however, by exception a third term may be allowed if it is considered in the best interests of the organisation to do this.

### Trustees

World Child Cancer UK has one corporate trustee, World Child Cancer Trustees, whose Directors act as Trustee Representatives. Those who served in the year are:

Trustee representatives	Appointed/resigned
Sara Bailey	
Professor Simon Bailey	Appointed 23 March 2023
Karen Brade	
Anuj Chande	
Yves Dermaux	
Helen Griffiths	
Rachel Hollis	
Kate Lee	
Paul Nabavi	
Professor Kathy Pritchard-Jones	Resigned 23 March 2023
Professor Lorna Awo Renner	
Julie Torode	

### Honorary Patrons

- ◆ Professor Tim Eden
- ◆ Gill Thaxter
- ◆ Anu Vedi
- ◆ Caitriona Balfe
- ◆ Gordon Morrison
- ◆ David Thomas

### Committees

As well as the Corporate Trustee, World Child Cancer UK has a number of sub-committees to aid in the running of the charity. The details of these committees are listed below:

#### ***HR and Governance sub-committee***

This sub-committee is responsible for overseeing all employment matters and recommends the appointment of the new Trustees. In respect of staff, it monitors staff performance through appraisals, reviews salaries and ensures employment legislation is adhered to.

## Trustee's report 31 December 2023

Members (in addition to staff):

- ◆ Helen Griffiths
- ◆ Rachel Hollis
- ◆ Yves Dermaux

### ***Programme sub-committee***

The Programme Committee oversees the work of the programmes team, making sure that it adheres to the approved strategy and that it delivers in terms of programme and global targets. The Programme Committee includes representation from World Child Cancer UK, the Netherlands and USA to enhance the integration and harmonisation of our global work.

Members (in addition to staff):

- ◆ Gertjan Kaspers
- ◆ Abby White
- ◆ Alison Finch
- ◆ Rehana Punjwani
- ◆ Sue Horton
- ◆ Festus Muigai
- ◆ Kathy Pritchard-Jones
- ◆ John Van Doorninck
- ◆ Nihad Salifu
- ◆ Rachel Hollis
- ◆ Julie Torode

### ***Finance sub-committee***

Since the year end the charity has formed a Finance Committee whose purpose is to assist the Board in its duty to supervise the broad direction of World Child Cancer's financial affairs.

Members (in addition to staff):

- ◆ Karen Brade
- ◆ Anuj Chande
- ◆ Paul Nabavi

### **Policies adopted for the induction and training of Trustees or their representatives**

The charity relies upon the guidance issued by the Charity Commission in relation to the induction and training of Trustees or their representatives and follows guidance and best practice. General practice for inducting new Trustees and trustee representatives includes meeting with key management and other trustees, the provision of a training pack which includes key financial, fundraising and programme information and copies of past board Minutes and papers. In addition, all new trustees undertake safeguarding training.

### **Key management personnel and pay policy for senior staff**

The trustees delegate the day-to-day management of the charity to the key management personnel. These comprise the roles of the Chief Executive Officer, Finance Director, and Director of Programmes. It is the responsibility of the HR and Governance sub-committee to review the pay and benefits for staff once per year and set pay based on industry benchmarks, performance and budget availability.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the HR and Governance sub-committee. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A comprehensive salary benchmarking study was undertaken in the UK in Spring 2020 and in Ghana in Winter 2021, both by third parties, and regular further reviews will be undertaken.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

### **Risk management**

Risk to the charity is actively managed and the register of risks is reviewed on a quarterly basis by the Trustee and relevant sub-committees. In addition, the senior management team monitor and act upon the risks identified in the risk register and this is done on a continuing basis. The Trustee has assessed the major risks to which the charity is exposed and is satisfied that there are appropriate systems and procedures in place to mitigate the exposure to the major risks:

- ◆ Ensuring that fundraising targets are met, an appropriate income generation plan is in place and ensuring the balance of restricted and unrestricted income and reserves is appropriate. This past year has continued to be financially challenging, with the fundraising environment remaining highly competitive. Coupled with this is the challenge of managing restricted and unrestricted fundraising. Whilst restricted donations contribute hugely towards the success of World Child Cancer's programmes, unrestricted income is also required to ensure the charity can continue to operate effectively. As part of ensuring the Charity operates as efficiently as possible, the aim is always full cost recovery within funding applications and wherever possible, programme management contributions are built into all restricted funding proposals. Bi-monthly proposal meetings are important to identify funding gaps and to agree which fundraising applications should be prioritised.

- ◆ Changes in the political and social landscape of the countries where the charity operates which could result in unrest or instability. This results in a risk to staff and volunteers travelling to those countries on behalf of the organisation, a risk to staff working in-country and a direct risk to the charity's beneficiaries. This risk is especially critical in Myanmar where a military coup took place in early 2021. Public hospitals in Myanmar were closed by the military for part of 2022, and as a result there has been a dramatic fall in the number of children presenting at hospital which has a catastrophic impact on survival rates. An added complication has been the fact banks have been generally closed and when open, only minimal withdrawals have been allowed. Getting funds into Myanmar to support families has therefore been extremely challenging. World Child Cancer is working closely with staff in-country to try and ensure their safety is preserved and they work from home wherever possible to minimise risk. Aside from Myanmar, managing potentially dangerous situations is carried out through observing FCDO advice, reviewing security advice for travel to particular countries and observing local customs and cultures.

In addition to the political situation in Myanmar, the war in Ukraine and the situation in Palestine have had worldwide ramifications which have affected many charities in the sector and not just World Child Cancer. Higher energy and food prices have caused high inflation and in some of World Child Cancer's African programme countries, this has been as high as 40%. This high inflation causes fundraising challenges and puts pressure on staff and of course patients and their families. Additional financial support has been provided to staff where possible, and funding and budgets are regularly revised but World Child Cancer has very limited methods by which to mitigate the impacts of high inflation.

- ◆ We are unable to recruit and retain the right mix of staff and trustees. Recruiting and retaining the right people across the world is fundamental to our being able to deliver excellent outcomes for the children and families we work with. This is challenging in the context of high inflationary environments in many countries where we work and our level of available financial resources to address this risk. We address this risk through a careful and focussed approach to recruitment, strong communication channels across the charity, addressing high inflation risks with one-off payments and linking of salaries to hard currency amounts where possible and regular salary benchmarking surveys that then feed into our financial planning framework
- ◆ Ensuring the appropriate level of free reserves are held. A charity is always faced with the challenge of holding sufficient free reserves to be able to comfortably support itself through a downturn but it equally requires not to hold excessive free reserves which could otherwise be deployed to further the charity's aims. World Child Cancer's reserves policy states that 3 months' of operating costs and 3-4 months' of programme costs should be held as reserves (further detail in the Reserves section of the report). Careful management is required to ensure that this value is held and any deviations are addressed. The reserves policy is reviewed regularly by the Board in the context of the major strategic risks faced by the charity, and free reserves are closely monitored through the regular production of management information. The recently formed Finance sub-committee will support the Board in close monitoring of the reserves position. Operational budgets are flexed where possible to manage the level of free reserves throughout the year.

- ◆ The risk of inadequate safeguarding leading to the abuse of, or injury to a child or vulnerable adult. The organisation has a robust Safeguarding Policy for children and vulnerable adults which all staff and volunteers are required to adhere to. The safeguarding of a child or vulnerable adult, such as a parent of a child with cancer, continues to be of utmost priority. Formal safeguarding e-learning was introduced in 2020 and on-line refresher training took place in March 2023. All staff, volunteers and trustees were required to complete this. Regular refresher training ensures all staff and volunteers are fully briefed in the latest thinking around safeguarding. The charity's Code of Conduct forms part of an employee's employment contract and this further sets out the expected behaviours of all representatives of World Child Cancer. World Child Cancer has well-publicised procedures to follow in the event of any safeguarding concern and to date there have been no safeguarding incidents.

## **FINANCIAL REVIEW**

### **Financial results and position**

Total income in the year was 132% higher than 2022 at £5.9 million (2022 – £2.9 million). However, these headline numbers include exceptionally generous in kind donations of vital cancer drugs for our programmes valued at £2.9 million (2022 – £213,000). Income before donated goods has increased by 11% in the year to £2,987,000 (2022 – £2,683,000) which reflects a number of important new grants secured in the year, most notably from Amgen Inc. We are also lucky to have a broad and committed community of individuals fundraising on our behalf and they have continued to make an important contribution to our income in 2023. Our Ambassadors group have held a number of successful events on our behalf, raising £320,000 of valuable unrestricted income in the year (2022 – £229,000) and our individual givers and major donors have generously donated £365,000 in 2023 (2022 – £374,000), which is a strong result in the context of an ongoing cost of living crisis that is impacting many people's household budgets.

Total expenditure for the year was £5.6 million (2022 – £3.3 million) resulting in an overall surplus for the year of £246,000 (2022 – deficit of £375,000). As with income, total expenditure also includes £2.9 million of donated cancer drugs, which have been shipped to our hospital partners in Malawi and Cameroon in the year.

Expenditure on the support of treatment programmes before donated goods has amounted to £2,440,000 in the year, down from £2,679,000 in 2022. This 9% reduction is the expected result of our FCDO projects in Bangladesh, Nepal and Malawi coming to an end, and an overall lower level of expenditure in those countries as new programmes were planned, funded and commenced.

The result for the year is a surplus of £246,000 (2022 – deficit of £375,000) made up of an unrestricted deficit of £212,000 (2022 – deficit of £314,000) and a restricted surplus of £459,000 (2022 – deficit of £61,000). Trustees are clear that significant unrestricted deficits cannot continue into 2024 and beyond, and the 2024 budget has been set on that basis.

### Reserves policy

The Trustee Representative continues to ensure the reserves policy is appropriate and reflects the environment in which World Child Cancer operates, the risks it faces, its strategic and operational objectives and the type of income it receives. Furthermore, World Child Cancer wishes to ensure that essential services to beneficiaries can be maintained, particularly given the backdrop of worldwide economic uncertainty. In the countries in which the charity works, we have committed funding to ensure the programmes can operate and where these programmes are not covered by restricted funding, the Trustee Representative has taken the decision to designate additional funding when needed to allow the programmes to operate for a period of 3-4 months. If required at the year end, these additional funds are disclosed as designated reserves.

As a result, World Child Cancer UK has adopted a policy of having 3 types of reserves:

- ◆ **Restricted reserves:** funds which have a restriction placed on them by the donor.
- ◆ **Designated reserves:** funds designated for use by the Trustee; the policy adopted is that the total of designated and restricted reserves is sufficient to ensure 3-4 months' worth of direct programme costs are held at the year end, as each programme's budget is agreed annually and most of the programmes do not have alternative sources of funding.
- ◆ **Unrestricted reserves:** funds that should be available to the charity to be used in the event of a downturn in income, unexpected costs or if any of the key risks facing the charity materialise.

Having considered all factors, it is considered appropriate that 3 months' worth of operational costs should be held as unrestricted reserves.

As at 31 December 2023, total funds held by World Child Cancer UK amount to £1,137,000 (2022 – £891,000). Restricted reserves are £907,000 (2022 – £449,000). Designated reserves are £nil (2022 – £nil) owing to the fact that restricted reserves already account for 3-4 months' worth of future direct programme costs.

The balance of reserves amount to £229,000 (2022 – £441,000) and are held within the unrestricted fund. Of this, £8,000 (2022 – £8,000) is held as tangible fixed assets which are not part of the free reserves of the Charity as these are not available for immediate realisation. Therefore, the free reserves of World Child Cancer UK at 31 December 2023 are £221,000 (2022 – £433,000), which equates to approximately 3.5 months' worth of operating costs (more than the reserves policy of 3 months).

The reserves policy is reviewed on an annual basis to ensure it is appropriate and offers satisfactory safeguards to the charity's beneficiaries, its staff and other relevant parties.

### Going concern

The Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a going concern. The Trustee believes that the Charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus the Trustee continues to adopt the going concern basis of accounting in preparing the annual financial statements.

**Public benefit**

When considering the charity's activities, the Trustee has complied with the duty to have due regard to the Charities Commission's general guidance on public benefit and is satisfied that the organisation fully complies with the Public Benefit requirements.

**SUSTAINABILITY STATEMENT**

World Child Cancer UK is committed to being a responsible organisation and as such, strives to consider all stakeholders in the way it operates. Indeed, World Child Cancer has as its core 5 values the following:

- ◆ Act for sustainable change;
- ◆ Act with integrity;
- ◆ Act collaboratively;
- ◆ Act with kindness;
- ◆ Act to keep children safe.

Sustainability, or 'Environmental, Social and Governance' (ESG) is embedded into World Child Cancer UK's strategy and this document seeks to set out the ways in which this is being addressed.

**Environmental policies**

World Child Cancer UK is committed to minimising the impact of its activities on the environment. One of the organisation's key activities is undertaking training and health partnership activities and this has traditionally meant air travel to fly medics from their home countries to the programme countries. Covid has shown that there are alternative ways of working and that some training can be delivered virtually. Whilst there will be times when face-to-face meetings/training are preferable, the organisation has found alternative, effective ways of working and so going forward, air travel will undoubtedly continue to be reduced. In any case, air travel is minimised wherever possible. In addition to this, the environmental policy sets out other ways to minimise the impact on the environment such as sharing documents electronically, recycling and considering a supplier's environmental credentials when they tender for services.

Climate change is a concern and is particularly pertinent in countries in which World Child Cancer UK works as natural disasters are, sadly, more common. These natural disasters can be driven by climate change and hence the drive to minimise environmental impact becomes ever more crucial.

### **Social policies**

World Child Cancer UK strives to be an inclusive and diverse organisation. To this end, there has been a focus over recent years of recruiting in-country and expanding the global workforce. Today, World Child Cancer employs 40 people, over 60% of whom are based internationally. After the London base, the regional office in Ghana is the second largest and is home to 11 staff.

The opinions and ideas of staff are central to how World Child Cancer operates and regular staff surveys are carried out. The surveys ask questions about role, career opportunities, leadership, strategy, working conditions, reward and recognition. In 2023, the survey focussed on methods and content of internal communications, with a number of changes made to our approach to sharing information with staff as a result.

### **Governance policies**

World Child Cancer UK complies fully with all statutory requirements and has robust policies regarding what it expects of its staff and trustees. This is set out in the organisation's Code of Conduct which all parties must agree to. In addition, there are detailed policies on equality & diversity, bribery, ethical sponsorship, risk management and a code of ethics.

In addition, World Child Cancer has adopted the Charity Governance Code and has discussed the latest updates to the Code surrounding equality, diversity and inclusion. This is of particular relevance in recruiting new trustees, new members of staff and ensuring all staff are treated equally and fairly.

Underpinning all of World Child Cancer UK's work is its utmost aim to keep all children and vulnerable adults free from harm and this is enshrined in the safeguarding policy. There is clear guidance in the whistleblowing policy as to what to do if anyone has concerns regarding safeguarding and the topic is discussed regularly at both board and staff meetings to ensure all parties remain vigilant.

Risk management is monitored via the risk matrix and discussed at quarterly board meetings as well as being a standing topic at senior management meetings. Remuneration is reviewed in accordance with the policy and via the HR & Governance Committee. Pay is commensurate with experience, qualifications, benchmarking and the sector. A salary benchmarking study is conducted regularly for UK staff and a similar study was undertaken in Ghana recently. The aim is to ensure that frequent benchmarking exercises are undertaken in all of the programme countries at regular intervals.

### **TRUSTEES' RESPONSIBILITIES STATEMENT**

The Trustee is responsible for preparing the trustee's report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the Trustee is required to:

- ◆ select suitable accounting policies and then apply them consistently;
- ◆ observe the methods and principles in 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);
- ◆ make judgments and accounting estimates that are reasonable and prudent;
- ◆ state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- ◆ prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

This report was approved by the Trustee on 25 March 2024 and signed on its behalf by:



Rachel Hollis, Chair

**Independent auditor's report to the corporate trustee of World Child Cancer UK**

**Opinion**

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

In our opinion, the accounts:

- ◆ give a true and fair view of the state of the charity's affairs as at 31 December 2023 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Charities Act 2011.

**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 accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts 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 the charity'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 Trustee is responsible for the other information. The other information comprises the information included in the Chair's Report, the trustees' report and accounts other than the financial statements and our auditor's report thereon. Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts or our knowledge obtained in 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 there is a material misstatement in the accounts or a material misstatement of the other information. 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.

**Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

- ◆ the information given in the trustees' annual report is inconsistent in any material respect with the accounts; or
- ◆ sufficient accounting records have not been kept; or
- ◆ the accounts are not in agreement with the accounting records and returns; or
- ◆ we have not received all the information and explanations we require for our audit.

**Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the accounts 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 accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the trustees are responsible for assessing the charity'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 charity 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 is detailed below:

***How the audit was considered capable of detecting irregularities including fraud***

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ we identified the laws and regulations applicable to the charity through discussions with trustees and other management, and from our commercial knowledge and experience of the sector;
- ◆ we focused on specific laws and regulations in both the UK and overseas, which we considered may have a direct material effect on the financial statements or the operations of the charity, including the Charities Act 2011, data protection legislation, anti-bribery, employment, safeguarding principles, health and safety legislation;
- ◆ we considered the impact of the international nature of the charity's operations on its compliance with laws and regulations;
- ◆ we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- ◆ identified laws and regulations were communicated within the audit team and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

**Auditor's responsibilities for the audit of the financial statements** (continued)

***How the audit was considered capable of detecting irregularities including fraud***  
*(continued)*

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions;
- ◆ assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- ◆ used data analytics to investigate the rationale behind any significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ agreeing financial statement disclosures to underlying supporting documentation;
- ◆ reading the minutes of meetings of those charged with governance;
- ◆ enquiring of management as to actual and potential litigation and claims; and
- ◆ reviewing any available correspondence with HMRC and the company's legal advisors.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

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 charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and with regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees 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 charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Buzzacott LLP  
Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

25 March 2024

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

## Statement of financial activities Year ended 31 December 2023

	Notes	Restricted funds £	Un-restricted funds £	2023 Total funds £	Restricted funds £	Un-restricted funds £	2022 Total funds £
<b>Income from:</b>							
Donations and legacies	1	2,409,126	570,696	2,987,822	2,068,184	569,151	2,637,335
Donated goods: medical supplies	1	2,886,777	—	2,886,777	213,467	—	213,467
Investments		76	7,568	7,644	88	2,303	2,391
Other income	3	—	—	—	—	42,103	42,103
<b>Total income</b>		<b>5,295,979</b>	<b>578,264</b>	<b>5,874,243</b>	<b>2,281,739</b>	<b>613,557</b>	<b>2,895,296</b>
<b>Expenditure on:</b>							
Raising funds	2	—	300,736	300,736	—	377,542	377,542
Charitable activities: Support of treatment programmes	4	2,011,106	429,183	2,440,289	2,235,984	443,005	2,678,989
Charitable activities: Delivery of medical supplies	1	2,886,777	—	2,886,777	213,467	—	213,467
<b>Total expenditure</b>		<b>4,897,883</b>	<b>729,919</b>	<b>5,627,802</b>	<b>2,449,451</b>	<b>820,547</b>	<b>3,269,998</b>
<b>Net income (expenditure) before transfers</b>		<b>398,096</b>	<b>(151,655)</b>	<b>246,441</b>	<b>(167,712)</b>	<b>(206,990)</b>	<b>(374,702)</b>
Transfer between funds	12	60,401	(60,401)	—	107,158	(107,158)	—
<b>Net income (expenditure) and net movement in funds</b>	7	<b>458,497</b>	<b>(212,056)</b>	<b>246,441</b>	<b>(60,554)</b>	<b>(314,148)</b>	<b>(374,702)</b>
<b>Reconciliation of funds</b>							
Fund balances brought forward		449,337	441,288	890,625	509,891	755,436	1,265,327
<b>Fund balances carried forward</b>		<b>907,834</b>	<b>229,232</b>	<b>1,137,066</b>	<b>449,337</b>	<b>441,288</b>	<b>890,625</b>

The notes on pages 36 to 44 form part of these financial statements.

**Balance sheet** 31 December 2023

	Notes	2023 £	2023 £	2022 £	2022 £
<b>Fixed assets</b>					
Tangible fixed assets	9		<b>7,893</b>		8,277
<b>Current assets</b>					
Debtors	10	<b>222,298</b>		201,008	
Short term deposits		<b>30,000</b>		—	
Cash at bank and in hand		<b>919,890</b>		952,745	
		<b>1,172,188</b>		1,153,753	
<b>Creditors:</b> amounts falling due within one year	11	<b>(43,015)</b>		(271,405)	
<b>Net current assets</b>			<b>1,129,173</b>		882,348
<b>Net assets</b>			<b>1,137,066</b>		890,625
Restricted funds	12		<b>907,834</b>		449,337
Unrestricted funds					
. General	12		<b>229,232</b>		441,288
<b>Total funds</b>			<b>1,137,066</b>		890,625

The financial statements were approved and authorised for issue by the Trustee on and signed on its behalf, by Rachel Hollis on 25 March 2024:



The notes on pages 36 to 44 form part of these financial statements.

Charity registration number : 1084729

## Statement of cash flows Year ended 31 December 2023

		2023 £	2022 £
<b>Cash flows from operating activities</b>			
Net cash (used in) operating activities	A	(7,652)	(126,042)
<b>Cash flows from investing activities</b>			
Purchase of tangible fixed assets		(2,847)	(3,962)
Investment income		7,644	2,391
<b>Net cash provided by (used in) investing activities</b>		<b>4,797</b>	<b>(1,571)</b>
<b>Change in cash and cash equivalents in the year</b>		<b>(2,855)</b>	<b>(127,613)</b>
<b>Cash and cash equivalents at 1 January 2023</b>		<b>952,745</b>	<b>1,080,358</b>
<b>Cash and cash equivalents at 31 December 2023</b>	B	<b>949,890</b>	<b>952,745</b>

### A Reconciliation of net movement in funds to net cash (used in) operating activities

		2023 £	2022 £
Net income (expenditure) for the year (as per Statement of Financial Activities)		246,441	(374,702)
Adjustment for:			
Depreciation charges		3,231	3,679
Investment income		(7,644)	(2,391)
(Increase) decrease in debtors		(21,290)	5,780
(Decrease) increase in creditors		(228,390)	241,592
<b>Net cash (used in) operating activities</b>		<b>(7,652)</b>	<b>(126,042)</b>

### B Analysis of changes in net debt

		2023 £	2022 £
Short term deposits		30,000	—
Cash at bank and in hand		919,890	952,745
<b>Total cash and cash equivalents</b>		<b>949,890</b>	<b>952,745</b>

World Child Cancer UK does not have any borrowings or lease obligations. Net debt consists therefore of the cash at bank and in hand and short-term deposits.

## **Principal accounting policies** Year ended 31 December 2023

### **Basis of preparation**

The financial statements have been prepared in accordance 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 United Kingdom 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 Charities Act 2011.

World Child Cancer UK constitutes a public benefit entity as defined by FRS 102.

The financial statements are presented in sterling and are rounded to the nearest pound.

### **Critical accounting estimates and areas of judgement**

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. This includes assessing the impact of the ongoing global conflicts and the increase in the costs of living on the charity's income, expenditure and financial position (see assessment of going concern below).

### **Accounting estimates and assumptions**

The charity makes estimates and assumptions concerning the receipt of Voluntary Medical Aid, which is a donated service. The calculation of the estimated financial cost of this aid is based on the time spent by the professionals donating their time and what the salary cost of those professionals would have been if they were employed by the charity.

### **Assessment of going concern**

The Trustee has assessed whether the use of the going concern assumption is appropriate in preparing these financial statements. The Trustee has made this assessment in respect to a period of one year from the date of approval of these financial statements.

The Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a going concern. The Trustee of the charity has concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The Trustee believes that the charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

The most significant areas of judgement that affect items in the accounts are detailed above.

### **Income recognition**

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Income comprises donations (including from fundraising appeals and events) and legacies, institutional grant income, donated medical drugs and equipment, donated services of doctor and consultant time and investment income.

Donations are recognised when the charity has confirmation of both the amount and settlement date. In the event of donations pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

For legacies, entitlement is taken as the earlier of the date on which either: the Charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the Charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the Charity, or the Charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Grants from government and other agencies have been included as income from charitable activities where these amount to a contract for services, but as donations where the money is given in response to an appeal or with greater freedom of use.

Donated services or facilities are recognised when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time is not recognised.

Donated professional services and donated facilities are valued 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; a corresponding amount is then recognised in expenditure in the period of receipt.

Donated goods are recognised at a value equivalent to their market value when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably. A corresponding amount is then recognised in expenditure at the date the goods are received by our hospital partners in the countries in which we operate.

## Principal accounting policies Year ended 31 December 2023

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.

### Expenditure recognition

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity, and includes financial support provided to individuals. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Support costs are those costs incurred directly in support of expenditure on the objects of the Charity and include project management carried out at Headquarters. These include governance costs which are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements. Support costs are allocated across expenditure on raising funds and charitable activities as a proportion of total expenditure incurred.

Expenditure on raising funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Expenditure on charitable activities are costs incurred on the Charity's operations, including support costs and costs relating to the governance of the Charity apportioned to charitable activities.

### Tangible fixed assets and depreciation

All assets costing more than £250 are capitalised.

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the statement of financial activities.

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Leasehold improvements	20% straight line
Fixtures & fittings	20% straight line

## Principal accounting policies Year ended 31 December 2023

Office equipment 20% straight line

### Debtors

Debtors are recognised at the settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid.

### Cash at bank and in hand

Cash at bank and 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. Any cash investment with a longer maturity is classified as a short term deposit.

### Liabilities and provisions

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

### Financial instruments

The Charity only holds basic financial instruments as defined in FRS 102. The financial assets and financial liabilities of the Charity and their measurement basis are as follows:

*Financial assets* – trade and other debtors are basic financial instruments and are debt instruments measured at amortised cost. Prepayments are not financial instruments.

*Cash at bank* – classified as a basic financial instrument and is measured at face value.

*Financial liabilities* – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost. Taxation and social security are not included in the financial instruments disclosure definition. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver services rather than cash or another financial instrument.

### Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at rates of exchange ruling at the balance sheet date.

Transactions in foreign currencies are translated into sterling at the rate ruling on the date of the transaction.

Exchange gains and losses are recognised in the statement of financial activities.

## **Principal accounting policies** Year ended 31 December 2023

### **Operating leases**

Rentals under operating leases are charged to the statement of financial activities on a straight line basis over the lease term.

### **Pensions**

The Charity operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Charity to the fund in respect of the year.

### **Fund accounting**

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

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

Investment income, gains and losses are allocated to the appropriate fund.

**1 Income from donations and legacies**

	Restricted funds £	Unrestricted funds £	Total funds 2023 £
Donations			
. Events	—	320,619	<b>320,619</b>
. Individual giving and major donors	219,505	146,482	<b>365,987</b>
. Corporates, trusts and foundations	1,317,250	92,113	<b>1,409,363</b>
. Statutory funding	410,065	—	<b>410,065</b>
. Voluntary medical aid	462,306	—	<b>462,306</b>
. Other donated services	—	11,482	<b>11,482</b>
<b>Total</b>	<b>2,409,126</b>	<b>570,696</b>	<b>2,987,822</b>

	Restricted funds £	Unrestricted funds £	Total funds 2022 £
Donations			
. Events	119	228,557	228,676
. Individual giving and major donors	36,339	337,462	373,801
. Corporates, trusts and foundations	1,235,539	3,132	1,238,671
. Statutory funding	355,338	—	355,338
. Voluntary medical aid	440,849	—	440,849
<b>Total</b>	<b>2,068,184</b>	<b>569,151</b>	<b>2,637,335</b>

Included within statutory funding for the year ended 31 December 2023 is £87,998 (2022 – £nil) received from the Foreign and Commonwealth Development Office (FCDO) in respect of our UK Aid Match grant for Ghana – grant reference 205210-289. This amount was fully spent on the designated project. In addition, £122,157 (2022 – £189,329) was received from the FCDO in respect of our UK Aid Match grant for Bangladesh – grant reference 205210-248. This amount was also fully spent on the designated project. £127,358 (2022 – £80,884) was received from FCDO and spent on the designated project for our UK Aid Match Nepal project. The grant reference is 205210-257. Finally, £72,552 (2022 – £85,125) was received from FCDO for our programme in Malawi with grant reference 205210-271. This entire amount was also spent on the designated project.

Included within Corporates, Trusts and Foundations income for the year ended 31 December 2023 is £nil (2022 – £150,000) from the Stavros Niarchos Foundation (SNF) for World Child Cancer’s paediatric oncology programme in sub-Saharan Africa. In addition, £213,559 (2022 – 126,536) is included from Bristol Myers Squibb as a grant for strengthening paediatric oncology skills in Ghana and Cameroon. Finally, an amount of £442,125 (2022 – £608,551) is included from the UBS-Optimus Foundation in respect of creating a centre of excellence for paediatric oncology in Sub-Saharan Africa.

The donated drugs noted on the face of the statement of financial activities relate to charity facilitating the delivery of drugs in Malawi and Cameroon, in partnership with International Health Partners valued at £2,886,777 (2022 – £213,467).

## 2 Expenditure on raising funds

	Restricted funds £	Unrestricted funds £	Total funds 2023 £
Fundraising costs	—	98,745	<b>98,745</b>
Staff costs	—	194,621	<b>194,621</b>
Support costs (note 5)	—	7,370	<b>7,370</b>
<b>Total</b>	<b>—</b>	<b>300,736</b>	<b>300,736</b>

	Restricted funds £	Unrestricted funds £	Total funds 2022 £
Fundraising costs	—	100,539	100,539
Staff costs	—	266,563	266,563
Support costs (note 5)	—	10,440	10,440
<i>Total</i>	<i>—</i>	<i>377,542</i>	<i>377,542</i>

## 3 Other income

In the prior year, other income comprised £10,604 of Kickstart grants from the Department for Work and Pensions, discretionary coronavirus support of £4,112 provided by Southwark Council following the coronavirus pandemic and £27,387 of rental income as a result of an office-sharing arrangement at the charity's former London Bridge premises. No equivalent income from any of these sources was recognised in 2023.

## 4 Analysis of expenditure on charitable activities

	Restricted funds £	Unrestricted funds £	Total funds 2023 £
Project costs	1,245,420	115,821	<b>1,361,241</b>
Other direct costs	194,729	35,232	<b>229,961</b>
Voluntary medical aid	462,306	—	<b>462,306</b>
Donated goods and services	—	11,482	<b>11,482</b>
Staff costs	108,651	175,101	<b>283,752</b>
Support costs (note 5)	—	91,547	<b>91,547</b>
<b>Total</b>	<b>2,011,106</b>	<b>429,183</b>	<b>2,440,289</b>

	Restricted funds £	Unrestricted funds £	Total funds 2022 £
Project costs	1,538,561	38,375	1,576,936
Other direct costs	124,023	37,923	161,946
Voluntary medical aid	440,849	—	440,849
Staff costs	132,551	286,710	419,261
Support costs (note 5)	—	79,997	79,997
<i>Total</i>	<i>2,235,984</i>	<i>443,005</i>	<i>2,678,989</i>

## 5 Support costs

	<b>Total funds 2023 £</b>	Total funds 2022 £
Legal and professional	5,127	7,458
Audit and accounting fees	14,780	13,700
Other costs	28,798	5,782
Support staff costs	46,981	59,818
Depreciation	3,231	3,679
	<b>98,917</b>	<b>90,437</b>

## 6 Analysis of expenditure type

	Staff costs £	Depreciation £	Other costs £	<b>Total funds 2023 £</b>
Current year				
Expenditure on raising funds	194,621	—	106,115	<b>300,736</b>
Direct costs on charitable activities	483,526	3,231	4,840,309	<b>5,327,066</b>
	<b>678,147</b>	<b>3,231</b>	<b>4,946,424</b>	<b>5,627,802</b>

	Staff costs £	Depreciation £	Other costs £	Total funds 2022 £
Current year				
Expenditure on raising funds	266,562	—	110,980	377,542
Direct costs on charitable activities	479,080	3,679	2,409,697	2,892,456
	<b>745,642</b>	<b>3,679</b>	<b>2,520,677</b>	<b>3,269,998</b>

## 7 Net expenditure

This is stated after charging:

	<b>Total funds 2023 £</b>	Total funds 2022 £
Depreciation of tangible fixed assets:		
. Owned by the charity	3,231	3,679
Operating lease rentals	1,737	48,540
Auditor's remuneration		
. Audit fees: current year	11,880	10,980
. Other fees	1,500	1,320
Foreign exchange expense	<b>45,421</b>	<b>75,921</b>

## 8 Staff costs

Staff costs were as follows:

	<b>Total funds 2023 £</b>	Total funds 2022 £
Wages and salaries	<b>598,520</b>	625,656
Social security costs	<b>43,324</b>	61,869
Other pension costs	<b>36,303</b>	58,117
	<b>678,147</b>	745,642

£2,894 of redundancy costs were incurred in the year ended 31 December 2023 (2022 – none) and are included within “wages and salaries” above.

The average number of persons employed by the Charity during the year was as follows:

	<b>2023 No.</b>	2022 No.
Programmes, administration, fundraising and finance	<b>14</b>	16
The number of higher paid employees was		
£60,001 - £70,000	<b>1</b>	3
£70,001 - £80,000	<b>1</b>	1

The key management personnel during the year comprise the roles of: Chief Executive, Finance Director, Director of Fundraising & Communications and Director of Programmes. The total remuneration of key management personnel (including employer national insurance and pension contributions) in the year was £264,474 (2022 – £323,953). All staff are enrolled into the pension scheme and receive the same contributions regardless of grade.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the Trustee sub-committee who oversee HR matters. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A salary benchmarking study was undertaken in Spring 2020 by an external party.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

**9 Tangible fixed assets**

Current year	Fixtures & fittings £	Office equipment £	Total £
<b>Cost</b>			
At 1 January 2023	4,502	13,651	<b>18,153</b>
Additions	—	2,847	<b>2,847</b>
Disposals	(4,502)	(1,750)	<b>(6,252)</b>
At 31 December 2023	—	14,748	<b>14,748</b>
<b>Depreciation</b>			
At 1 January 2023	4,029	5,847	<b>9,876</b>
Charge for the year	473	2,758	<b>3,231</b>
On disposals	(4,502)	(1,750)	<b>(6,252)</b>
At 31 December 2023	—	6,855	<b>6,855</b>
<b>Net book value</b>			
At 31 December 2023	—	<b>7,893</b>	<b>7,893</b>
At 31 December 2022	473	7,804	8,277

**10 Debtors**

	2023 £	2022 £
Trade debtors	<b>1,875</b>	28,000
Prepayments and accrued income	<b>217,702</b>	166,066
Other debtors	<b>2,721</b>	6,942
	<b>222,298</b>	201,008

**11 Creditors: amounts falling due within one year**

	2023 £	2022 £
Trade creditors	<b>5,333</b>	11,445
Accruals and deferred income	<b>25,427</b>	258,799
Other creditors	<b>12,255</b>	1,161
	<b>43,015</b>	271,405

<b>Deferred income</b>	2023 £	2022 £
Deferred income at 1 January	<b>238,509</b>	—
Amounts released from previous years	<b>(238,509)</b>	—
Resources deferred in the year	<b>948</b>	238,509
Deferred income a 31 December	<b>948</b>	238,509

Deferred income comprises money received from donors during the year that is deferred into the following year based on the income recognition requirements of the Charity SORP.

**12 Statement of funds**

Current year	At 1 January 2023 £	Income £	Expenditure £	Transfers £	At 31 December 2023 £
<b>Restricted funds</b>					
Malawi	32,637	79,874	(185,880)	85,036	<b>11,667</b>
Bangladesh	3,263	122,237	(117,947)	(8,125)	<b>(572)</b>
Myanmar	8,644	40,608	(67,522)	23,317	<b>5,047</b>
Cameroon	14,308	118,058	(69,480)	7,993	<b>70,879</b>
Ghana	118,703	387,248	(274,468)	—	<b>231,483</b>
Vietnam	12,814	—	(8,048)	—	<b>4,766</b>
Nepal	15,096	175,920	(129,356)	—	<b>61,660</b>
UBS project	60,965	442,125	(442,631)	—	<b>60,459</b>
Mexico	79,614	17,351	(49,390)	—	<b>47,575</b>
Sierra Leone	10,632	6,820	(11,523)	—	<b>5,929</b>
Family/Psychological	4,877	42,344	(6,386)	—	<b>40,835</b>
Philippines	—	1,200	(1,200)	—	—
Amgen project	—	385,802	(61,213)	(12,836)	<b>311,753</b>
Multi-country projects	87,784	127,309	(123,756)	(34,984)	<b>56,353</b>
Donated goods and services including Voluntary Medical Aid	—	3,349,083	(3,349,083)	—	—
	<u>449,337</u>	<u>5,295,979</u>	<u>(4,897,883)</u>	<u>60,401</u>	<u><b>907,834</b></u>
<b>Unrestricted funds</b>					
General funds	<u>441,288</u>	<u>578,264</u>	<u>(729,919)</u>	<u>(60,401)</u>	<u><b>229,232</b></u>
	441,288	578,264	(729,919)	(60,401)	<b>229,232</b>
<b>Total funds</b>	<u><b>890,625</b></u>	<u><b>5,874,243</b></u>	<u><b>(5,627,802)</b></u>	<u><b>—</b></u>	<u><b>1,137,066</b></u>

The restricted funds represent donations and grants received that are to be spent on specific programmes in the countries listed.

The restricted Malawi funds of £11,667 (2022 – £32,637) are to be spent on staff training, patient support packs, treatment costs and awareness raising activities. Transfers in were made to these funds during the year to cover programme costs that were not able to be paid for from restricted funds.

There is a deficit of £572 (2022 – £3,263) of restricted funds for use in Bangladesh due to foreign exchange differences, which will be funded by further funds to be received in 2024. Restricted funds received for Bangladesh are typically spent on training, patient support packs, nutritional care and patient transport costs. Transfers out were made from these funds during the year to cover programme costs relating to Bangladesh that were originally paid for from unrestricted funds.

The Myanmar funds of £5,047 (2022 – £8,644) will be spent on improving access to, and quality of, paediatric oncology services in Myanmar. Transfers in were made to these funds during the year to cover programme costs that were not able to be paid for from restricted funds.

**12 Statement of funds** (continued)

There is a restricted balance of £70,879 (2022 – £14,308) for Cameroon which will be spent on drugs for Burkitts' Lymphoma patients, specialist training, advocacy and awareness raising, parent support costs and palliative care outreach work. Transfers in were made to these funds during the year to cover programme costs that were not able to be paid for from restricted funds.

£231,483 (2022 – £118,703) of restricted funds are for use in Ghana, including on several projects from large donors. The funds will be spent on improving access to paediatric oncology services in some of the remotest areas of Ghana and on local and international training, advocacy and awareness raising activities, equipment, drug costs and parent support.

£4,766 (2022 – £12,814) of restricted funds are to be spent in Vietnam on improved psychosocial care for children and their families.

In Nepal, £61,660 (2022 – £15,096) of restricted funds are to be spent on improving access to hospitals, developing early-warning signs training, providing key drugs and healthcare professional training.

£60,459 (2022 – £60,965) is to be spent in Ghana on the UBS Optimus Foundation programme which aims to develop a centre of paediatric oncology excellence in West Africa.

Mexico has £47,575 (2022 – £79,614) carried forward which will be used to improve paediatric oncology outcomes in Mexico.

There is £5,929 (2022 – £10,632) carried forward for use in Sierra Leone which will be spent on patient care and diagnostics.

The family and psychosocial programme has £40,835 (2022 – £4,877) carried forward and this will be spent on patient and family psychosocial services such as play therapists, cancer-specific literature for families and the Xploro app which helps and empowers children through their cancer treatment.

£311,753 (2022 – nil) is to be spent on the programme funded by Amgen Inc, which will improve early detection and access to treatment, strengthen paediatric oncology services for children with Burkitts' Lymphoma, and deliver advocacy and sharing of learning for long-term impact in a number of countries around the world. Transfers out were made from these funds during the year to cover programme costs relating to Malawi that were originally paid for from unrestricted funds.

£56,353 (2022 – £87,784) of restricted funds relating to multi-country programme are being carried forward to be spent in 2024 on improving paediatric oncology services across sub-Saharan Africa. Transfers out were made from these funds during the year to cover programme costs relating to a number of countries that were originally paid for from unrestricted funds.

**12 Statement of funds (continued)**

	At 1 January 2022 £	Income £	Expenditure £	Transfers £	At 31 December 2022 £
<i>Current year</i>					
<i>Restricted funds</i>					
Malawi	25,851	118,328	(142,583)	31,041	32,637
Bangladesh	60	192,849	(189,586)	(60)	3,263
Myanmar	38,600	47,685	(96,895)	19,254	8,644
Cameroon	18,550	91,794	(134,422)	38,386	14,308
Ghana	52,690	226,650	(160,637)	—	118,703
Vietnam	19,025	—	(6,211)	—	12,814
Nepal	47,338	80,884	(113,126)	—	15,096
UBS project	198,637	599,333	(737,005)	—	60,965
Stavros Niarchos Africa	82,768	150,000	(147,547)	—	85,221
Mexico	—	82,712	(3,098)	—	79,614
Sierra Leone	1,468	11,630	(2,466)	—	10,632
Family/Psychological	15,286	1,730	(12,208)	69	4,877
Philippines	—	1,369	(19,837)	18,468	—
Palestine	—	245	(245)	—	—
Other	9,618	22,214	(29,269)	—	2,563
<i>Donated goods and services including Voluntary Medical Aid</i>	—	654,316	(654,316)	—	—
	509,891	2,281,739	(2,449,451)	107,158	449,337
<i>Unrestricted funds</i>					
General funds	307,201	613,557	(479,470)	—	441,288
Designated funds	448,235	—	(341,077)	(107,158)	—
	755,436	613,557	(820,547)	(107,158)	441,288
<b>Total funds</b>	<b>1,265,327</b>	<b>2,895,296</b>	<b>3,269,998</b>	<b>—</b>	<b>890,625</b>

**13 Analysis of net assets between funds**

	Restricted funds £	Unrestricted funds £	Total funds 2023 £
<i>Current year</i>			
Tangible fixed assets	—	7,893	7,893
Current assets	912,834	259,354	1,172,188
Creditors due within one year	(5,000)	(38,015)	(43,015)
	907,834	229,232	1,137,066
	Restricted funds £	Unrestricted funds £	Total funds 2022 £
<i>Current year</i>			
Tangible fixed assets	—	8,277	8,277
Current assets	687,846	465,907	1,153,753
Creditors due within one year	(238,509)	(32,896)	(271,405)
	449,337	441,288	890,625

**14 Related party transactions**

No Trustee or Trustee representative received any remuneration or benefit in kind for professional or other services rendered to the Charity.

Some Trustee representatives are medical professionals and provide support to the Charity in the form of voluntary medical aid. Included within the balance of donated services and voluntary medical aid in notes 1 and 4 to the financial statements of amounts of £462,306 (2022 – £440,849), is an amount totalling £35,260 (2022 – £23,205) relating to the support provided by 3 trustees (2022 – 3 trustees).

Accommodation and flight expenses of £544 were incurred by World Child Cancer in relation to 1 (2022 – 2) trustee representative who resides outside the UK in order that they may attend trustee meetings (2022 – £2,057). £4,206 (2022 – £3,879) in expenses were incurred as part of their support providing voluntary medical aid and representing World Child Cancer at the International Paediatric Oncology Congress 2023, held in Canada.

Gifts of £nil were made to Trustees during 2023 (2022 – £80).

Total donations made by Trustee representatives (including connected persons) amounted to £13,183 during the year (2022 – £12,810).

Sara Bailey, one of the Trustee representatives is senior partner at Trowers & Hamblins LLP who donated £3,500 to World Child Cancer during the year (2022 – £7,750)

**15 Pension commitments**

The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £36,303 (2022 – £58,117).

**16 Operating lease commitments**

At 31 December 2023, the Charity no longer had any operating lease commitments due to the expiry of its office lease (2022 – £nil).

**WORLD CHILD CANCER UK**

England & Wales - Charity number 1084729

---

# Accounts

---

# **World Child Cancer UK**

## **Annual Report and Financial Statements**

Year to 31 December 2022

Charity Registration number: 1084729

## Contents

### Reports

Reference and administrative information	1
Chairman and CEO's report	3
Trustees' report	5
Independent auditor's report on the financial statements	23

### Financial statements

Statement of financial activities	28
Balance sheet	29
Statement of cash flows	30
Principal accounting policies	31
Notes to the financial statements	36

## Reference and administrative information

<b>Corporate trustee</b>	World Child Cancer Trustees (Company no. 08518700), whose Directors are the trustee representatives of World Child Cancer UK
<b>Trustee representatives</b>	Rachel Hollis (Chair), <i>FRCN</i> Sara Bailey Karen Brade Anuj Chande Yves Dermaux Helen Griffiths Kate Lee Paul Nabavi Professor Kathy Pritchard-Jones, <i>BMBCh, PhD, FRCPCH, FMedSci</i> Professor Lorna Awo Renner, <i>MBChB, MPH (Liv), FRCPCH (UK)</i> Julie Torode
<b>Company Secretary</b>	Rebecca Ross, <i>BA (Hons), FCA</i>
<b>Key Management Personnel</b>	Julie Worrall – Interim Chief Executive Rebecca Ross – Director of Finance Zoe Macalpine – Director of Fundraising & Communications Piera Freccero – Director of Programmes
<b>Registered address</b>	1 Betjeman Close Coulston Surrey CR5 2LU
<b>Charity registration number</b>	1084729 (England and Wales)
<b>Auditor</b>	Buzzacott LLP 130 Wood Street London EC2V 6DL
<b>Bankers</b>	The Cooperative Bank 80 Cornhill London EC3V 3NJ  Metro Bank One Southampton Row London WC1B 5HA

## Reference and administrative information

**Solicitors** Bates Wells & Braithwaite LLP  
2-6 Cannon Street  
London  
EC4M 6YH

Looking back on 2022 we reflect on another year of change and challenge for World Child Cancer, which we expect to continue into 2023, but we also celebrate the impact and reach of our programmes. We see great opportunities for the organisation in the year ahead.

We would particularly like to thank our great staff team for their hard work, and commitment to our cause over another year. We would like to acknowledge and thank and all our partners around the world, who have helped contribute to the continuing success of World Child Cancer through difficult times – and with a special mention for all the health workers whose commitment and dedication always inspires.

In early 2022 we were still experiencing the full impact of the Covid pandemic. Keeping all our programmes running successfully has remained challenging, but at the end of the year, with restrictions lifted in the countries where we operate, we are proud of what we have been able to achieve. 2022 has seen an enormous amount of work to get back on track with our programmes – and some of our largest donors have been very complimentary about the speed with which we have been able to recover and make progress again. More details of what has been achieved are contained in our Annual Report below. We are very pleased that despite the constraints we still reached 7,670 children during 2022.

The lifting of restrictions meant a return to international travel. Our programmes team have been able to return to the field; meeting with local partners, forging new alliances, and carrying out visits for the purposes of monitoring and evaluation. Our overseas staff base continues to grow, with the majority of our programmes team now based in the countries and regions where we operate. In 2022 partnership visits by clinical teams of doctors and nurses resumed for the first time since the pandemic, strengthening those health partnerships and supporting continued shared learning and the ongoing development of clinical treatment.

We have continued to operate in Myanmar, since the coup when many other NGOs have been forced to pull back. It remains very challenging and getting money into the country has proved difficult as has the supply of drugs and other essential equipment within the country. We are very proud that through our work children are continuing to get treated for cancer in Myanmar, and families are receiving support, thanks to the dedication of our staff and amazing partners.

As the global impact of the pandemic began to decrease, we were faced with war in Ukraine. The impact of that conflict spread far beyond Europe, and in many of our programme countries has contributed to a steep rise in inflation, driven by rising fuel costs, and grain shortages, leading to increased food prices. In Ghana, for example, inflation rose as high as 40%. The cost of living crisis experienced across the globe in 2022 (and expected to continue into 2023) has hit the poorest hardest, and that has certainly been the case in the countries in which we work. Need is greater, and the resources required to meet that need are greater too.

2022 was a challenging year for our fundraising in the UK. We expected that the lessening of the impact of the pandemic, and the opening up of society, would mean that this would be the year we could resume our growth. However with first the Ukraine crisis and then the

cost of living challenges both here in the UK, and globally, it has been harder than expected. The combination of a difficult climate for fundraising, and inflation leading to increased costs, we ended the year with a deficit of £375k. We have however, sufficient reserves to cover this and to maintain a healthy reserves policy. The Board took the decision to review that reserves policy at the end of 2022, and we are confident that it meets the needs of the organisation. We are expecting 2023 to also be a challenging year for fundraising and have adopted a prudent approach to budgeting as a consequence.

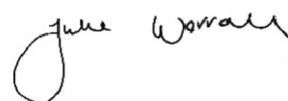
Following previous work on succession planning, 2022 has been a year of change on the Board of World Child Cancer. James King stepped down as Chair of the Board on completion of his term of office in December, and we thank him for his positive and energetic leadership. He was replaced by Rachel Hollis FRCN, a long-standing Board member and a volunteer in our programmes. After an audit of the skills and expertise of the board, and a process of intentional recruitment, we also welcome to the Board two new members, Julie Torode, who was until recently Deputy Chief Executive of the Union for International Cancer Control (UICC), and Paul Nabavi, recently retired after a career in banking, and with extensive experience in the international context in which we work.

On 17 February 2023 our long-standing Chief Executive, Jon Rosser, retired and the Board is taking the opportunity to review our structure and footprint in the UK with the aim of reducing our head office costs, while maintaining the robust and successful organisation we have become under Jon's leadership. Julie Worrall has been recruited as Interim Chief Executive to lead the organisation through this time of change, while the Board reviews the structure of our Senior Management team.

This statement was prepared with input from James and by Jon, and we wish them well for the future as we thank them for their leadership during a particularly challenging time for the organisation. We feel privileged to follow in their footsteps. Our reflections on the year that is past echo their sentiments. Our hope for the future is that World Child Cancer will continue to grow in impact and in our global reach, and that our income too will grow to match our vision of a world where every child with cancer has equal access to the best treatment and care.



Rachel Hollis, FRCN  
Chair



Julie Worrall  
CEO

The Trustee presents its annual report together with the audited financial statements of World Child Cancer UK (registered charity (No. 1084729) in England and Wales) for the year ended 31 December 2022. The Trustee confirms that the annual report and financial statements of the Charity comply with the Charities Act 2011, the requirements of the Charity's governing document and 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). The principal operating office of World Child Cancer UK during the year was 9 Maltings Place, 169 Tower Bridge Road, London, SE1 3JB. Since then, the Charity has ended its lease at these premises and now operates fully remotely. In early 2023, the long-standing CEO retired and a new, interim CEO has joined the Charity.

## **OBJECTIVES AND ACTIVITIES**

### **Evening the odds for children with cancer**

World Child Cancer believes that no child should die unnecessarily of cancer. Survival in developed countries is now over 80% and rising. In the developing countries where we work, survival is as low as 10%. That difference is unnecessary and unjust. We believe it is a human right of all children to receive necessary health treatment and we are determined to make that a reality for children with cancer. No child should be left to die of a painful illness when they could be cured with relatively simple and affordable treatments.

### **Improving access to care**

Many childhood cancers are curable if detected and treated early enough. They are also relatively simple and inexpensive to treat. The availability of generic medicines and medical procedures, which have been known to doctors for decades, means that we already have the expertise to treat these children.

There are other challenges which also need to be addressed, to give children a better chance of survival. These start at the local community level where there is little awareness amongst frontline health workers or understanding of cancer in children, and a mistaken belief that it is not curable. Often childhood cancer is not diagnosed, misdiagnosed, or is diagnosed too late for effective treatment to take place. In fact, a large percentage of children with cancer never get to a specialist centre to receive care, treatment or pain relief. By raising awareness in the community, and delivering basic training for community health workers, we can change this.

Across the developing world there is a shortage of trained doctors and nurses to provide the right levels of care. We believe that investment in training is essential to improving survival rates. One of the most successful ways to achieve this is through building health partnerships between countries. These health partnerships involve volunteer doctors and nurses from the developed world giving their time and expertise to support colleagues around the world. This provides a powerful partnership and two-way exchange of knowledge and expertise. Advancements in technology have given rise to innovative ways for these teams to work together. It is now common for them to hold virtual mentoring sessions, case discussions and remote diagnosis which speed up treatment for children.

## **OBJECTIVES AND ACTIVITIES** (continued)

### **Supporting families**

There is often little or no funding for childhood cancer care from local sources, so families are faced with huge medical bills. This is a significant barrier to a child starting treatment. Many children are unable to complete their treatment either, as it is often long and expensive, placing a burden on the wider family. With specialist centres usually situated in the capital, many families have to travel long distances and live away from their homes whilst their child is being treated. They lose their livelihoods or suffer a significant drop in income, something which affects the whole family, and are pushed further into poverty. We believe that families need more support so that their children can be treated and cared for properly. Our work includes a range of support services for families including investments in family accommodation at the hospital, subsidising medical and travel costs and providing training and support to help parents earn a living whilst away from home. Some of the support given is in the form of cash grants to families which is used to pay for food, accommodation near the hospital, transport to and from the hospital and diagnostic tests. Such financial support varies from country to country depending on the needs and individual circumstances of the families.

### **We can make a difference**

Improving childhood cancer survival rates in developing countries is achievable and affordable. We are investing in sustainable programmes which make a real difference to the lives of thousands of children each year, but we want to do more. We believe all children, wherever they live, should have an equal access to the best possible treatment and care so they do not die of a potentially curable illness. In the long run, we aim to persuade governments to make adequate provision in their national health budgets to provide for all children with cancer. The principal activities of the charity is to:

- ◆ Pay for additional staffing and facilitate training for local healthcare staff;
- ◆ Cover the costs of health partnership activities;
- ◆ Improve healthcare facilities, access to medicines and other much needed resources;
- ◆ Support awareness raising and advocacy campaigns to raise the profile of the inequality in current care; and
- ◆ Provide practical support for families to help them cope when their child is diagnosed with cancer.

### **Approach to fundraising**

World Child Cancer UK organises fundraising events in the UK and co-ordinates the activities of our supporters around the world. We do not use professional fundraisers or involve commercial participators and have received no complaints about our fundraising activities this year. The charity is signed up to the Fundraising Regulator's Code of Fundraising Practice and a number of our staff are members of the Institute of Fundraising. All fundraising activities are undertaken to ensure that they are not unreasonably intrusive, persistent or pressurising and all marketing material contains clear instructions on how a person can be removed from our mailing lists.

## ACHIEVEMENTS AND PERFORMANCE

### Programme highlights of 2022

#### Key achievements

- ◆ World Child Cancer supported 7,670 children in the programme countries in 2022 with 5,496 newly diagnosed cases of cancer. The psycho-social component of the charity's work has significantly grown and globally, 3,580 cash grants were provided to cover transport, accommodation, diagnostic tests and food costs. 3,190 families and children received emotional support. We have trained 123 healthcare staff in psycho-social support, 2,101 in early warning signs and symptoms of childhood cancer and 1,181 in specialised paediatric oncology skills.
- ◆ World Child Cancer facilitated the delivery of donated drugs in Malawi and Cameroon, in partnership with International Health Partners to the value of £213k.
- ◆ After the forced break due to Covid, health partnership visits have restarted along with programme team monitoring, psycho-social visits and in-person participation at conferences (International Society of Paediatric Oncology (SIOP) Africa and SIOP International). In the last quarter of 2022 Alder Hey Children's Hospital visited Nepal; a delegation from Cardiff Children's Hospital visited Korle Bu Teaching Hospital and World Child Cancer Ghana staff visited Sierra Leone to assess the progress of the paediatric oncology services. In addition, the first Leeds Children's Hospital visit in three years took place in Cameroon.
- ◆ World Child Cancer supported the organisation of three regional "Training of Trainers" sessions for the delivery of paediatric oncology foundation trainings. Over 40 nurses from Ghana, Sierra Leone, Nigeria, Cameroon, Liberia, Zimbabwe, Malawi, Botswana, Uganda, Tanzania and Zambia took part in this training. The cascade trainings have already started, with over 150 nurses receiving it in Ghana alone.
- ◆ World Child Cancer supported the online and in-person participation of over 40 healthcare professionals from across Africa in the SIOP Africa conference in Uganda and the SIOP International conference in Barcelona.
- ◆ The charity was able to resume most of its work in Myanmar despite the military coup. Support was extended to the paediatric oncology services in Mandalay which had been closed for over a year since the coup. The operation of the Heroes school in Yangon Children's Hospital was resumed and remote health partnership activities led by Boston Children's Hospital were restarted which focussed on improving nutritional care of children with cancer.
- ◆ A new programme was started in Mexico.
- ◆ Celebration of International Childhood Cancer Day across all the countries in which the charity works. This year, more than ever, World Child Cancer has developed a wide range of communication activities that have reached millions of people.

### **Programme highlights of 2022 (continued)**

- ◆ The nursing fellowship curriculum was accredited by the National Academy of Medical Science in Nepal. This is a monumental achievement as, for the first time, specialised paediatric oncology nursing training will be available in the country. The training curriculum has been modelled on the successful training currently delivered in Ghana.
- ◆ A 5 year strategy was developed for UBS Optimus Foundation and the funding and workplan was agreed for 2022/23. World Child Cancer will continue offering fellowships, expanding support for clinical research and starting a collaboration with the International Paediatric Palliative Care Network to assess palliative care needs and develop a plan of action for Ghana.
- ◆ World Child Cancer developed an organisational approach specific to blood-related malignancies with clinical partners. The approach aims to improve access to, and quality of, treatment for children with leukaemia, sickle cell disease and beta-thalassaemia through training of healthcare professionals, with a special focus on efficient management of blood banks.

### Key challenges

- ◆ The institutional, political and banking situation in Myanmar has remained very challenging.
- ◆ Inflation above 40% in Ghana and above 25% in Malawi and Myanmar. In collaboration with the finance team, different approaches have been taken to support staff and programmes through these difficult circumstances. Staff salaries in Ghana and Malawi have been pegged to the GBP and one-off cost-of-living grants have been given. The financial support needs of families have increased substantially.

### **Strategic partnerships and external engagement**

- ◆ The relationship with the Ministries of Health have been strengthened in several countries. A Memorandum of Understanding has been signed with the Ministry of Health in Bangladesh, the process has been started to sign such an agreement with the Ghana Ministry of Health and active engagement with the Ministry of Health in Malawi took place.
- ◆ World Child Cancer took part in the National Workshop for the creation of the national cancer strategy in Sierra Leone and created strong working relationships with the World Health Organisation Africa office.
- ◆ All the UK programme team and two members of the global programme team attended the SIOP Barcelona conference in October 2022. Meetings with key external partners took place including Foundation S, Policy and Economics Research in Childhood Cancer (PERCC) Toronto, St Jude (coordination of the work in Sub-Saharan Africa and Nepal), World Health Organisation, Alliance Mondiale Contre le Cancer (AMCC), King Hussain Cancer Hospital Foundation and Soletterre.

### Strategic partnerships and external engagement (continued)

- ◆ The organisation took part in a panel discussion on 'Access to health as social justice' at an event organised by Soleterre in Italy as part of their 20th birthday celebration. The UK Director of Programmes spoke about World Child Cancer's work to reduce inequalities globally. The event was widely covered by the press.
- ◆ There was a psycho-social support and engagement visit in Malawi and South Africa. The visit resulted in a closer relationship with key national and global partners such as Global Hope, Princess Maxima, CHOC and Amref. Programme staff also engaged with potential statutory and corporate funders such as GIZ, the National Bank of Malawi and investment banks.
- ◆ World Child Cancer organised an event with SIOP as part of the London Global Cancer Week. The event, called "New Global Initiatives to Improve Access and Quality of Essential Medicines for Childhood Cancer" was attended by 188 attendees from 60 countries. World Child Cancer had the opportunity to showcase the partnership with International Health Partners, the organisation which is providing free and high-quality essential medicines for over 600 children with cancer in Malawi and Cameroon.

## ACHIEVEMENTS AND PERFORMANCE

### Country reports

*In each of the countries in which the Charity works, we have presented some key metrics to demonstrate the impact of the work. In general, the same metrics have been used for all countries, however in some countries not all metrics are shown because either the information is not available or a particular type of support is not provided. For example, in Vietnam, our support does not extend to training staff in paediatric oncology and therefore that metric is not shown.*

#### **Malawi**

The programme in Malawi has continued supporting families of children with cancer in Blantyre with transport grants, welcome packs and the support of a Play Therapist. The main focus of the activities has been the delivery of early warning signs and symptoms training in the context of the FCDO project. In addition to this, Queen Elizabeth Children's Hospital received donated drugs valued at £147k through the partnership with International Health Partners. World Child Cancer Malawi has been working with members of the local Government to share and influence policy that relates to childhood cancer and research.

Children reached: 525

Healthcare staff trained in paediatric oncology: 65

Healthcare staff trained in early warning signs and symptoms: 179

Cash grants distributed: 638

Families receiving emotional support: 100

## **ACHIEVEMENTS AND PERFORMANCE** (continued)

### **Country reports** (continued)

#### ***Bangladesh***

The work in Bangladesh has focused on getting the FCDO project activities back at full capacity and this has been achieved successfully. A six month no-cost extension has been granted by the funder. The psycho-social support component of the programme has been particularly successful with the introduction of Family Support Officers in five of the partner hospitals. The work on the adaptation of treatment protocols and development of supportive care guidelines has continued successfully and early warning signs and symptoms training has taken place in several medical schools. A Memorandum of Understanding was signed with the Ministry of Health which will support the expansion of the work across the country.

Children reached: 2,868

Healthcare staff trained in paediatric oncology: 126

Healthcare staff trained in early warning signs and symptoms: 281

Cash grants distributed: 1,412

Families receiving emotional support: 2,085

#### ***Philippines***

In the second half of 2022, and after discussion of sustainability of the programme with the partners, the activities in the Philippines were suspended until a more fundable strategy can be found.

Children reached: 514

Healthcare staff trained in paediatric oncology: 491

#### ***Myanmar***

Support has continued for Mandalay and Yangon Children's Hospitals and the Heroes Hospital school in Yangon. The focus remains to improve access to drugs and nutrition for the children in care in these two hospitals. Nutritional education remote training was delivered in collaboration with Boston Children's Hospital. A request to renew the Memorandum of Understanding with the Ministry of Health was submitted.

Healthcare staff trained in paediatric oncology: 19

#### ***Cameroon***

The team in Cameroon has been successfully engaging with the Ministry of Health to include Cameroon in the World Health Organisation Global Initiative on Childhood Cancer. Training has been delivered on the early warning signs and symptoms of childhood cancer and nurse training has taken place. A national workshop on the management of retinoblastoma and leukaemia was delivered in conjunction with the health partnership visit from Leeds Children's Hospital.

Children reached: 540

Healthcare staff trained in paediatric oncology: 203

Healthcare staff trained in early warning signs and symptoms: 1,058

Cash grants distributed: 1,081

## ACHIEVEMENTS AND PERFORMANCE (continued)

### Country reports (continued)

#### **Ghana**

Ghana remains the major country of operation and it hosts the regional office for Africa and World Child Cancer's partners at Korle-Bu Teaching Hospital. It is the hub centre for paediatric oncology for West Africa. In collaboration with the major funder, UBS-Optimus Foundation, work has continued offering fellowships in paediatric oncology for paediatricians, pharmacists and specialised training for nurses. Regional "Training of Trainers" for nurses has been offered along with training on the early warning signs and symptoms of childhood cancer and retinoblastoma for regional and district health care workers. In addition, awareness-raising activities for the general public were organised. An assessment of the national palliative care services took place and support given to develop nutritional support for children with cancer.

Children reached: 919

Healthcare staff trained in paediatric oncology: 198

Healthcare staff trained in early warning signs and symptoms: 462

Cash grants distributed: 1,227

Families receiving emotional support: 909

#### **Vietnam**

A Family Support Officer was hired and they have been trained by World Child Cancer's psycho-social support Advisor. They now deliver counselling and financial support services to the families of children with cancer in Hue Hospital. The work with the University of Ho Chi Min City has re-started and the development of the 'medical social worker' specialised training is confirmed to start in 2023.

Cash grants distributed: 22

Families receiving emotional support: 62

#### **Nepal**

Following delays in implementation of the FCDO project, great strides have been made in 2022. Equipment was procured for the paediatric oncology ward in Kanti Children's Hospital and training was delivered in early warning signs and symptoms in the shared-care centres in collaboration with "Together Against Childhood Cancer". A Family Support Officer was recruited and the health partnership with Alder Hey Children's Hospital has continued with in-person visits and regular online lectures. Formal training in paediatric oncology nursing has taken place and two nurses went to Tata Memorial Hospital in India for further training. Tata Memorial Hospital is also hosting a paediatrician from Nepal to gain a fellowship in paediatric oncology.

Newly diagnosed: 167

Healthcare staff trained in paediatric oncology: 75

Healthcare staff trained in early warning signs and symptoms: 121

Cash grants distributed: 42

Families receiving emotional support: 34

**ACHIEVEMENTS AND PERFORMANCE** (continued)

**Country reports** (continued)

***Mexico***

With the support of a donation received in the second part of 2022, the programme in Mexico has started to be rebuilt. The process of registration in-country is ongoing and a programme coordinator has been hired to support the development of the programme.

***Sierra Leone***

In Sierra Leone, World Child Cancer has continued supporting families with the cost of transport, treatment and nutrition. The charity has continued to provide support for follow up of patients that default or abandon treatment; four nurses have been trained on the foundation course in paediatric oncology nursing and psychosocial support downstream training, two pharmacists were trained in paediatric oncology pharmacy and the maintenance of the childhood cancer registry was supported. World Child Cancer supported a health partnership visit from Cardiff Children's Hospital and engaged with the Ministry of Health in the development of their national cancer control plan.

Newly diagnosed: 52.

Healthcare staff trained in paediatric oncology: 23.

Cash grants distributed: 132.

## STRUCTURE, GOVERNANCE AND MANAGEMENT

### Constitution and organisational structure

World Child Cancer UK is constituted and governed by a trust deed dated 1 December 2000. The Trustee is responsible for the overall governance of the Charity.

The maximum number of trustees or trustee representatives is twelve at any one time. The standard number of terms of office is two, however, by exception a third term may be allowed if it is considered in the best interests of the organisation to do this.

### Trustees

World Child Cancer UK has one corporate trustee, World Child Cancer Trustees, whose Directors act as Trustee Representatives. Those who served in the year are:

<b>Trustee representatives</b>	<b>Appointed/resigned</b>
James King	Retired 6 December 2022
Sara Bailey	Appointed 22 June 2022
Karen Brade	
Anuj Chande	
Yves Dermaux	
Helen Griffiths	
Rachel Hollis	Appointed as Chair 6 December 2022
Kate Lee	
Paul Nabavi	Appointed 6 December 2022
Professor Kathy Pritchard-Jones	
Professor Lorna Awo Renner	
Julie Torode	Appointed 6 December 2022

### Honorary Patrons

- ◆ Professor Tim Eden
- ◆ Gill Thaxter
- ◆ Anu Vedi
- ◆ Caitriona Balfe
- ◆ Gordon Morrison

### Committees

As well as the Corporate Trustee, World Child Cancer UK has a number of sub-committees to aid in the running of the charity. The details of these committees are listed below:

#### ***HR and Governance sub-committee***

This sub-committee is responsible for overseeing all employment matters and recommends the appointment of the new Trustees. In respect of staff, it monitors staff performance through appraisals, reviews salaries and ensures employment legislation is adhered to.

## STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

### Committees (continued)

#### *HR and Governance sub-committee (continued)*

Members (in addition to staff):

- ◆ Helen Griffiths
- ◆ Rachel Hollis
- ◆ Yves Dermaux

#### *Programme sub-committee*

We implemented a review of the governance of the work of the programmes team, suggesting a smaller more effective Programme Committee, along with a broader Advisory Panel of experts from around the world. The new Programme Committee oversees the work of the programmes team, making sure that it adheres to the approved strategy and that it delivers in terms of programme and global targets. In the Programme Committee there is a representation from World Child Cancer UK, the Netherlands and USA to enhance the integration and harmonisation of our global work.

Members (in addition to staff):

- |                   |                         |
|-------------------|-------------------------|
| ◆ Gertjan Kaspers | ◆ Festus Muigai         |
| ◆ Abby White      | ◆ Kathy Pritchard-Jones |
| ◆ Alison Finch    | ◆ John Van Doorninck    |
| ◆ Rehana Punjwani | ◆ Nihad Salifu          |
| ◆ Sue Horton      | ◆ Rachel Hollis         |
| ◆ Persis Amrolia  | ◆ Julie Torode          |

#### **Policies adopted for the induction and training of Trustees or their representatives**

The charity relies upon the guidance issued by the Charity Commission in relation to the induction and training of Trustees or their representatives and follows guidance and best practice. General practice for inducting new Trustees and trustee representatives includes meeting with key management and other trustees, the provision of a training pack which includes key financial, fundraising and programme information and copies of past board Minutes and papers. In addition, all new trustees undertake safeguarding training.

#### **Key management personnel and pay policy for senior staff**

The trustees delegate the day-to-day management of the charity to the key management personnel. These comprise of the Chief Executive Officer, Finance Director, Director of Fundraising and Communications and Director of Programmes. It is the responsibility of the HR and Governance sub-committee to review the pay and benefits for staff once per year and set pay based on industry benchmarks, performance and budget availability.

## **STRUCTURE, GOVERNANCE AND MANAGEMENT** (continued)

### **Key management personnel and pay policy for senior staff** (continued)

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the Trustee sub-committee who oversee HR matters. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A comprehensive salary benchmarking study was undertaken in the UK in Spring 2020 and in Ghana in Winter 2021, both by third parties, and regular further reviews will be undertaken.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

### **Risk management**

Risk to the charity is actively managed and the register of risks is reviewed on a quarterly basis by the Trustee and relevant sub-committees. In addition, the senior management team monitor and act upon the risks identified in the risk register and this is done on a continuing basis. The Trustee has assessed the major risks to which the charity is exposed and is satisfied that there are appropriate systems and procedures in place to mitigate the exposure to the major risks:

- ◆ Ensuring that fundraising targets are met, an appropriate income generation plan is in place and ensuring the balance of restricted and unrestricted income and reserves is appropriate. This past year has been financially challenging. After the upheaval caused by Covid, it was hoped that normality would return and whilst it largely has, the fundraising environment has become ever-more competitive. Coupled with this is the challenge of managing restricted and unrestricted fundraising. Whilst restricted donations contribute hugely towards the success of World Child Cancer's programmes, unrestricted income is also required to ensure the charity can continue to operate effectively. As part of ensuring the Charity operates as efficiently as possible, the aim is always full cost recovery of funding applications and wherever possible, programme management contributions are built into all restricted funding proposals. Bi-monthly proposal meetings are important to identify funding gaps and to agree which fundraising applications should be prioritised. In 2022, the amount of restricted funding as a percentage of the overall total was 79% (2021: 73%).

## STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

### Risk management (continued)

- ◆ Changes in the political and social landscape of the countries where the charity operates which could result in unrest or instability. This results in a risk to staff and volunteers travelling to those countries on behalf of the organisation, a risk to staff working in-country and a direct risk to the charity's beneficiaries. This risk is especially critical in Myanmar where a military coup took place in early 2021. As a result of this, both of the public hospitals in which the charity works were closed by the military for part of 2022, meaning that children could not receive a diagnosis or be treated for their cancer. Where possible, World Child Cancer tried to move patients to private facilities but this came at risk to the staff involved. The hospitals are now open again but there has been a dramatic fall in the number of children presenting at hospital which has a catastrophic impact on survival rates. An added complication has been the fact banks have been generally closed and when open, only minimal withdrawals have been allowed. Getting funds into Myanmar to support families has therefore been extremely challenging. World Child Cancer has worked closely with staff in-country to try and ensure their safety is managed and they have been working from home wherever possible to minimise risk. Aside from Myanmar, managing potentially dangerous situations is carried out through observing FCDO advice, reviewing security advice for travel to particular countries and observing local customs and cultures.

In addition to the political situation in Myanmar, the war in Ukraine has had worldwide ramifications which have affected many charities in the sector and not just World Child Cancer. Higher energy and food prices have caused high inflation and in some of World Child Cancer's African programme countries, this has been as high as 40%. This high inflation causes fundraising challenges and puts pressure on staff and of course patients and their families. Additional financial support has been provided to staff where possible, funding and budgets have been revised but World Child Cancer has very limited methods by which to mitigate the impacts of high inflation.

- ◆ The reliance on a small number of large, restricted funders. Restricted funders are invaluable in developing and implementing good-quality programmes and they provide much-needed resources without which we couldn't operate. However, we must ensure that we ensure diversity of income and source multiple restricted and unrestricted funders, and wherever possible, on a multi-year basis. This is particularly important given the changes to FCDO funding at present where grants have been reduced or cancelled.

## **STRUCTURE, GOVERNANCE AND MANAGEMENT** (continued)

### **Risk management** (continued)

- ◆ Ensuring the appropriate level of cash reserves is held. A charity is always faced with the challenge of holding sufficient reserves to be able to comfortably support an organisation through a downturn but it equally requires not to hold too many reserves which could otherwise be deployed to further the charity's aims. During 2022, the reserves policy of World Child Cancer has been reviewed and amended such that the policy now states 3 months' of operating costs and 3-4 months' of programme costs should be held as reserves (further detail in the Reserves section of the report). Careful management is required to ensure that this value is held and any deviations are addressed. Given the current economic climate with high inflation, loss of consumer confidence and fall in disposable income, it is more important than ever that sufficient reserves are held to mitigate any unexpected fall in income.
  
- ◆ The risk of inadequate safeguarding leading to the abuse of, or injury to a child or vulnerable adult. The organisation has a robust Safeguarding Policy for children and vulnerable adults which all staff and volunteers are required to adhere to. The safeguarding of a child or vulnerable adult, such as a parent of a child with cancer, continues to be of utmost priority. Formal safeguarding e-learning was introduced in 2020 and additional training has since taken place via webinar. All staff, volunteers and trustees were required to complete this. Regular refresher training ensures all staff and volunteers are fully briefed in the latest thinking around safeguarding. The charity's Code of Conduct now forms part of an employee's employment contract and this further sets out the expected behaviours of all representatives of World Child Cancer. World Child Cancer has well-publicised procedures to follow in the event of any safeguarding concern and to date there have been no safeguarding incidents.

## **FINANCIAL REVIEW**

### **Financial results and position**

Income in the year was 6% higher than 2021 at £2,895k (2021 – £2,736k) and given the turbulent economic situation during 2022 this is a solid achievement. Cash income was £2,241k (2021 – £2,179k) which is 3% higher than 2021 and represents an extraordinary effort by the entire team. After 2 years of disruption caused by Covid, 2022 saw a return to normality and fundraising events could once again take place. The very active Ambassador group hosted a number of events in 2022 including their Summer and Christmas quizzes and the Gala dinner at Banking Hall in London. In-person challenge events were able to take place once again and we are grateful to all those who ran a marathon or completed an event for World Child Cancer.

## **FINANCIAL REVIEW** (continued)

### **Financial results and position** (continued)

Notable restricted funding came from UBS-Optimus Foundation, FCDO funding for Malawi, Bangladesh and Nepal, Love Your Melon, The HelpCare Foundation, Bristol Myers Squibb, Stavros Niarchos Foundation and The Rangoonwala Foundation. In addition, we are grateful to other corporate donors including MHS Homes, Countryside Properties and MorningStar. Aside from Trusts and Corporates, we are so fortunate to have a loyal band of individuals and groups who support the charity through organising events, completing challenges and spreading the word about World Child Cancer. A particular special thank you to all those who have donated funds in memory of someone who has passed away or who have set up a birthday fundraiser in lieu of receiving gifts. We are grateful to each and every person who has supported us in 2022.

Expenditure was £3,270k (2021 – £2,586k) resulting in a deficit for the year of £375k (2021 – surplus of £150k).

Expenditure on the support of treatment programmes has been able to largely continue without the interruptions caused by Covid over the past 2 years. This is with the exception of Myanmar where it has been challenging to operate, not only because of the difficulties of getting funds into Myanmar but owing to the restrictions placed by the military coup. Despite this, activity has continued, albeit at lower levels than in previous years.

The deficit for the year comprises a £61k restricted deficit which has been funded by restricted funds brought forward. There was also a £314k unrestricted deficit which is as a result of a fall in unrestricted income during the year caused by the worldwide economic uncertainty and a requirement for the charity to provide match funding for some of its FCDO-funded projects. To counter this fall in income and use of general reserves, various cost-saving measures have been implemented and these will continue into 2023.

We have again achieved excellent value for money for our supporters and for every £1 spent, 85p (2021 – 88p) is spent directly on charitable activities with the remaining 15p (2021 – 12p) being invested to raise even more funds.

### **Reserves and reserves policy**

The Trustee Representative continues to ensure the reserves policy is appropriate and reflects the environment in which World Child Cancer operates, the risks it faces, its strategic and operational objectives and the type of income it receives. Furthermore, World Child Cancer wishes to ensure that essential services to beneficiaries can be maintained, particularly given the backdrop of worldwide economic uncertainty caused by the war in Ukraine. In the countries in which the charity works, we have committed funding to ensure the programmes can operate and where these programmes are not covered by restricted funding, the Trustee Representative has taken the decision to designate additional funding to allow the programmes to operate for a period of 3-4 months. This has hitherto been 6 months but following a review of the reserves policy in 2022, this has been revised. These additional funds are disclosed as 'designated reserves'.

## FINANCIAL REVIEW (continued)

### Reserves policy (continued)

As a result, World Child Cancer UK has adopted a policy of having 3 types of reserves:

- ◆ **Restricted reserves:** funds which have a restriction placed on them by the donor.
- ◆ **Designated reserves:** funds designated for use by the Trustee and the policy adopted is that the total of designated and restricted reserves is sufficient to ensure 3-4 months' worth of direct programme costs are covered: as each programme's budget is agreed annually and the majority of the programmes do not have alternative sources of funding. This was 6 months' worth of direct programme costs but was revised in 2022 following a review of the reserves policy.
- ◆ **Unrestricted reserves:** funds that should be available to the charity to be used in the event of a downturn in income, unexpected costs or if any of the key risks facing the charity materialise.

Having considered all factors, it is considered appropriate that 3 months' worth of operational costs should be held as unrestricted reserves.

As at 31 December 2022, total funds held by World Child Cancer UK amount to £890,625 (2021 – £1,265,327). Restricted reserves committed to direct programme costs in 2023 are £449,333 (2021 – £509,891). Designated reserves are £nil (2021 – £448,235) owing to the fact that restricted reserves already account for 3-4 months' worth of future direct programme costs. There is also £238,509 (2021 – £nil) of deferred income held in relation to programmes which will commence in 2023.

The balance of reserves amount to £441,288 (2021 – £307,201) and are held within the unrestricted fund. Of this, £8,277 (2021 – £7,994) is held as tangible fixed assets which are not part of the free reserves of the Charity as these are not available for immediate realisation. Therefore, the free reserves of World Child Cancer UK at 31 December 2022 are £433,011 (2021 – £299,207), which equates to approximately 6 months' worth of operating costs (more than the reserves policy of 3 months). It is not considered excessive to hold in excess of the reserves policy given the continuing worldwide economic uncertainty and the fact the reserves policy has only been recently amended and therefore will take some time for the reserves to accord with the reserves policy.

The reserves policy is reviewed on an annual basis to ensure it is appropriate and offers satisfactory safeguards to the charity's beneficiaries, its staff and other relevant parties.

### Going concern

The Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a going concern, in spite of the Covid pandemic from March 2020 and the worldwide economic upheaval caused by the war in Ukraine. The Trustee believes that the Charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

## **FINANCIAL REVIEW** (continued)

### **Public benefit**

When considering the charity's activities, the Trustee has complied with the duty to have due regard to the Charities Commission's general guidance on public benefit and is satisfied that the organisation fully complies with the Public Benefit requirements.

## **SUSTAINABILITY STATEMENT**

World Child Cancer UK is committed to being a responsible organisation and as such, strives to consider all stakeholders in the way it operates. Indeed, World Child Cancer has as its core 5 values the following:

- ◆ Act for sustainable change;
- ◆ Act with integrity;
- ◆ Act collaboratively;
- ◆ Act with kindness;
- ◆ Act to keep children safe.

Sustainability, or 'Environmental, Social and Governance' (ESG) is embedded into World Child Cancer UK's strategy and this document seeks to set out the ways in which this is being addressed.

### **Environmental policies**

World Child Cancer UK is committed to minimising the impact of its activities on the environment. One of the organisation's key activities is undertaking training and health partnership activities and this has traditionally meant air travel to fly medics from their home countries to the programme countries. Covid has shown that there are alternative ways of working and that some training can be delivered virtually. Whilst there will be times when face-to-face meetings/training are preferable, the organisation has found alternative, effective ways of working and so going forward, air travel will undoubtedly be reduced. In any case, air travel is minimised wherever possible. In addition to this, the environmental policy sets out other ways to minimise the impact on the environment such as sharing documents electronically, recycling and considering a supplier's environmental credentials when they tender for services.

Climate change is a concern and is particularly pertinent in countries in which World Child Cancer UK works as natural disasters are, sadly, more common. These natural disasters can be driven by climate change and hence the drive to minimise environmental impact becomes ever more crucial.

## **SUSTAINABILITY STATEMENT** (continued)

### **Social policies**

World Child Cancer UK strives to be an inclusive and diverse organisation. To this end, there has been a focus over recent years of recruiting in-country and expanding the global workforce. Today, World Child Cancer employs nearly 35 people, 60% of whom are based internationally. After the London base, the regional office in Ghana is the second largest and is home to 9 staff.

The opinions and ideas of staff are central to how World Child Cancer operates and an annual staff survey is carried out. The survey asks questions about role, career opportunities, leadership, strategy, working conditions, reward and recognition. In 2021, the results from the survey were overwhelmingly positive with 96% of respondents saying they find their job challenging and stimulating, 85% very much enjoying coming to work and 100% caring about the future of World Child Cancer.

World Child Cancer UK wishes staff to feel valued and also wishes to contribute to positive mental health. To this end, actions over the past 18 months have included a 7% reduction in working hours, introduction of a flexible working policy and offering individual coaching with a mentor.

### **Governance policies**

World Child Cancer UK complies fully with all statutory requirements and has robust policies regarding what it expects of its staff and trustees. This is set out in the organisation's Code of Conduct which all parties must agree to. In addition, there are detailed policies on equality & diversity, bribery, ethical sponsorship, risk management and a code of ethics.

In addition, World Child Cancer has adopted the Charity Governance Code and has discussed the latest updates to the Code surrounding equality, diversity and inclusion. This is of particular relevance in recruiting new trustees, new members of staff and ensuring all staff are treated equally and fairly.

Underpinning all of World Child Cancer UK's work is its utmost aim to keep all children and vulnerable adults free from harm and this is enshrined in the safeguarding policy. There is clear guidance in the whistleblowing policy as to what to do if anyone has concerns regarding safeguarding and the topic is discussed regularly at both board and staff meetings to ensure all parties remain vigilant.

Risk management is monitored via the risk matrix and discussed at quarterly board meetings as well as being a standing topic at senior management meetings. Remuneration is reviewed in accordance with the policy and via the HR & Governance Committee. Pay is commensurate with experience, qualifications, benchmarking and the sector. A salary benchmarking study is conducted regularly for UK staff and a similar study was undertaken in Ghana recently. The aim is to ensure that frequent benchmarking exercises are undertaken in all of the programme countries at regular intervals.

### **TRUSTEES' RESPONSIBILITIES STATEMENT**

The Trustee is responsible for preparing the trustee's report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the Trustee is required to:

- ◆ select suitable accounting policies and then apply them consistently;
- ◆ observe the methods and principles in 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);
- ◆ make judgments and accounting estimates that are reasonable and prudent;
- ◆ state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- ◆ prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

This report was approved by the Trustee on 23 March 2023 and signed on its behalf by:



Rachel Hollis, Chair

**Independent auditor's report to the corporate trustee of World Child Cancer UK**

**Opinion**

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

In our opinion, the accounts:

- ◆ give a true and fair view of the state of the charity's affairs as at 31 December 2022 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Charities Act 2011.

**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 accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts 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 the charity'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 Trustee is responsible for the other information. The other information comprises the information included in the Chairman's Statement, the trustees' report and accounts other than the financial statements and our auditor's report thereon. Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts or our knowledge obtained in 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 there is a material misstatement in the accounts or a material misstatement of the other information. 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.

### **Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

- ◆ the information given in the trustees' annual report is inconsistent in any material respect with the accounts; or
- ◆ sufficient accounting records have not been kept; or
- ◆ the accounts are not in agreement with the accounting records and returns; or
- ◆ we have not received all the information and explanations we require for our audit.

### **Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the accounts 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 accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the trustees are responsible for assessing the charity'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 charity 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 is detailed below:

***How the audit was considered capable of detecting irregularities including fraud***

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ we identified the laws and regulations applicable to the charity through discussions with trustees and other management, and from our commercial knowledge and experience of the sector;
- ◆ we focused on specific laws and regulations in both the UK and overseas, which we considered may have a direct material effect on the financial statements or the operations of the charity, including the Charities Act 2011, data protection legislation, anti-bribery, employment, safeguarding principles, health and safety legislation;
- ◆ we considered the impact of the international nature of the charity's operations on its compliance with laws and regulations;
- ◆ we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- ◆ identified laws and regulations were communicated within the audit team and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

**Auditor's responsibilities for the audit of the financial statements** (continued)

***How the audit was considered capable of detecting irregularities including fraud***  
*(continued)*

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions;
- ◆ assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- ◆ used data analytics to investigate the rationale behind any significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ agreeing financial statement disclosures to underlying supporting documentation;
- ◆ reading the minutes of meetings of those charged with governance;
- ◆ enquiring of management as to actual and potential litigation and claims; and
- ◆ reviewing any available correspondence with HMRC and the company's legal advisors.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

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 charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and with regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees 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 charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Buzzacott LLP  
Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

23 March 2023

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

## Statement of financial activities Year ended 31 December 2022

	Notes	Restricted funds £	Un-restricted funds £	2022 Total funds £	Restricted funds £	Un-restricted funds £	2021 Total funds £
<b>Income from:</b>							
Donations and legacies	1	2,281,651	569,151	2,850,802	2,008,176	676,051	2,684,227
Investments		88	2,303	2,391	251	9,205	9,456
Other income	3	—	42,103	42,103	—	42,313	42,313
<b>Total income</b>		<b>2,281,739</b>	<b>613,557</b>	<b>2,895,296</b>	<b>2,008,427</b>	<b>727,569</b>	<b>2,735,996</b>
<b>Expenditure on:</b>							
Raising funds	2	—	377,542	377,542	—	320,783	320,783
Charitable activities: Support of treatment programmes	4	2,449,451	443,005	2,892,456	1,908,013	357,066	2,265,079
<b>Total expenditure</b>		<b>2,449,451</b>	<b>820,547</b>	<b>3,269,998</b>	<b>1,908,013</b>	<b>677,849</b>	<b>2,585,862</b>
<b>Net income before transfers</b>		<b>(167,712)</b>	<b>(206,990)</b>	<b>(374,702)</b>	100,414	49,720	150,134
Transfer between funds	12	107,158	(107,158)	—	35,482	(35,482)	—
<b>Net income and net movement in funds</b>	7	<b>(60,554)</b>	<b>(314,148)</b>	<b>(374,702)</b>	135,896	14,238	150,134
<b>Reconciliation of funds</b>							
Fund balances brought forward		509,891	755,436	1,265,327	373,995	741,198	1,115,193
<b>Fund balances carried forward</b>		<b>449,337</b>	<b>441,288</b>	<b>890,625</b>	509,891	755,436	1,265,327

The notes on pages 36 to 44 form part of these financial statements.

**Balance sheet** 31 December 2022

	Notes	2022 £	2022 £	2021 £	2021 £
<b>Fixed assets</b>					
Tangible fixed assets	9		<b>8,277</b>		7,994
<b>Current assets</b>					
Debtors	10	<b>201,008</b>		206,788	
Short term deposits		<b>112,018</b>		180,699	
Cash at bank and in hand		<b>840,727</b>		899,659	
		<b>1,153,753</b>		1,287,146	
<b>Creditors:</b> amounts falling due within one year	11	<b>(271,405)</b>		(29,813)	
<b>Net current assets</b>			<b>882,348</b>		1,257,333
<b>Net assets</b>			<b>890,625</b>		1,265,327
<b>Restricted funds</b>					
Restricted funds	12		<b>449,337</b>		509,891
<b>Unrestricted funds</b>					
. General	12		<b>441,288</b>		307,201
. Designated	12		<b>—</b>		448,235
<b>Total funds</b>			<b>890,625</b>		1,265,327

The financial statements were approved and authorised for issue by the Trustee on 23 March 2023 and signed on its behalf, by Rachel Hollis:

*Rachel Hollis*

The notes on pages 36 to 44 form part of these financial statements.

## Statement of cash flows Year ended 31 December 2022

		2022 £	2021 £
<b>Cash flows from operating activities</b>			
Net cash (used in) provided by operating activities	A	(126,042)	143,158
<b>Cash flows from investing activities</b>			
Purchase of tangible fixed assets		(3,962)	(4,628)
Investment income		2,391	9,456
<b>Net cash (used in) provided by investing activities</b>		<b>(1,571)</b>	<b>4,828</b>
<b>Change in cash and cash equivalents in the year</b>		<b>(127,613)</b>	<b>147,986</b>
<b>Cash and cash equivalents at 1 January 2022</b>		<b>1,080,358</b>	<b>932,372</b>
<b>Cash and cash equivalents at 31 December 2022</b>	B	<b>952,745</b>	<b>1,080,358</b>

### A Reconciliation of net movement in funds to net cash (used in) provided by operating activities

		2022 £	2021 £
Net (expenditure) income for the year (as per Statement of Financial Activities)		(374,702)	150,134
Adjustment for:			
Depreciation charges		3,679	2,665
Investment income		(2,391)	(9,456)
Decrease in debtors		5,780	21,221
Increase (decrease) in creditors		241,592	(21,406)
<b>Net cash (used in) provided by operating activities</b>		<b>(126,042)</b>	<b>143,158</b>

### B Analysis of changes in net debt

		2022 £	2021 £
Short term deposits		112,018	180,699
Cash at bank and in hand		840,727	899,659
<b>Total cash and cash equivalents</b>		<b>952,745</b>	<b>1,080,358</b>

World Child Cancer UK does not have any borrowings or lease obligations. Net debt consists therefore of the cash at bank and in hand and short term deposits.

## **Principal accounting policies** Year ended 31 December 2022

### **Basis of preparation**

The financial statements have been prepared in accordance 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 United Kingdom and Republic of Ireland (FRS 102) (Charities SORP FRS 102) issued on 16 July 2014, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

World Child Cancer UK constitutes a public benefit entity as defined by FRS 102.

The financial statements are presented in sterling and are rounded to the nearest pound.

### **Critical accounting estimates and areas of judgement**

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. This includes assessing the impact of the ongoing war in Ukraine and the global increase in the costs of living on the charity's income, expenditure and financial position (see assessment of going concern below).

#### ***Accounting estimates and assumptions:***

The charity makes estimates and assumptions concerning the receipt of Voluntary Medical Aid, which is a donated service. The calculation of the estimated financial cost of this aid is based on the time spent by the professionals donating their time and what the salary cost of those professionals would have been if they were employed by the charity.

### **Assessment of going concern**

The Trustee has assessed whether the use of the going concern assumption is appropriate in preparing these financial statements. The Trustee has made this assessment in respect to a period of one year from the date of approval of these financial statements.

Despite all that has happened over the past 24 months owing to the Covid pandemic, the war in Ukraine and the global economic uncertainty and increase in the costs of living, the Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a going concern. The Trustee of the charity has concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The Trustee believes that the charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

The most significant areas of judgement that affect items in the accounts are detailed above.

### **Income recognition**

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Income comprises donations (including from fundraising appeals and events) and legacies, institutional grant income, donated services of doctor and consultant time and investment income.

Donations are recognised when the charity has confirmation of both the amount and settlement date. In the event of donations pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

For legacies, entitlement is taken as the earlier of the date on which either: the Charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the Charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the Charity, or the Charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Grants from government and other agencies have been included as income from charitable activities where these amount to a contract for services, but as donations where the money is given in response to an appeal or with greater freedom of use.

Donated services or facilities are recognised when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time is not recognised.

On receipt, donated 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; a corresponding amount is then recognised in expenditure in the period of receipt.

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.

## Principal accounting policies Year ended 31 December 2022

### Expenditure recognition

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity, and includes financial support provided to individuals. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Support costs are those costs incurred directly in support of expenditure on the objects of the Charity and include project management carried out at Headquarters. These include governance costs which are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements. Support costs are allocated across expenditure on raising funds and charitable activities as a proportion of total expenditure incurred.

Expenditure on raising funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Expenditure on charitable activities are costs incurred on the Charity's operations, including support costs and costs relating to the governance of the Charity apportioned to charitable activities.

### Tangible fixed assets and depreciation

All assets costing more than £250 are capitalised.

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the statement of financial activities.

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Leasehold improvements	20% straight line
Fixtures & fittings	20% straight line
Office equipment	20% straight line

## Principal accounting policies Year ended 31 December 2022

### Debtors

Debtors are recognised at the settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid.

### Cash at bank and in hand

Cash at bank and 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. Any cash investment with a longer maturity is classified as a short term deposit.

### Liabilities and provisions

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

### Financial instruments

The Charity only holds basic financial instruments as defined in FRS 102. The financial assets and financial liabilities of the Charity and their measurement basis are as follows:

*Financial assets* – trade and other debtors are basic financial instruments and are debt instruments measured at amortised cost. Prepayments are not financial instruments.

*Cash at bank* – classified as a basic financial instrument and is measured at face value.

*Financial liabilities* – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost. Taxation and social security are not included in the financial instruments disclosure definition. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver services rather than cash or another financial instrument.

### Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at rates of exchange ruling at the balance sheet date.

Transactions in foreign currencies are translated into sterling at the rate ruling on the date of the transaction.

Exchange gains and losses are recognised in the statement of financial activities.

### Operating leases

Rentals under operating leases are charged to the statement of financial activities on a straight line basis over the lease term.

## **Principal accounting policies** Year ended 31 December 2022

### **Pensions**

The Charity operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Charity to the fund in respect of the year.

### **Pensions** (continued)

Previously, the company contributed to the personal pension plans of its employees at rates agreed within their contracts of employment.

### **Fund accounting**

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

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

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

Investment income, gains and losses are allocated to the appropriate fund.

**1 Income from donations and legacies**

	Restricted funds £	Unrestricted funds £	Total funds 2022 £
Donations			
. Events	119	228,557	<b>228,676</b>
. Individual giving and major donors	36,339	337,462	<b>373,801</b>
. Corporates, trusts and foundations	1,235,539	3,132	<b>1,238,671</b>
. Statutory funding	355,338	—	<b>355,338</b>
. Donated services	440,849	—	<b>440,849</b>
. Donated goods	213,467	—	<b>213,467</b>
<b>Total</b>	<b>2,281,651</b>	<b>569,151</b>	<b>2,850,802</b>

	Restricted funds £	Unrestricted funds £	Total funds 2021 £
Donations			
. Events	773	203,972	204,745
. Individual giving and major donors	92,607	258,300	350,907
. Corporates, trusts and foundations	1,086,881	213,779	1,300,660
. Statutory funding	270,473	—	270,473
. Donated services	516,840	—	516,840
. Donated goods	40,602	—	40,602
<b>Total</b>	<b>2,008,176</b>	<b>676,051</b>	<b>2,684,227</b>

Included within statutory funding for the year ended 31 December 2022 is £nil (2021 – £94,931) received from the Foreign and Commonwealth Development Office (FCDO) in respect of our UK Aid Match grant for Ghana – grant reference 205210-208. This amount was fully spent on the designated project. In addition, £189,329 (2021 – £119,296) was received from the FCDO in respect of our UK Aid Match grant for Bangladesh – grant reference 205210-248. This amount was also fully spent on the designated project. £80,884 (2021 – £38,030) was received from FCDO and spent on the designated project for our UK Aid Match Nepal project. The grant reference is 205210-257. Finally, £85,125 (2021 – £18,216) was received from FCDO for our programme in Malawi with grant reference 205210-271. This entire amount was also spent on the designated project.

Included within Corporates, Trusts and Foundations income for the year ended 31 December 2022 is £150,000 (2021 – £75,000) from the Stavros Niarchos Foundation (SNF) for World Child Cancer’s paediatric oncology programme in sub-Saharan Africa. In addition, £126,536 (2021 – nil) is included from Bristol Myers Squibb as a grant for strengthening paediatric oncology skills in Ghana and Cameroon. Finally, an amount of £608,551 (2021 – £601,722) is included from the UBS-Optimus Foundation in respect of creating a centre of excellence for paediatric oncology in Sub-Saharan Africa.

## 2 Expenditure on raising funds

	Restricted funds £	Unrestricted funds £	Total funds 2022 £
Fundraising costs	—	100,539	<b>100,539</b>
Staff costs	—	266,563	<b>266,563</b>
Support costs (note 5)	—	10,440	<b>10,440</b>
<b>Total</b>	<b>—</b>	<b>377,542</b>	<b>377,542</b>

	Restricted funds £	Unrestricted funds £	Total funds 2021 £
<i>Fundraising costs</i>	—	95,558	95,558
<i>Staff costs</i>	—	214,548	214,548
<i>Support costs (note 5)</i>	—	10,677	10,677
<i>Total</i>	<i>—</i>	<i>320,783</i>	<i>320,783</i>

## 3 Other income

Other income is made up of £nil (2021 – £29,865) of furlough income received from the government, £10,604 (2021 – £4,092) Kickstart grants from the Department for Work and Pensions in respect of the short-term employment of a young person and discretionary coronavirus support of £4,112 (2021 – £8,356) provided by Southwark Council following the coronavirus pandemic. The balance also includes £27,387 of rental income for the first time in 2022. This was from an office-sharing arrangement at the London Bridge premises.

## 4 Analysis of expenditure on charitable activities

	Restricted funds £	Unrestricted funds £	Total funds 2022 £
Project costs	1,538,561	38,375	<b>1,576,936</b>
Other direct costs	124,023	37,923	<b>161,946</b>
Voluntary medical aid	654,316	—	<b>654,316</b>
Staff costs	132,551	286,710	<b>419,261</b>
Support costs (note 5)	—	79,997	<b>79,997</b>
<b>Total</b>	<b>2,449,451</b>	<b>443,005</b>	<b>2,892,456</b>

	Restricted funds £	Unrestricted funds £	Total funds 2021 £
<i>Project costs</i>	<i>1,154,239</i>	<i>8,771</i>	<i>1,163,010</i>
<i>Other direct costs</i>	<i>83,274</i>	<i>—</i>	<i>83,274</i>
<i>Voluntary medical aid</i>	<i>557,442</i>	<i>—</i>	<i>557,442</i>
<i>Staff costs</i>	<i>102,293</i>	<i>283,667</i>	<i>385,960</i>
<i>Support costs (note 5)</i>	<i>10,765</i>	<i>64,628</i>	<i>75,393</i>
<i>Total</i>	<i>1,908,013</i>	<i>357,066</i>	<i>2,265,079</i>

## 5 Support costs

	<b>Total funds 2022 £</b>	Total funds 2021 £
Legal and professional	<b>7,458</b>	1,748
Audit and accounting fees	<b>13,700</b>	12,260
Other costs	<b>5,782</b>	12,072
Support staff costs	<b>59,818</b>	57,325
Depreciation	<b>3,679</b>	2,665
	<b>90,437</b>	86,070

## 6 Analysis of expenditure type

	Staff costs £	Depreciation £	Other costs £	<b>Total funds 2022 £</b>
<i>Current year</i>				
Expenditure on raising funds	266,562	—	110,980	<b>377,542</b>
Direct costs – support of treatment programmes	479,080	3,679	2,409,697	<b>2,892,456</b>
	<b>745,642</b>	<b>3,679</b>	<b>2,520,677</b>	<b>3,269,998</b>

	Staff costs £	Depreciation £	Other costs £	Total funds 2021 £
<i>Current year</i>				
Expenditure on raising funds	214,548	—	106,235	320,783
Direct costs – support of treatment programmes	443,285	2,665	1,819,129	2,265,079
	<b>657,833</b>	<b>2,665</b>	<b>1,925,364</b>	<b>2,585,862</b>

## 7 Net expenditure

This is stated after charging:

	<b>Total funds 2022 £</b>	Total funds 2021 £
Depreciation of tangible fixed assets:		
. Owned by the charity	<b>3,679</b>	2,665
Operating lease rentals	<b>48,540</b>	36,405
Auditor's remuneration		
. Audit fees: current year	<b>10,980</b>	9,600
. Other fees	<b>1,320</b>	1,260
Foreign exchange expense	<b>75,921</b>	15,717

## 8 Staff costs

Staff costs were as follows:

	<b>Total funds 2022 £</b>	Total funds 2021 £
Wages and salaries	<b>625,656</b>	557,508
Social security costs	<b>61,869</b>	51,868
Other pension costs	<b>58,117</b>	48,457
	<b>745,642</b>	657,833

There were no redundancy costs in either the current or prior years.

The average number of persons employed by the Charity during the year was as follows:

	<b>2022 No.</b>	2021 No.
Programmes, administration, fundraising and finance	<b>16</b>	15
The number of higher paid employees was		
£60,001 - £70,000	<b>3</b>	1
£70,001 - £80,000	<b>1</b>	1

The key management personnel comprise the Chief Executive, Finance Director, Director of Fundraising & Communications and Director of Programmes. The total remuneration of key management personnel (including employer national insurance and pension contributions) in the year was £323,953 (2021 – £299,932). All staff are enrolled into the pension scheme and receive the same contributions regardless of grade.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the Trustee sub-committee who oversee HR matters. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A salary benchmarking study was undertaken in Spring 2020 by an external party.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

**9 Tangible fixed assets**

Current year	Fixtures & fittings £	Office equipment £	Total £
<b>Cost</b>			
At 1 January 2022	4,502	12,121	<b>16,623</b>
Additions	—	3,962	<b>3,962</b>
Disposals	—	(2,432)	<b>(2,432)</b>
At 31 December 2022	4,502	13,651	<b>18,153</b>
<b>Depreciation</b>			
At 1 January 2022	3,127	5,502	<b>8,629</b>
Charge for the year	902	2,777	<b>3,679</b>
On disposals	—	(2,432)	<b>(2,432)</b>
At 31 December 2022	4,029	5,847	<b>9,876</b>
<b>Net book value</b>			
At 31 December 2022	<b>473</b>	<b>7,804</b>	<b>8,277</b>
At 31 December 2021	1,375	6,619	7,994

**10 Debtors**

	2022 £	2021 £
Trade debtors	<b>28,000</b>	—
Prepayments and accrued income	<b>166,066</b>	202,985
Other debtors	<b>6,942</b>	3,803
	<b>201,008</b>	206,788

**11 Creditors: amounts falling due within one year**

	2022 £	2021 £
Trade creditors	<b>11,445</b>	14,203
Accruals and deferred income	<b>258,799</b>	12,932
Other creditors	<b>1,161</b>	2,678
	<b>271,405</b>	29,813

<b>Deferred income</b>	2022 £	2021 £
Deferred income at 1 January	—	—
Amounts released from previous years	—	—
Resources deferred in the year	<b>238,509</b>	—
Deferred income a 31 December	<b>238,509</b>	—

Deferred income comprises of three grants received in advance of the year end for work commencing in 2023.

**12 Statement of funds**

Current year	At 1 January 2022 £	Income £	Expenditure £	Transfers £	At 31 December 2022 £
<b>Restricted funds</b>					
Malawi	25,851	118,328	(142,583)	31,041	<b>32,637</b>
Bangladesh	60	192,849	(189,586)	(60)	<b>3,263</b>
Myanmar	38,600	47,685	(96,895)	19,254	<b>8,644</b>
Cameroon	18,550	91,794	(134,422)	38,386	<b>14,308</b>
Ghana	52,690	226,650	(160,637)	—	<b>118,703</b>
Vietnam	19,025	—	(6,211)	—	<b>12,814</b>
Nepal	47,338	80,884	(113,126)	—	<b>15,096</b>
UBS project	198,637	599,333	(737,005)	—	<b>60,965</b>
Stavros Niarchos Africa	82,768	150,000	(147,547)	—	<b>85,221</b>
Mexico	—	82,712	(3,098)	—	<b>79,614</b>
Sierra Leone	1,468	11,630	(2,466)	—	<b>10,632</b>
Family/Psychological	15,286	1,730	(12,208)	69	<b>4,877</b>
Philippines	—	1,369	(19,837)	18,468	<b>—</b>
Palestine	—	245	(245)	—	<b>—</b>
Other	9,618	22,214	(29,269)	—	<b>2,563</b>
Donated services including Voluntary Medical Aid	—	654,316	(654,316)	—	<b>—</b>
	509,891	2,281,739	(2,449,451)	107,158	<b>449,337</b>
<b>Unrestricted funds</b>					
General funds	307,201	613,557	(479,470)	—	<b>441,288</b>
Designated funds	448,235	—	(341,077)	(107,158)	<b>—</b>
	755,436	613,557	(820,547)	(107,158)	<b>441,288</b>
<b>Total funds</b>	<b>1,265,327</b>	<b>2,895,296</b>	<b>3,269,998</b>	<b>—</b>	<b>890,625</b>

The restricted funds represent donations and grants received that are to be spent on specific programmes in the countries listed.

The transfers from unrestricted funds to designated funds represent unrestricted funds allocated to the specific programmes where the Trustee has decided to provide additional funding to those programmes which were not fully funded by restricted donations.

The restricted Malawi funds of £32,637 (2021 – £25,851) are to be spent on staff training, patient support packs, treatment costs and awareness raising activities.

There are £3,263 (2021 – £60) of restricted funds for use in Bangladesh which will be spent on training, patient support packs, nutritional care and patient transport costs.

There are no restricted funds carried forward to spend in the Philippines but there was a transfer in the year from unrestricted reserves to fund nursing salaries, patient transport and diagnostic tests.

The restricted Myanmar funds of £8,644 (2021 – £38,600) will be spent on improving access to, and quality of, paediatric oncology services in Myanmar.

**12 Statement of funds** (continued)

There is a restricted balance of £14,308 (2021 – £18,550) for Cameroon which will be spent on drugs for Burkitts' Lymphoma patients, specialist training, advocacy and awareness raising, parent support costs and palliative care outreach work.

£118,703 (2021 – £52,690) of restricted funds are for use in Ghana, including on several projects from large donors. The funds will be spent on improving access to paediatric oncology services in some of the remotest areas of Ghana and on local and international training, advocacy and awareness raising activities, equipment, drug costs and parent support.

£12,814 (2021 – £19,025) of restricted funds are to be spent in Vietnam on improved psychosocial care for children and their families.

In Nepal, £15,096 (2021 – £47,338) of restricted funds are to be spent on improving access to hospitals, developing early-warning signs training, providing key drugs and healthcare professional training.

£60,965 (2021 – £198,637) is to be spent in Ghana on the UBS Optimus Foundation programme which aims to develop a centre of paediatric oncology excellence in West Africa.

£85,221 (2021 – £82,768) of restricted funds relating to the Stavros Niarchos Africa programme are being carried forward to be spent in 2022 on improving paediatric oncology services across sub-Saharan Africa.

Mexico has £79,614 (2021 – £nil) carried forward which will be used to improve paediatric oncology outcomes in Mexico.

There is £10,632 (2021 – £1,468) carried forward for use in Sierra Leone which will be spent on patient care and diagnostics.

The family and psychosocial programme has £4,877 (2021 – £15,286) carried forward and this will be spent on patient and family psychosocial services such as play therapists, cancer-specific literature for families and the Xploro app which helps and empowers children through their cancer treatment.

Finally, there is £2,563 (£2021 – £9,618) relating to other programmes which will be spent on nursing in Malawi.

**12 Statement of funds (continued)**

<i>Current year</i>	At 1 January 2021 £	<i>Income</i> £	<i>Expenditure</i> £	<i>Transfers</i> £	At 31 December 2021 £
<i>Restricted funds</i>					
<i>Malawi</i>	47,646	70,890	(77,399)	—	41,137
<i>Bangladesh</i>	(10,394)	145,096	(135,604)	962	60
<i>Philippines</i>	—	35,138	(45,383)	10,245	—
<i>Myanmar</i>	38,976	76,477	(76,853)	—	38,600
<i>Cameroon</i>	(1,118)	109,252	(113,135)	23,551	18,550
<i>Ghana</i>	83,267	132,407	(163,283)	299	52,690
<i>Vietnam</i>	4,396	15,000	(371)	—	19,025
<i>Nepal</i>	54,097	38,029	(44,429)	(359)	47,338
<i>Palestine</i>	—	102	(102)	—	—
<i>UBS project</i>	169,038	601,723	(572,124)	—	198,637
<i>Stavros Niarchos Africa</i>	—	150,000	(67,232)	—	82,768
<i>Kosovo</i>	—	314	(314)	—	—
<i>Other</i>	(11,913)	76,557	(54,342)	784	11,086
<i>Donated services including Voluntary Medical Aid</i>	—	557,442	(557,442)	—	—
	373,995	2,008,427	(1,908,013)	35,482	509,891
<i>Unrestricted funds</i>					
<i>General funds</i>	284,076	727,569	(677,849)	(26,595)	307,201
<i>Designated funds</i>	457,122	—	—	(8,887)	448,235
	741,198	727,569	(677,849)	(35,482)	755,436
<i>Total funds</i>	1,115,193	2,735,996	(2,585,862)	—	1,265,327

**13 Analysis of net assets between funds**

<i>Current year</i>	Restricted funds £	Unrestricted funds £	Total funds 2022 £
<i>Tangible fixed assets</i>	—	8,277	8,277
<i>Current assets</i>	687,846	465,907	1,153,753
<i>Creditors due within one year</i>	(238,509)	(32,896)	(271,405)
	449,337	441,288	890,625
<i>Current year</i>	Restricted funds £	Unrestricted funds £	Total funds 2021 £
<i>Tangible fixed assets</i>	—	7,994	7,994
<i>Current assets</i>	509,891	777,255	1,287,146
<i>Creditors due within one year</i>	—	(29,813)	(29,813)
	509,891	755,436	1,265,327

#### **14 Related party transactions**

No Trustee or Trustee representative received any remuneration or benefit in kind for professional or other services rendered to the Charity.

Some Trustee representatives are medical professionals and provide support to the Charity in the form of voluntary medical aid. Included within the balance of donated services and voluntary medical aid in notes 1 and 4 to the financial statements are amounts of £654,316 (2021 – £557,442), is an amount totalling £23,205 (2021 – £20,835) relating to the support provided by 3 trustees (2021 – 3 trustees).

Accommodation and flight expenses of £2,057 were incurred by World Child Cancer in relation to two trustee representatives in order that they may attend trustee meetings (2021 – £158). One of these trustee representatives resides in Ghana and the travel was to the UK to partake in several days of meetings. £3,879 (2021 – £nil) expenses were incurred as part of their support providing voluntary medical aid and this was in respect of flight, visa and travel costs to Cameroon.

Gifts of £80 were made to Trustees during 2022 (2021 – £nil).

Total donations made by Trustee representatives (including connected persons) amounted to £12,810 (2021 – £13,505). In 2022 this included the sale of tables at the charity's gala dinner in November 2022. If the table sales are excluded then the total value of donations was £9,310 (2021 – £6,735).

James King, one of the Trustee representatives (until December 2022) was a partner at Price Bailey (until 31 March 2020), a chartered accountancy firm, and is currently a director at King Financial Planning LLP. Both companies have managed an interest bearing bank account on behalf of the Charity during his involvement with each. The year end balance was £112,018 (2021 – £180,699).

Sara Bailey, one of the Trustee representatives is senior partner at Trowers & Hamlins LLP who donated £7,750 to World Child Cancer. This was in respect of attendance at the gala dinner in November 2022 and other fundraising events in the year.

#### **15 Pension commitments**

The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £58,117 (2021 – £48,457).

#### **16 Operating lease commitments**

At 31 December 2022, the Charity no longer had any operating lease commitments due to the expiry of its office lease (2021 – £10,350 was committed within one year).

**WORLD CHILD CANCER UK**

England & Wales - Charity number 1084729

---

# Accounts

---

# **World Child Cancer UK**

## **Annual Report and Financial Statements**

Year to 31 December 2021

Charity Registration number: 1084729

## Contents

### Reports

Reference and administrative information	1
Chairman and CEO's report	3
Trustees' report	5
Independent auditor's report on the financial statements	22

### Financial statements

Statement of financial activities	27
Balance sheet	28
Statement of cash flows	29
Principal accounting policies	30
Notes to the financial statements	35

## Reference and administrative information

<b>Corporate trustee</b>	World Child Cancer Trustees (Company no. 08518700), whose Directors are the trustee representatives of World Child Cancer UK
<b>Trustee representatives</b>	James King (Chairman), <i>DipPFS</i> Karen Brade Anuj Chande Yves Dermaux Helen Griffiths Rachel Hollis, <i>FRCN</i> Professor Kathy Pritchard-Jones, <i>BMBCh, PhD, FRCPCH, FMedSci</i> Professor Lorna Awo Renner, <i>MBChB, MPH (Liv), FRCPCH (UK)</i> Kate Lee
<b>Company Secretary</b>	Rebecca Ross, <i>BA (Hons), FCA</i>
<b>Key Management Personnel</b>	Jon Rosser – Chief Executive Rebecca Ross – Director of Finance Zoe Macalpine – Director of Fundraising & Communications Piera Freccero – Director of Programmes
<b>Registered address</b>	9 Maltings Place 169 Tower Bridge Road London SE1 3JB
<b>Charity registration number</b>	1084729 (England and Wales)
<b>Auditor</b>	Buzzacott LLP 130 Wood Street London EC2V 6DL
<b>Bankers</b>	The Cooperative Bank 80 Cornhill London EC3V 3NJ  Metro Bank One Southampton Row London WC1B 5HA

## Reference and administrative information

**Solicitors** Bates Wells & Braithwaite LLP  
2-6 Cannon Street  
London  
EC4M 6YH

2021 was the second year of the pandemic and keeping all our programmes running successfully has been challenging, but we are proud of what we have been able to achieve. In early 2021 the pandemic took hold in many of our programme countries in a more severe way than it did during 2020. That has created many challenges keeping programmes running and children in treatment during lockdowns and many travel disruptions. However, all our programmes were still able to operate and kept helping children and families with the challenges. We continued to supply PPE to staff and provided accommodation near hospitals where parents could stay to avoid all the travel restrictions to get home. We are very pleased that despite the constraints we still reached 9,396 children during 2021.

Nevertheless, some of programmes did necessarily fall behind in some aspects during the year – health workers under intense pressure obviously can't attend normal training events for example. However, in the final few months as things started to ease, we have had a significant catch up to get back on track – and some of our largest donors have been very complimentary about the speed with which we have been able to recover and make progress again.

In February, the coup, overthrowing the government of Aung San Suu Kyi, was a catastrophe for Myanmar, and for children with cancer needing treatment. For some months all the government hospitals were closed, so we paid to treat children in private clinics but many fewer were able to attend. The main hospital in Yangon has partially reopened, and we are again supporting the children who come to get treatment from the courageous staff who continue to work in dangerous circumstances. However few if any children from outside the city can attend as the city boundary is pretty much sealed. We are determined to continue providing such help as we can until things one day improve.

Our donors have been amazing in continuing to stand with us through the pandemic, but inevitably long stretches with no events or public fundraising has been challenging. As the situation eased somewhat in the final quarter of 2021, we were able to mount an exhausting but exhilarating programme of events culminating in a hugely successful formal dinner in November organised by our loyal and passionate Ambassadors. Ultimately, we were able to meet income budget during the year which is an excellent achievement.

We would particularly like to thank our great staff team, and all our partners around the world, who have helped contribute to the continuing success of World Child Cancer through difficult times – and with a special mention for all the health workers who just keep going despite immense stress and considerable personal risk. Thank you all! It is however a matter of regret that the world has not done more to spread vaccines to the many countries still not able to get adequate supplies – it is a challenge we in richer countries should get on and respond to.

On the Board of World Child Cancer UK it has been a fairly stable year with just one new addition – Kate Lee who brings huge experience working at senior level for charities in the UK and overseas. A lot of work has also been done during the year to plan Board succession for the next few years.

**Chairman and CEO's report** 31 December 2021

The start of 2022 has brought with it the cautious return to travel with our team travelling to Ghana, Nepal and Uganda. This has been most welcome for all after such a hiatus and we hope that post-Covid life will now slowly start to resume. However, we did survey all our partners about the lessons from the pandemic and what we can learn from the forced new ways of working going forward. There are certainly positive lessons, and things we can do differently and more cheaply and we will be embedding that learning into our work going forward.



Chairman



CEO

The Trustee presents its annual report together with the audited financial statements of World Child Cancer UK (registered charity (No. 1084729) in England and Wales) for the year to 31 December 2021. The Trustee confirms that the annual report and financial statements of the Charity comply with the Charities Act 2011, the requirements of the Charity's governing document and 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). The principal operating office of World Child Cancer UK during the year was 9 Maltings Place, 169 Tower Bridge Road, London, SE1 3JB.

## **OBJECTIVES AND ACTIVITIES**

### **Evening the odds for children with cancer**

World Child Cancer believes that no child should die unnecessarily of cancer. Survival in developed countries is now over 80% and rising. In the developing countries where we work, survival is as low as 10%. That difference is unnecessary and unjust. We believe it is a human right of all children to receive necessary health treatment and we are determined to make that a reality for children with cancer. No child should be left to die of a painful illness when they could be cured with relatively simple and affordable treatments.

### **Improving access to care**

Many childhood cancers are curable if detected and treated early enough. They are also relatively simple and inexpensive to treat. The availability of generic medicines and medical procedures, which have been known to doctors for decades, means that we already have the expertise to treat these children.

There are other challenges which also need to be addressed, to give children a better chance of survival. These start at the local community level where there is little awareness amongst frontline health workers or understanding of cancer in children, and a mistaken belief that it is not curable. Often childhood cancer is not diagnosed, misdiagnosed, or is diagnosed too late for effective treatment to take place. In fact, a large percentage of children with cancer never get to a specialist centre to receive care, treatment or pain relief. By raising awareness in the community, and delivering basic training for community health workers, we can change this.

Across the developing world there is a shortage of trained doctors and nurses to provide the right levels of care. We believe that investment in training is essential to improving survival rates. One of the most successful ways to achieve this is through building health partnerships between countries. These health partnerships involve volunteer doctors and nurses from the developed world giving their time and expertise to support colleagues around the world. This provides a powerful partnership and two-way exchange of knowledge and expertise. Advancements in technology have given rise to innovative ways for these teams to work together. It is now common for them to hold virtual mentoring sessions, case discussions and remote diagnosis which speed up treatment for children.

## **OBJECTIVES AND ACTIVITIES** (continued)

### **Supporting families**

There is often little or no funding for childhood cancer care from local sources, so families are faced with huge medical bills. This is a significant barrier to a child starting treatment. Many children are unable to complete their treatment either, as it is often long and expensive, placing a burden on the wider family. With specialist centres usually situated in the capital, many families have to travel long distances and live away from their homes whilst their child is being treated. They lose their livelihoods or suffer a significant drop in income, something which affects the whole family, and are pushed further into poverty. We believe that families need more support so that their children can be treated and cared for properly. Our work includes a range of support services for families including investments in family accommodation at the hospital, subsidising medical and travel costs and providing training and support to help parents earn a living whilst away from home.

### **We can make a difference**

Improving childhood cancer survival rates in developing countries is achievable and affordable. We are investing in sustainable programmes which make a real difference to the lives of thousands of children each year, but we want to do more. We believe all children, wherever they live, should have an equal access to the best possible treatment and care so they do not die of a potentially curable illness. In the long run, we aim to persuade governments to make adequate provision in their national health budgets to provide for all children with cancer. The principal activities of World Child Cancer UK are to:

- ◆ Facilitate training for local healthcare staff;
- ◆ Cover the costs of health partnership activities;
- ◆ Improve healthcare facilities;
- ◆ Pay for additional staffing;
- ◆ Improve access to medicines and other much needed resources;
- ◆ Support awareness raising and advocacy campaigns to raise the profile of the inequality in current care; and
- ◆ Provide practical support for families to help them cope when their child is diagnosed with cancer.

### **Approach to fundraising**

World Child Cancer UK organises fundraising events in the UK and co-ordinates the activities of our supporters around the world. We do not use professional fundraisers or involve commercial participators and have received no complaints about our fundraising activities this year. The charity is signed up to the Fundraising Regulator's Code of Fundraising Practice and a number of our staff are members of the Institute of Fundraising. All fundraising activities are undertaken to ensure that they are not unreasonably intrusive, persistent or pressurising and all marketing material contains clear instructions on how a person can be removed from our mailing lists.

## ACHIEVEMENTS AND PERFORMANCE

### Programme highlights of 2021

#### *Key achievements*

- ◆ The first lady of Ghana announced in November that four common paediatric cancers will be covered by the government's insurance scheme - NHIS. A major advocacy success for World Child Cancer.
- ◆ Launch of the first Paediatric Oncologist Fellowship for Pharmacists in collaboration with the Ghana College of Pharmacists. This training is the first of its kind in Africa. In addition to the formal training, an internship programme in paediatric oncology for West Africa pharmacists has been launched.
- ◆ The 3rd year of the Paediatric Oncology Fellowship in collaboration with the Ghana College of Physicians and Surgeons started in January 2021. Despite the complications due to Covid, the Ghana College of Physicians and Surgeons offered scholarships to a paediatrician from Nigeria, one from Cameroon and three Ghanaians. In total, with this grant, we are supporting the training of 12 paediatric oncology fellows across West Africa. The West Africa College of Physicians and Surgeons has officially recognised this fellowship as valid in all its countries.
- ◆ The first cohort of 17 nurses in the Paediatric Oncology Nursing programme successfully graduated in October 2021, in collaboration with the Ghana College of Nursing. A second cohort has been enrolled. This training is the first of its kind in West Africa.
- ◆ Our partner, International Health Partners, delivered their first shipment of donated drugs to Queen Elizabeth Central Hospital in Malawi, with a value of £36k. The hospital also received a donation of drugs through Global Hope from TEVA to the value of £7k. This has been disclosed in note 1 to the financial statements.
- ◆ In October, facilitated the participation of 265 healthcare professionals in the SIOF (International Society of Paediatric Oncology) international conference, from Sierra Leone, Zimbabwe, Liberia, Cameroon, Malawi and Ghana.
- ◆ Launch of two animations aimed at increasing early diagnosis of children with cancer in West Africa realised in collaboration with Medical Aid Films and with the support of SIOF Africa.
- ◆ This year has marked the end of the 3 year grant from FCDO aimed at improving early diagnosis through the training of primary and secondary health workers in Ghana. The evidence collected shows diagnosis rates growing nationally despite the pandemic, a clear sign of the success of the intervention.

## ACHIEVEMENTS AND PERFORMANCE (continued)

### New strategic partnerships

- ◆ A new project on retinoblastoma financed by AMCC (Worldwide Alliance Against Cancer) was launched on 1 July 2021 in Ghana. World Child Cancer Ghana has concurrently supported the development of the First National Strategy for Retinoblastoma in Ghana.
- ◆ Our Africa Regional Manager has continued building very strong relationships with the Ministry of Health in Liberia, leading to the development of initial ideas about a national paediatric cancer strategy.
- ◆ Established a new relationship with City Cancer to implement their programme in Myanmar. This has allowed us to deploy considerable resources to support children with cancer in treatment at Yangon Children's Hospital until April 2022.
- ◆ On 1 July 2021 we started a project aimed at improving the lives of children with cancer across different countries in Sub-Saharan Africa, financed by the Stavros Niarchos Foundation. This project allows us to strengthen our work in Malawi, Ghana, Cameroon and Sierra Leone in 2021 and 2022.
- ◆ World Child Cancer entered a partnership with Give Directly, a US based charity specialised in sending money directly to the world's poorest households. We will jointly develop a programme to provide families of children with cancer unconditional cash grants. The first pilot country will be Malawi but we are hoping to extend the collaboration to more countries.

### Key challenges

**The military coup in Myanmar:** This has been a major event that has put our programme under great pressure. While initially all the health care provision in the country stopped, after a few months, Yangon Children's Hospital re-opened and we have been able to support them in their struggle to continue providing care to children with cancer, despite the difficulties created by the coup and a very deadly Covid wave. The loss of our programme coordinator, paired with the limitations of the banking systems have been a major obstacle for our operations, and still are. In addition to this, the UK Aid Direct programme in Myanmar, which was due to start in 2021, was cancelled by the FCDO in the light of UK government cuts to overseas aid. Also, the FCDO funds for our historical funding partner in Myanmar – the Tropical Health Education Trust - were cut and this has left us with no major funder for our work in Myanmar in the future.

**The impact of Covid on beneficiaries:** The main, most tangible and concerning consequence of Covid has been a steep reduction of newly diagnosed cancer cases in many countries. But in addition to this, the limited access to services due to travel limitations and the decreased availability of cash for families has inevitably lead to worsening health outcomes.

## ACHIEVEMENTS AND PERFORMANCE (continued)

### New strategic partnerships (continued)

#### *Key challenges (continued)*

**The Covid impact on programme delivery:** International travel was limited for most of the year and monitoring visits only resumed in November and limited to Ghana. Also, face to face international training only resumed in November. Some of our partners' traditional philanthropic partners are scaling back their donations and this is increasing our partners' needs. Our work in Bangladesh and Nepal has been seriously impacted by Covid during this year causing delays in the implementation of the FCDO projects and there has been little understanding or flexibility shown by the administrators of the FCDO funding. The implementation of these projects remains challenging due to the backlog of activities.

**Human resource challenges across the programme team:** Changes within the programme team has been a major challenge as the recruitment and induction of new staff has been necessarily conducted virtually during the pandemic. A complete team is now in place and consists of a Director, three programme managers, a psycho-social support advisor and a part-time UBS project-lead. The country programmes have seen an increase in the number of employed staff, mainly in recognition of the need to have dedicated psycho-social support staff (1 play therapist in Malawi, 5 family support officers in Bangladesh) and the need to strengthen our financial management (1 programme officer in Cameroon).

Finally, we are still looking for an **implementing partner for our future work in Liberia** and this is proving to be very challenging. We carried out due diligence on 3 potential partners and unfortunately none of them were found to be suitable.

### Country reports

#### **Malawi**

A new UK government-funded Aid Match programme started in October and it is the first time that Malawi has a statutory funder. Additional staff have been recruited and the team has worked with the regional finance manager in Ghana to set up robust financial systems. The project focuses on early detection, psycho-social support and specialised paediatric oncology training through health partnerships.

## **ACHIEVEMENTS AND PERFORMANCE** (continued)

### **Country reports** (continued)

#### ***Bangladesh***

Bangladesh has been severely affected by Covid, delaying the development of our project activities. World Child Cancer has continued to provide PPE for the health care staff and transport costs, drugs and accommodation for families aiming at keeping the most vulnerable children in treatment. We have organised a webinar with our partners to celebrate the end of the first five year of our project aimed at improving palliative care services across Bangladesh. This is the first step towards the realisation of a proper impact assessment of this project that will allow us to plan for future interventions. We have received consent from the Ministry of Health and Family Planning for facilitating early warning signs and symptoms training in different regions of Bangladesh. This is very important as it will be the first time World Child Cancer has trained primary and secondary health care professionals and medical students in Bangladesh aimed at increasing early diagnosis. The FCDO funded project continued to catch up with time lost due to Covid. All the working groups are on track with the development of treatment protocols, guidelines for supportive care and nursing training curriculum. Works for the renovation of the paediatric oncology ward in Sylhet Osmani Medical College Hospital have been concluded.

#### ***Philippines***

The programme in the Philippines has been majorly impacted by the Covid crisis. The paediatric oncology service has now resumed but a number of children have been mainly supported by the well-established network of satellites centres.

#### ***Myanmar***

The main outcome of the national crisis has been a steep decrease in the number of children seen in Myanmar and a deterioration of survival rates. Please see 'Key Challenges' section for details.

#### ***Cameroon***

The team in Cameroon has dedicated a lot of effort to develop an evidence-based national policy for childhood cancer. They have identified priorities, developed national plans and carried out workshops for the compilation of national protocols. We have procured and distributed personal protective equipment and hygiene supplies to prevent Covid, supplementing similar supplies in 2020. In November Glenn Mbah and Vera Larfi - both paediatric oncology nurses at the Cameroon Baptist Convention Health Service (CBCH) - travelled to Accra to train nurses from Ghana and Sierra Leone, showing the excellence of the skills of our partners in Cameroon and the integration with our work in Africa. In addition to this Dr Vincentia Kifem from CBCH has joined the paediatric oncology fellowship at Korle Bu Teaching Hospital (Ghana) at the end of December.

## **ACHIEVEMENTS AND PERFORMANCE** (continued)

### **Country reports** (continued)

#### ***Ghana***

The completion of the activities of the UK Aid Match project showed most of the expected targets were achieved despite the pandemic. The reporting and external evaluation were completed and a new project was developed which has been approved and is due to start in 2023. There have been very significant efforts to catch up with project activities in the UBS project and this is reflected in the spend for the year. The project has been granted a cost extension until March 2022 and is on track to overachieve all the expected targets. An analysis of survival rates shows a significant increment year after year which is an incredible achievement considering it has happened throughout the pandemic. The Tamale Teaching Hospital (TTH) have set up a day care unit to cater for paediatric oncology cases. This is a very significant extension of the hub services in the country. In addition to this, a second paediatric oncology unit has opened in Accra at the Greater Accra Regional Hospital.

#### ***Mexico***

The programme has been running at a minimum level whilst clarity was sought over the availability of funding from World Child Cancer USA. The team in Mexico have been supporting the fundraising team to develop new project proposals.

#### ***Vietnam***

Our work in collaboration with the Vietnam Palliative Care Society and the University of Ho Chi Min City to develop a training module in paediatric oncology in the context of their training for medical social workers has been facing some major delays due to Covid. With the agreement of the funders the programme is scheduled to restart in March 2022.

#### ***Nepal***

In Nepal the FCDO project has been catching up with Covid-related delays, but we have achieved key outputs: the Nursing Curriculum final draft has been finalised, the members of the nursing group are continuously coordinating for curriculum approval and accreditation; procurement of materials for the play and counselling room of the Oncology unit of Kanti Children's Hospital has been finalised; a radio jingle has been broadcast through National level FM/Radio of Nepal to raise mass awareness on early recognition of childhood cancer.

#### ***Sierra Leone***

Ola During Hospital has sent four nurses to Ghana to receive training in psycho-social support and foundation training of trainers for paediatric oncology nurses. In addition, 1 pharmacist has been sent for a three-month internship at the paediatric oncology pharmacy in Korle-Bu Teaching Hospital in Ghana. We have provided support for transport and treatment for vulnerable families.

**ACHIEVEMENTS AND PERFORMANCE** (continued)

**Future developments**

World Child Cancer is looking forwards to 2022 with the hope that Covid diminishes and programme activity may return to pre-pandemic levels. The most notable effect of the Covid restrictions has been the drop in number of children being diagnosed which inevitably has an impact on survival rates. It is therefore vital that access to diagnosis improves so that more children have a chance of their cancer being cured.

To this end, various training on the early warning signs and symptoms of childhood cancer is being delivered across our programmes so that healthcare professionals can spot the early signs of cancer and refer these children so treatment may be started earlier.

The partnership with UBS-Optimus Foundation continues in 2022 with the end of the existing 3-year programme and additional funding to the end of 2022. This will again focus on creating a centre of excellence for paediatric oncology in west Africa.

The FCDO programmes continue in Bangladesh, Nepal and Malawi and an appeal for a new programme in Ghana will commence in Spring 2022.

Other notable partnerships include our work with Stavros Niarchos Foundation in Africa to improve paediatric oncology outcomes and improve the lives of children with cancer in these countries.

A programme focussing on palliative care in Malawi will commence in 2022 and this is thanks to a donation from a long-standing supporter in memory of a family member.

It is very much hoped that 2022 will see the return of international travel which will allow more in-person training to take place and in-person monitoring and evaluation visits. Whilst much can be done remotely, successful partnerships also thrive on physical interaction and visits are planned for Malawi, Nepal and Ghana in Spring 2022.

## STRUCTURE, GOVERNANCE AND MANAGEMENT

### Constitution and organisational structure

World Child Cancer UK is constituted and governed by a trust deed dated 1 December 2000. The Trustee is responsible for the overall governance of the Charity.

The maximum number of trustees or trustee representatives is twelve at any one time. The standard number of terms of office is two, however, by exception a third term may be allowed if it is considered in the best interest's of the organisation to do this.

### Trustees

World Child Cancer UK has one corporate trustee, World Child Cancer Trustees, whose Directors act as Trustee Representatives. Those who served in the year are:

---

#### Trustee representatives

#### Appointed/resigned

---

James King

Karen Brade

Anuj Chande

Yves Dermaux

Helen Griffiths

Rachel Hollis

Professor Kathy Pritchard-Jones

Professor Lorna Awo Renner

Kate Lee

Appointed 24 March 2021

---

### Honorary Patrons

- ◆ Professor Tim Eden
- ◆ Gill Thaxter
- ◆ Anu Vedi
- ◆ Caitriona Balfe
- ◆ Gordon Morrison

### Committees

As well as the Corporate Trustee, World Child Cancer UK has a number of sub-committees to aid in the running of the charity. The details of these committees are listed below:

#### *HR and Governance sub-committee*

This sub-committee is responsible for overseeing all employment matters and recommends the appointment of the new Trustees. In respect of staff, it monitors staff performance through appraisals, reviews salaries and ensures employment legislation is adhered to.

Members (in addition to staff):

- ◆ Helen Griffiths
- ◆ Rachel Hollis
- ◆ Yves Dermaux

## **STRUCTURE, GOVERNANCE AND MANAGEMENT** (continued)

### **Constitution and organisational structure** (continued)

#### ***Programme sub-committee***

We implemented a review of the governance of the work of the programmes team, suggesting a smaller more effective Programme Committee, along with a broader Advisory Panel of experts from around the world. The new Programme Committee oversees the work of the programmes team, making sure that it adheres to the approved strategy and that it delivers in terms of programme and global targets. In the Programme Committee there is a representation from World Child Cancer UK, the Netherlands and USA to enhance the integration and harmonisation of our global work.

Members (in addition to staff):

- ◆ Gertjan Kaspers
- ◆ Abby White
- ◆ Alison Finch
- ◆ Gabriele Calaminus
- ◆ Sue Horton
- ◆ Patricia Magana
- ◆ Festus Muigai
- ◆ John Van Doorninck
- ◆ Nihad Salifu
- ◆ Rachel Hollis

#### **Policies adopted for the induction and training of Trustees or their representatives**

The charity relies upon the guidance issued by the Charity Commission in relation to the induction and training of Trustees or their representatives and follows guidance and best practice. General practice for inducting new Trustees and trustee representatives includes meeting with key management and other trustees, the provision of a training pack which includes key financial, fundraising and programme information and copies of past board Minutes and papers.

#### **Key management personnel and pay policy for senior staff**

The trustees delegate the day-to-day management of the charity to the key management personnel. These comprise of the Chief Executive Officer, Finance Director, Director of Fundraising and Communications and Director of Programmes. It is the responsibility of the HR and Governance sub-committee to review the pay and benefits for staff once per year and set pay based on industry benchmarks, performance and budget availability.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the Trustee sub-committee who oversee HR matters. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

## **STRUCTURE, GOVERNANCE AND MANAGEMENT** (continued)

### **Key management personnel and pay policy for senior staff** (continued)

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A comprehensive salary benchmarking study was undertaken in the UK in Spring 2020 and in Ghana in Winter 2021, both by third parties, and regular further reviews will be undertaken.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

### **Risk management**

Risk to the charity is actively managed and the register of risks is reviewed on a quarterly basis by the Trustee and relevant sub-committees. In addition, the senior management team monitor and act upon the risks identified in the risk register and this is done on a continuing basis. The Trustee has assessed the major risks to which the charity is exposed and is satisfied that there are appropriate systems and procedures in place to mitigate the exposure to the major risks:

- ◆ The greatest risk facing the charity is the continued impact and surrounding uncertainty of Covid. When the pandemic first emerged in 2020, no-one quite understood what its impact would be and we had hoped that almost 2 years later, we would not still be trying to manage its impact. However, it is clear that Covid is here to stay and, like other organisations, World Child Cancer has adapted to try and minimise the negative impact and to take advantage of some of the positives that have emerged. Income has suffered due to the cancellation of fundraising events and some of our funders have suffered financially themselves which then has a knock-on effect on World Child Cancer. However, we have managed this through careful budgeting and planning and through working closely with our teams and partners internationally. Programme activities have continued for the most part although they have suffered delays and changes. In some countries, particularly in Asia, the disruption to children's cancer services in 2021 has been greater than in 2020. Children and their families have been unable to reach hospitals because of no public transport, some hospitals have seen closures and diagnosis rates have fallen. However, changes in the way that we operate have meant that some activities can continue; for example, training which would have taken place in-person previously, is now carried out virtually. This has the added benefit that more attendees can take part in the training, there are minimal costs involved and no international travel to ensure everyone is in one place at the same time. However, nothing can entirely take the place of face-to-face meetings, training, events and fundraising and so programme activity has inevitably suffered. In order to mitigate against the ongoing impact of Covid, detailed budgets are being closely monitored and in particular, unrestricted income and spend is being reviewed continuously. We continue to work closely with restricted donors to divert funds to the Covid response where necessary and agree flexibility regarding timing of spend. Despite the charity being in a good financial position, we must remain cautious and ensure our scenario planning work is current and ready to respond to any change in the situation.

## STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

### Risk management (continued)

- ◆ Changes in the political and social landscape of the countries where the charity operates which could result in unrest or instability. This results in a risk to staff and volunteers travelling to those countries on behalf of the organisation, a risk to staff working in-country and a direct risk to the charity's beneficiaries. This risk is especially critical in Myanmar where a military coup took place in early 2021. As a result of this, both of the public hospitals in which the charity works were closed by the military meaning that children could not receive a diagnosis or be treated for their cancer. Where possible, World Child Cancer tried to move patients to private facilities but this came at risk to the staff involved. The hospitals are now open again but there has been a dramatic fall in the number of children presenting at hospital which has a catastrophic impact on survival rates. An added complication has been the fact banks have been generally closed and when open, only minimal withdrawals have been allowed. Getting funds into Myanmar to support families has therefore been extremely challenging. We have worked closely with staff in-country to try and ensure their safety is managed and they have been working from home wherever possible to minimise risk. Aside from Myanmar, managing potential unrest is done through observing FCDO advice, reviewing security advice for travel to particular countries and observing local customs and cultures.
- ◆ The risk of inadequate safeguarding leading to the abuse of, or injury to a child or vulnerable adult. The organisation has a robust Safeguarding Policy for children and vulnerable adults which all staff and volunteers are required to adhere to. The safeguarding of a child or vulnerable adult, such as a parent of a child with cancer, continues to be of utmost priority.
- ◆ Formal safeguarding e-learning was introduced in 2020 and in 2021, training was delivered by webinar. All staff, volunteers and trustees were required to complete this. Regular refresher training ensures all staff and volunteers are fully briefed in the latest thinking around safeguarding. The charity's Code of Conduct now forms part of an employee's employment contract and this further sets out the expected behaviours of all representatives of World Child Cancer. World Child Cancer has well-publicised procedures to follow in the event of any safeguarding concern and to date there have been no safeguarding incidents.
- ◆ Ensuring that fundraising targets are met and an appropriate balance of restricted and unrestricted cash reserves are held. Whilst restricted donations contribute hugely towards the success of World Child Cancer's programmes, unrestricted income is also required to ensure the charity can continue to operate effectively. As part of ensuring we operate as efficiently as possible, we strive for full cost recovery and wherever possible, programme management contributions are built into all restricted funding proposals. Bi-monthly proposal meetings are important to identify funding gaps and to agree which fundraising applications are made. In 2021, the amount of restricted funding as a percentage of the overall total was 73% which is the same as in 2020.

## STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

### Risk management (continued)

- ◆ The reliance on a small number of large, restricted funders. Restricted funders are invaluable in developing and implementing good-quality programmes and they provide much-needed resources without which we couldn't operate. However, we must ensure that we ensure diversity of income and source multiple restricted and unrestricted funders, and wherever possible, on a multi-year basis. This is particularly important given the changes to FCDO funding at present where grants have been reduced or cancelled.

## FINANCIAL REVIEW

### Financial results and position

Income in the year was £2,736k (2020 – £2,773k) which, given the ongoing Covid pandemic is a remarkable achievement. Cash income was £2,179k (2020 – £2,273k) which is 4% lower than 2020 but in line with our budgets and expectations. As with 2020 and like many organisations, we had to cancel the majority of our fundraising events for 2021. However, Autumn saw a welcome return to in-person events with the Ambassador gala dinner which was held in Banking Hall, London. There were a number of other events we were able to hold before Covid restrictions again meant that our annual Christmas event had to be cancelled. However, funders and individuals remained loyal and income has remained remarkably stable despite the ongoing uncertainties. Notable restricted funding came from UBS-Optimus Foundation, FCDO funding for Ghana, Bangladesh and Nepal, Sanofi Espoir Foundation, Stavros Niarchos Foundation, City Cancer Challenge, Sandoz and Love Your Melon. In addition to these donors, we are indebted to each and every organisation and individual who has supported us in 2021 including corporates, family trusts and foundations, schools, groups and individuals. A particular special thank you to all those who have donated funds in memory of someone who has passed away – we promise that we spend your donations carefully in memory of your loved one.

Expenditure was £2,586k (2020 – £2,469k) resulting in a surplus for the year of £150k (2020 – surplus of £304k).

Expenditure on the support of treatment programmes has continued at great pace despite the limitations imposed on our teams by Covid and special thanks must be given to all of our healthcare teams who have worked tirelessly to ensure children reach and remain in treatment.

The surplus for the year, before any transfers, comprises a £100k restricted surplus and these restricted funds have been carried forward to spend in 2022. There was also a £50k unrestricted surplus which is a welcome addition to general reserves in these uncertain times.

We have again achieved excellent value for money for our supporters and for every £1 spent, 88p (2020 – 89p) is spent directly on charitable activities with the remaining 12p (2020 – 11p) being invested to raise even more funds.

## FINANCIAL REVIEW (continued)

### Reserves and reserves policy

The Trustee Representative continues to ensure the reserves policy is appropriate and reflects the environment in which World Child Cancer UK operates, the risks it faces, its strategic and operational objectives and the type of income it receives. Furthermore, World Child Cancer UK wishes to ensure that essential services to beneficiaries can be maintained, particularly given the backdrop of Covid and the vulnerability of the children and the families who are helped by the organisation. In the countries in which we work, we have committed funding to ensure the programmes can operate and where these programmes are not covered by restricted funding, the Trustee Representative has taken the decision to designate additional funding to allow the programmes to operate for a period of 6 months. These additional funds are disclosed as 'designated reserves'.

As a result, World Child Cancer UK has adopted a policy of having 3 types of reserves:

- ◆ **Restricted reserves:** funds which have a restriction placed on them by the donor.
- ◆ **Designated reserves:** funds designated for use by the Trustee and the policy adopted is that the total of designated and restricted reserves is sufficient to ensure 6 months' worth of direct programme costs are covered: as each programme's budget is agreed annually and the majority of the programmes do not have alternative sources of funding.
- ◆ **Unrestricted reserves:** funds that should be available to the charity to be used in the event of a downturn in income, unexpected costs or if any of the key risks facing the charity materialise.

Having considered all factors, it is considered appropriate that 3 months' worth of operational costs are held as unrestricted reserves.

As at 31 December 2021, total funds held by World Child Cancer UK amount to £1,265,327 (2020 – £1,115,193). Restricted reserves committed to direct programme costs in 2022 are £509,891 (2020 – £373,995). Designated reserves are £448,235 (2020 – £457,122) for ongoing work in Malawi, Ghana, Myanmar, Bangladesh, Vietnam, Cameroon and the Philippines, which will be spent within the next 6 months. Together with restricted reserves, this totals £958,126 (2020 – £831,117) which is six months' of budgeted programme costs for 2022 (after taking into account any deferred income).

The balance of reserves amount to £307,201 (2020 – £284,076) and are held within the unrestricted fund. Of this, £7,994 (2020 – £6,031) is held as tangible fixed assets which are not part of the free reserves of the Charity as these are not available for immediate realisation. Therefore, the free reserves of World Child Cancer UK at 31 December 2021 are £299,207 (2020 – £278,045), which equates to approximately 3.6 months' worth of operating costs (slightly more than the reserves policy of 3 months). It is not considered excessive to hold slightly in excess of the reserves policy given the uncertainty surrounding Covid and the impact it has had, and continues to have.

The reserves policy is reviewed on an annual basis to ensure it is appropriate and offers satisfactory safeguards to the charity's beneficiaries, its staff and other relevant parties.

## **FINANCIAL REVIEW** (continued)

### **Going concern**

The Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a Going Concern, in spite of the past 24 months' uncertainty caused by the Covid pandemic. The Trustee believes that the Charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

### **Public benefit**

When considering the charity's activities, the Trustee has complied with the duty to have due regard to the Charities Commission's general guidance on public benefit and is satisfied that the organisation fully complies with the Public Benefit requirements.

## **SUSTAINABILITY STATEMENT**

World Child Cancer UK is committed to being a responsible organisation and as such, strives to consider all stakeholders in the way it operates. Indeed, World Child Cancer has as its core 5 values the following:

- ◆ Act for sustainable change;
- ◆ Act with integrity;
- ◆ Act collaboratively;
- ◆ Act with kindness;
- ◆ Act to keep children safe.

Sustainability, or 'Environmental, Social and Governance' (ESG) is embedded into World Child Cancer UK's strategy and this document seeks to set out the ways in which this is being addressed.

### **Environmental policies**

World Child Cancer UK is committed to minimising the impact of its activities on the environment. One of the organisation's key activities is undertaking training and health partnership activities and this has traditionally meant air travel to fly medics from their home countries to the programme countries. Covid has shown that there are alternative ways of working and that some training can be delivered virtually. Whilst there will be times when face-to-face meetings/training are preferable, the organisation has found alternative, effective ways of working and so going forward, air travel will undoubtedly be reduced. In any case, air travel is minimised wherever possible. In addition to this, the environmental policy sets out other ways to minimise the impact on the environment such as sharing documents electronically, recycling and considering a supplier's environmental credentials when they tender for services.

## **SUSTAINABILITY STATEMENT** (continued)

### **Environmental policies** (continued)

Climate change is a concern and is particularly pertinent in countries in which World Child Cancer UK works as natural disasters are, sadly, more common. These natural disasters can be driven by climate change and hence the drive to minimise environmental impact becomes ever more crucial.

### **Social policies**

World Child Cancer UK strives to be an inclusive and diverse organisation. To this end, there has been a focus over recent years of recruiting in-country and expanding the global workforce. Today, World Child Cancer employs nearly 30 people, 50% of whom are based internationally. After the London base, the regional office in Ghana is the second largest and is home to 8 staff.

The opinions and ideas of staff are central to how World Child Cancer operates and an annual staff survey is carried out. The survey asks questions about role, career opportunities, leadership, strategy, working conditions, reward and recognition. In 2021, the results from the survey were overwhelmingly positive with 96% of respondents saying they find their job challenging and stimulating, 85% very much enjoying coming to work and 100% caring about the future of World Child Cancer.

World Child Cancer UK wishes staff to feel valued and also wishes to contribute to positive mental health. To this end, actions over the past 18 months have included a 7% reduction in working hours, introduction of a flexible working policy and offering individual coaching with a mentor.

### **Governance policies**

World Child Cancer UK complies fully with all statutory requirements and has robust policies regarding what it expects of its staff and trustees. This is set out in the organisation's Code of Conduct which all parties must agree to. In addition, there are detailed policies on equality & diversity, bribery, ethical sponsorship, risk management and a code of ethics.

In addition, World Child Cancer has adopted the Charity Governance Code and has discussed the latest updates to the Code surrounding equality, diversity and inclusion. This is of particular relevance in recruiting new trustees, new members of staff and ensuring all staff are treated equally and fairly.

Underpinning all of World Child Cancer UK's work is its utmost aim to keep all children and vulnerable adults free from harm and this is enshrined in the safeguarding policy. There is clear guidance in the whistleblowing policy as to what to do if anyone has concerns regarding safeguarding and the topic is discussed regularly at both board and staff meetings to ensure all parties remain vigilant.

Risk management is monitored via the risk matrix and discussed at quarterly board meetings as well as being a standing topic at senior management meetings. Remuneration is reviewed in accordance with the policy and via the HR & Governance Committee. Pay is commensurate with experience, qualifications, benchmarking and the sector. A salary benchmarking study is conducted regularly for UK staff and a similar study was undertaken in Ghana recently. The aim is to ensure that frequent benchmarking exercises are undertaken in all of the programme countries at regular intervals.

### TRUSTEES' RESPONSIBILITIES STATEMENT

The Trustee is responsible for preparing the trustee's report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the Trustee is required to:

- ◆ select suitable accounting policies and then apply them consistently;
- ◆ observe the methods and principles in 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);
- ◆ make judgments and accounting estimates that are reasonable and prudent;
- ◆ state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- ◆ prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

This report was approved by the Trustee on 22 March 2022 and signed on its behalf by:



James King, Chairman

**Independent auditor's report to the corporate trustee of World Child Cancer UK**

**Opinion**

We have audited the accounts of World Child Cancer UK (the 'charity') for the year ended 31 December 2021 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and the notes to the accounts. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the accounts:

- ◆ give a true and fair view of the state of the charity's affairs as at 31 December 2021 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Charities Act 2011.

**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 accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts 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 the charity'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 Trustee is responsible for the other information. The other information comprises the information included in the Chairman's Statement, the trustees' report and accounts other than the financial statements and our auditor's report thereon. Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts or our knowledge obtained in 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 there is a material misstatement in the accounts or a material misstatement of the other information. 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.

### **Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

- ◆ the information given in the trustees' annual report is inconsistent in any material respect with the accounts; or
- ◆ sufficient accounting records have not been kept; or
- ◆ the accounts are not in agreement with the accounting records and returns; or
- ◆ we have not received all the information and explanations we require for our audit.

### **Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the accounts 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 accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the trustees are responsible for assessing the charity'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 charity 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 is detailed below:

***How the audit was considered capable of detecting irregularities including fraud***

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ we identified the laws and regulations applicable to the charity through discussions with trustees and other management, and from our commercial knowledge and experience of the sector;
- ◆ we focused on specific laws and regulations in both the UK and overseas, which we considered may have a direct material effect on the financial statements or the operations of the charity, including the Charities Act 2011, data protection legislation, anti-bribery, employment, safeguarding principles, health and safety legislation;
- ◆ we considered the impact of the international nature of the charity's operations on its compliance with laws and regulations;
- ◆ we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- ◆ identified laws and regulations were communicated within the audit team and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and

**Auditor's responsibilities for the audit of the financial statements** (continued)

***How the audit was considered capable of detecting irregularities including fraud***  
*(continued)*

- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions;
- ◆ assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- ◆ used data analytics to investigate the rationale behind any significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ agreeing financial statement disclosures to underlying supporting documentation;
- ◆ reading the minutes of meetings of those charged with governance;
- ◆ enquiring of management as to actual and potential litigation and claims; and
- ◆ reviewing any available correspondence with HMRC and the company's legal advisors.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

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 charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and with regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees 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 charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Buzzacott LLP  
Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

28 March 2022

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

## Statement of financial activities Year to 31 December 2021

	Notes	Restricted funds £	Un-restricted funds £	2021 Total funds £	Restricted funds £	Un-restricted funds £	2020 Total funds £
<b>Income from:</b>							
Donations and legacies	1	2,008,176	676,051	2,684,227	2,054,320	615,585	2,669,905
Investments		251	9,205	9,456	138	12,407	12,545
Other income	3	—	42,313	42,313	—	90,252	90,252
<b>Total income</b>		<b>2,008,427</b>	<b>727,569</b>	<b>2,735,996</b>	<b>2,054,458</b>	<b>718,244</b>	<b>2,772,702</b>
<b>Expenditure on:</b>							
Raising funds	2	—	320,783	320,783	—	252,636	252,636
Charitable activities: Support of treatment programmes	4	1,908,013	357,066	2,265,079	1,955,315	260,931	2,216,246
<b>Total expenditure</b>		<b>1,908,013</b>	<b>677,849</b>	<b>2,585,862</b>	<b>1,955,315</b>	<b>513,567</b>	<b>2,468,882</b>
<b>Net income before transfers</b>		<b>100,414</b>	<b>49,720</b>	<b>150,134</b>	99,143	204,677	303,820
Transfer between funds	12	35,482	(35,482)	—	27,685	(27,685)	—
<b>Net income and net movement in funds</b>	7	<b>135,896</b>	<b>14,238</b>	<b>150,134</b>	126,828	176,992	303,820
<b>Reconciliation of funds</b>							
Fund balances brought forward		373,995	741,198	1,115,193	247,167	564,206	811,373
<b>Fund balances carried forward</b>		<b>509,891</b>	<b>755,436</b>	<b>1,265,327</b>	<b>373,995</b>	<b>741,198</b>	<b>1,115,193</b>

The notes on pages 35 to 43 form part of these financial statements.

**Balance sheet** 31 December 2021

	Notes	2021 £	2021 £	2020 £	2020 £
<b>Fixed assets</b>					
Tangible fixed assets	9		<b>7,994</b>		6,031
<b>Current assets</b>					
Debtors	10	<b>206,788</b>		228,009	
Short term deposits		<b>180,699</b>		180,067	
Cash at bank and in hand		<b>899,659</b>		752,305	
		<b>1,287,146</b>		1,160,381	
<b>Creditors:</b> amounts falling due within one year	11	<b>(29,813)</b>		(51,219)	
<b>Net current assets</b>			<b>1,257,333</b>		1,109,162
<b>Net assets</b>			<b>1,265,327</b>		1,115,193
Restricted funds	12		<b>509,891</b>		373,995
Unrestricted funds					
. General	12		<b>307,201</b>		284,076
. Designated	12		<b>448,235</b>		457,122
<b>Total funds</b>			<b>1,265,327</b>		1,115,193

The financial statements were approved and authorised for issue by the Trustee on 22 March 2022 and signed on its behalf, by James King (Chairman):



The notes on pages 35 to 43 form part of these financial statements.

## Statement of cash flows Year to 31 December 2021

		2021 £	2020 £
<b>Cash flows from operating activities</b>			
Net cash provided by (used in) operating activities	A	143,158	(138,671)
<b>Cash flows from investing activities</b>			
Purchase of tangible fixed assets		(4,628)	(1,507)
Investment income		9,456	12,545
<b>Net cash provided by investing activities</b>		<b>4,828</b>	<b>11,038</b>
<b>Change in cash and cash equivalents in the year</b>		<b>147,986</b>	<b>(127,633)</b>
<b>Cash and cash equivalents at 1 January 2021</b>		<b>932,372</b>	<b>1,060,005</b>
<b>Cash and cash equivalents at 31 December 2021</b>	B	<b>1,080,358</b>	<b>932,372</b>

### A Reconciliation of net movement in funds to net cash provided by (used in) operating activities

		2021 £	2020 £
Net income for the year (as per Statement of Financial Activities)		150,134	303,820
Adjustment for:			
Depreciation charges		2,665	2,915
Investment income		(9,456)	(12,545)
Decrease (increase) in debtors		21,221	(23,184)
Decrease in creditors		(21,406)	(409,677)
<b>Net cash provided by (used in) operating activities</b>		<b>143,158</b>	<b>(138,671)</b>

### B Analysis of changes in net debt

		2021 £	2020 £
Short term deposits		180,699	180,067
Cash at bank and in hand		899,659	752,305
<b>Total cash and cash equivalents</b>		<b>1,080,358</b>	<b>932,372</b>

World Child Cancer UK does not have any borrowings or lease obligations. Net debt consists therefore of the cash at bank and in hand and short term deposits.

## Principal accounting policies Year to 31 December 2021

### **Basis of preparation**

The financial statements have been prepared in accordance 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 United Kingdom and Republic of Ireland (FRS 102) (Charities SORP FRS 102) issued on 16 July 2014, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

World Child Cancer UK constitutes a public benefit entity as defined by FRS 102.

The financial statements are presented in sterling and are rounded to the nearest pound.

### **Critical accounting estimates and areas of judgement**

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. This includes assessing the impact of Covid-19 on the charity's income, expenditure and financial position (see assessment of going concern below).

#### *Accounting estimates and assumptions:*

The charity makes estimates and assumptions concerning the receipt of Voluntary Medical Aid, which is a donated service. The calculation of the estimated financial cost of this aid is based on the time spent by the professionals donating their time and what the salary cost of those professionals would have been if they were employed by the charity.

### **Assessment of going concern**

The Trustee has assessed whether the use of the going concern assumption is appropriate in preparing these financial statements. The Trustee has made this assessment in respect to a period of one year from the date of approval of these financial statements.

Despite all that has happened over the past 24 months owing to Covid pandemic, the Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a Going Concern. The Trustee of the charity has concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The Trustee believes that the charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

The most significant areas of judgement that affect items in the accounts are detailed above.

## Principal accounting policies Year to 31 December 2021

### Income recognition

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Income comprises donations (including from fundraising appeals and events) and legacies, institutional grant income, donated services of doctor and consultant time and investment income.

Donations are recognised when the charity has confirmation of both the amount and settlement date. In the event of donations pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

For legacies, entitlement is taken as the earlier of the date on which either: the Charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the Charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the Charity, or the Charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Grants from government and other agencies have been included as income from charitable activities where these amount to a contract for services, but as donations where the money is given in response to an appeal or with greater freedom of use.

Donated services or facilities are recognised when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time is not recognised.

On receipt, donated 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; a corresponding amount is then recognised in expenditure in the period of receipt.

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.

## Principal accounting policies Year to 31 December 2021

### Expenditure recognition

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Support costs are those costs incurred directly in support of expenditure on the objects of the Charity and include project management carried out at Headquarters. These include governance costs which are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements. Support costs are allocated across expenditure on raising funds and charitable activities as a proportion of total expenditure incurred.

Expenditure on raising funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Expenditure on charitable activities are costs incurred on the Charity's operations, including support costs and costs relating to the governance of the Charity apportioned to charitable activities.

### Tangible fixed assets and depreciation

All assets costing more than £250 are capitalised.

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the statement of financial activities.

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Leasehold improvements	20% straight line
Fixtures & fittings	20% straight line
Office equipment	20% straight line

## Principal accounting policies Year to 31 December 2021

### Debtors

Debtors are recognised at the settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid.

### Cash at bank and in hand

Cash at bank and 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. Any cash investment with a longer maturity is classified as a short term deposit.

### Liabilities and provisions

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

### Financial instruments

The Charity only holds basic financial instruments as defined in FRS 102. The financial assets and financial liabilities of the Charity and their measurement basis are as follows:

*Financial assets* – trade and other debtors are basic financial instruments and are debt instruments measured at amortised cost. Prepayments are not financial instruments.

*Cash at bank* – classified as a basic financial instrument and is measured at face value.

*Financial liabilities* – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost. Taxation and social security are not included in the financial instruments disclosure definition. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver services rather than cash or another financial instrument.

### Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at rates of exchange ruling at the balance sheet date.

Transactions in foreign currencies are translated into sterling at the rate ruling on the date of the transaction.

Exchange gains and losses are recognised in the statement of financial activities.

### Operating leases

Rentals under operating leases are charged to the statement of financial activities on a straight line basis over the lease term.

## **Principal accounting policies** Year to 31 December 2021

### **Pensions**

The Charity operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Charity to the fund in respect of the year.

Previously, the company contributed to the personal pension plans of its employees at rates agreed within their contracts of employment.

### **Fund accounting**

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

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

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

Investment income, gains and losses are allocated to the appropriate fund.

## 1 Income from donations and legacies

	Restricted funds £	Unrestricted funds £	Total funds 2021 £
Donations			
. Events	773	203,972	<b>204,745</b>
. Individual giving and major donors	92,607	258,300	<b>350,907</b>
. Corporates, trusts and foundations	1,086,881	213,779	<b>1,300,660</b>
. Statutory funding	270,473	—	<b>270,473</b>
. Donated services	516,840	—	<b>516,840</b>
. Donated goods	40,602	—	<b>40,602</b>
<b>Total</b>	<b>2,008,176</b>	<b>676,051</b>	<b>2,684,227</b>

	Restricted funds £	Unrestricted funds £	Total funds 2020 £
Donations			
. Events	25,991	83,675	109,666
. Individual giving and major donors	54,019	206,593	260,612
. Corporates, trusts and foundations	1,262,838	325,317	1,588,155
. Statutory funding	212,005	—	212,005
. Donated services	499,467	—	499,467
<b>Total</b>	<b>2,054,320</b>	<b>615,585</b>	<b>2,669,905</b>

Included within statutory funding for the year ended 31 December 2021 is £94,931 (2020 – £148,072) received from the Foreign and Commonwealth Development Office (FCDO) in respect of our UK Aid Match grant for Ghana – grant reference 205210-208. This amount was fully spent on the designated project. In addition, £119,296 (2020 – £61,493) was received from the FCDO in respect of our UK Aid Match grant for Bangladesh – grant reference 205210-248. This amount was also fully spent on the designated project. £38,030 (2020 – £2,441) was received from FCDO and spent on the designated project for our UK Aid Match Nepal project. The grant reference is 205210-257. Finally, £18,216 (2020 – £nil) was received from FCDO for our programme in Malawi with grant reference 205210-271. This entire amount was also spent on the designated project.

## 2 Expenditure on raising funds

	Restricted funds £	Unrestricted funds £	Total funds 2021 £
Fundraising costs	—	95,558	<b>95,558</b>
Staff costs	—	214,548	<b>214,548</b>
Support costs (note 5)	—	10,677	<b>10,677</b>
<b>Total</b>	<b>—</b>	<b>320,783</b>	<b>320,783</b>

**2 Expenditure on raising funds** (continued)

	<i>Restricted funds</i>	<i>Unrestricted funds</i>	<i>Total funds 2020</i>
	£	£	£
<i>Fundraising costs</i>	—	45,280	45,280
<i>Staff costs</i>	—	200,448	200,448
<i>Support costs (note 5)</i>	—	6,908	6,908
<b><i>Total</i></b>	<b>—</b>	<b>252,636</b>	<b>252,636</b>

**3 Other income**

Other income is made up of £29,865 (2020 – £63,252) of furlough income received from the government, £4,092 (2020 – £nil) Kickstart grants from the Department for Work and Pensions in respect of the short-term employment of a young person and discretionary coronavirus support of £8,356 (2020 – £27,000) provided by the Southwark Council following the coronavirus pandemic.

**4 Analysis of expenditure on charitable activities**

	<i>Restricted funds</i>	<i>Unrestricted funds</i>	<b><i>Total funds 2021</i></b>
	£	£	£
<i>Project costs</i>	1,154,239	8,771	<b>1,163,010</b>
<i>Other direct costs</i>	83,274	—	<b>83,274</b>
<i>Voluntary medical aid</i>	557,442	—	<b>557,442</b>
<i>Staff costs</i>	102,293	283,667	<b>385,960</b>
<i>Support costs (note 5)</i>	10,765	64,628	<b>75,393</b>
<b><i>Total</i></b>	<b>1,908,013</b>	<b>357,066</b>	<b>2,265,079</b>

	<i>Restricted funds</i>	<i>Unrestricted funds</i>	<i>Total funds 2020</i>
	£	£	£
<i>Project costs</i>	1,210,049	19,101	1,229,150
<i>Other direct costs</i>	114,323	—	114,323
<i>Voluntary medical aid</i>	499,467	—	499,467
<i>Staff costs</i>	120,415	188,609	309,024
<i>Support costs (note 5)</i>	11,061	53,221	64,282
<b><i>Total</i></b>	<b>1,955,315</b>	<b>260,931</b>	<b>2,216,246</b>

## 5 Support costs

	<b>Total funds 2021 £</b>	Total funds 2020 £
Legal and professional	<b>1,748</b>	3,275
Audit and accounting fees	<b>12,260</b>	12,912
Other costs	<b>12,072</b>	6,500
Support staff costs	<b>57,325</b>	45,588
Depreciation	<b>2,665</b>	2,915
	<b>86,070</b>	71,190

In the prior year, £11,061 of support costs were charged to restricted funds. These represented the excess of overheads allowable under various restricted funding arrangements over the other direct costs such funding would normally be charged against. All support costs in the current year are charged to unrestricted funds.

## 6 Analysis of expenditure type

	Staff costs £	Depreciation £	Other costs £	<b>Total funds 2021 £</b>
Current year				
Expenditure on raising funds	214,548	—	106,235	<b>320,783</b>
Direct costs – support of treatment programmes	443,285	2,665	1,819,129	<b>2,265,079</b>
	<b>657,833</b>	<b>2,665</b>	<b>1,925,364</b>	<b>2,585,862</b>

	Staff costs £	Depreciation £	Other costs £	Total funds 2020 £
Prior year				
Expenditure on raising funds	200,448	—	52,188	252,636
Direct costs – support of treatment programmes	354,612	2,915	1,858,719	2,216,246
	<b>555,060</b>	<b>2,915</b>	<b>1,910,907</b>	<b>2,468,882</b>

## 7 Net income

This is stated after charging:

	<b>Total funds 2021 £</b>	Total funds 2020 £
Depreciation of tangible fixed assets:		
. Owned by the charity	<b>2,665</b>	2,915
Operating lease rentals	<b>36,405</b>	47,436
Auditor's remuneration		
. Audit fees: current year	<b>9,600</b>	9,480
. Audit fees: prior year under-accrual	<b>—</b>	840
. Other fees	<b>1,260</b>	1,200
Foreign exchange expense	<b>15,717</b>	28,377

## 8 Staff costs

Staff costs were as follows:

	<b>Total funds 2021 £</b>	Total funds 2020 £
Wages and salaries	<b>557,508</b>	482,663
Social security costs	<b>51,868</b>	45,974
Other pension costs	<b>48,457</b>	26,423
	<b>657,833</b>	555,060

Included in wages and salaries are redundancy costs of £nil (2020 – £875)

The average number of persons employed by the Charity during the year was as follows:

	<b>2021 No.</b>	2020 No.
Programmes, administration, fundraising and finance	<b>15</b>	14
The number of higher paid employees was		
£60,001 - £70,000	<b>1</b>	1
£70,001 - £80,000	<b>1</b>	—

The key management personnel comprise the Chief Executive, Finance Director, Director of Fundraising & Communications and Director of Programmes. The total remuneration of key management personnel (including employer national insurance, pension contributions and furlough contributions) in the year was £299,932 (2020 – £252,635). All staff are enrolled into the pension scheme and receive the same contributions regardless of grade.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the Trustee sub-committee who oversee HR matters. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A salary benchmarking study was undertaken in Spring 2020 by an external party.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

Notes to the financial statements 31 December 2021

**9 Tangible fixed assets**

Current year	Fixtures & fittings £	Office equipment £	Total £
<b>Cost</b>			
At 1 January 2021	4,502	7,948	<b>12,450</b>
Additions	—	4,628	<b>4,628</b>
Disposals	—	(455)	<b>(455)</b>
At 31 December 2021	<b>4,502</b>	<b>12,121</b>	<b>16,623</b>
<b>Depreciation</b>			
At 1 January 2021	2,227	4,192	<b>6,419</b>
Charge for the year	900	1,765	<b>2,665</b>
On disposals	—	(455)	<b>(455)</b>
At 31 December 2021	<b>3,127</b>	<b>5,502</b>	<b>8,629</b>
<b>Net book value</b>			
At 31 December 2021	<b>1,375</b>	<b>6,619</b>	<b>7,994</b>
At 31 December 2020	<b>2,275</b>	<b>3,756</b>	<b>6,031</b>

**10 Debtors**

	2021 £	2020 £
Trade debtors	—	350
Prepayments and accrued income	<b>202,985</b>	223,031
Other debtors	<b>3,803</b>	4,628
	<b>206,788</b>	228,009

**11 Creditors: amounts falling due within one year**

	2021 £	2020 £
Trade creditors	<b>14,203</b>	16,732
Taxation and social security	—	12,689
Accruals and deferred income	<b>12,932</b>	20,647
Other creditors	<b>2,678</b>	1,151
	<b>29,813</b>	51,219

<b>Deferred income</b>	2021 £	2020 £
Deferred income at 1 January	—	422,177
Amounts released from previous years	—	(422,177)
Resources deferred in the year	—	—
Deferred income a 31 December	—	—

**12 Statement of funds**

Current year	At 1 January 2021 £	Income £	Expenditure £	Transfers £	At 31 December 2021 £
<b>Restricted funds</b>					
Malawi	47,646	70,890	(77,399)	—	<b>41,137</b>
Bangladesh	(10,394)	145,096	(135,604)	962	<b>60</b>
Philippines	—	35,138	(45,383)	10,245	<b>—</b>
Myanmar	38,976	76,477	(76,853)	—	<b>38,600</b>
Cameroon	(1,118)	109,252	(113,135)	23,551	<b>18,550</b>
Ghana	83,267	132,407	(163,283)	299	<b>52,690</b>
Vietnam	4,396	15,000	(371)	—	<b>19,025</b>
Nepal	54,097	38,029	(44,429)	(359)	<b>47,338</b>
Palestine	—	102	(102)	—	<b>—</b>
UBS project	169,038	601,723	(572,124)	—	<b>198,637</b>
Stavros Niarchos Africa	—	150,000	(67,232)	—	<b>82,768</b>
Kosovo	—	314	(314)	—	<b>—</b>
Other	(11,913)	76,557	(54,342)	784	<b>11,086</b>
Donated services including Voluntary Medical Aid	—	557,442	(557,442)	—	<b>—</b>
	<b>373,995</b>	<b>2,008,427</b>	<b>(1,908,013)</b>	<b>35,482</b>	<b>509,891</b>
<b>Unrestricted funds</b>					
General funds	284,076	727,569	(677,849)	(26,595)	<b>307,201</b>
Designated funds	457,122	—	—	(8,887)	<b>448,235</b>
	<b>741,198</b>	<b>727,569</b>	<b>(677,849)</b>	<b>(35,482)</b>	<b>755,436</b>
<b>Total funds</b>	<b>1,115,193</b>	<b>2,735,996</b>	<b>(2,585,862)</b>	<b>—</b>	<b>1,265,327</b>

The restricted funds represent donations and grants received that are to be spent on specific programmes in the countries listed.

The transfers from unrestricted funds to designated funds represent unrestricted funds allocated to the specific programmes where the Trustee has decided to provide additional funding to those programmes which were not fully funded by restricted donations.

The reserves policy requires 6 months' worth of funds to be held across restricted reserves and designated funds. Therefore, £448,235 are held at the end of 2021 (2020 – £457,122). These designated funds are to be spent in Ghana, Myanmar, Vietnam, Cameroon, the Philippines, Bangladesh and Malawi. In all of these countries, the funds will be used to focus on the country-specific programme aims such as increased training for healthcare professionals, access to chemotherapy and palliative care drugs, improved early-warning signs training or transport costs to allow families to reach hospitals for treatment. In all cases, designated funds are expected to be used within the first six months of the year.

**12 Statement of funds** (continued)

The restricted Malawi funds of £41,137 (2020 – £47,646) are to be spent on staff training, patient support packs, treatment costs and awareness raising activities.

There are £60 (2020 – deficit of £10,394) of restricted funds for use in Bangladesh which will be spent on palliative care activities.

The restricted Myanmar funds of £38,600 (2020 – £38,976) will be spent on improving access to, and quality of, paediatric oncology services in Myanmar.

There is a restricted balance of £18,550 (2020 – deficit of £1,118) for Cameroon which will be spent on drugs for Burkitts' Lymphoma patients, specialist training, advocacy and awareness raising, parent support costs and palliative care outreach work.

£52,690 (2020 – £83,267) of restricted funds are for use in Ghana, including on several projects from large donors. The funds will be spent on improving access to paediatric oncology services in some of the remotest areas of Ghana and on local and international training, advocacy and awareness raising activities, equipment, drug costs and parent support.

£19,025 (2020 – £4,396) of restricted funds are to be spent in Vietnam on improved psychosocial care for children and their families.

In Nepal, £47,338 (2020 – £54,097) of restricted funds are to be spent on improving access to hospitals, developing early-warning signs training, providing key drugs and healthcare professional training.

£198,637 (2020 – £169,038) is to be spent in Ghana on the UBS Optimus Foundation programme which aims to develop a centre of paediatric oncology excellence in West Africa.

£82,768 (2020 – £nil) of restricted funds relating to the Stavros Niarchos Africa programme are being carried forward to be spent in 2022 on improving paediatric oncology services across sub-Saharan Africa.

There is £11,086 (2020 – deficit of £11,913) carried forward for other projects which will predominantly be spent on nursing in Malawi and paediatric oncology improvements in Sierra Leone.

**12 Statement of funds (continued)**

<i>Prior year</i>	At 1 January 2020 £	Income £	Expenditure £	Transfers £	At 31 December 2020 £
<i>Restricted funds</i>					
Malawi	26,311	121,139	(99,860)	56	47,646
Bangladesh	22,967	69,268	(104,422)	1,793	(10,394)
Philippines	—	10,291	(49,614)	39,323	—
Myanmar	—	161,963	(125,507)	2,520	38,976
Cameroon	10,927	73,466	(86,529)	1,018	(1,118)
Ghana	96,365	259,331	(272,429)	—	83,267
WCC USA	—	22,500	(22,500)	—	—
Vietnam	4,674	32,025	(15,278)	(17,025)	4,396
Nepal	21,884	43,972	(11,759)	—	54,097
UBS project	64,020	734,265	(629,247)	—	169,038
Other	19	26,771	(38,703)	—	(11,913)
Donated services including Voluntary Medical Aid	—	499,467	(499,467)	—	—
	247,167	2,054,458	(1,955,315)	27,685	373,995
<i>Unrestricted funds</i>					
General funds	327,233	718,244	(276,594)	(484,807)	284,076
Designated funds	236,973	—	(236,973)	457,122	457,122
	564,206	718,244	(513,567)	(27,685)	741,198
<b>Total funds</b>	<b>811,373</b>	<b>2,772,702</b>	<b>(2,468,882)</b>	<b>—</b>	<b>1,115,193</b>

**13 Analysis of net assets between funds**

	Restricted funds £	Unrestricted funds £	Total funds 2021 £
<b>Current year</b>			
Tangible fixed assets	—	7,994	<b>7,994</b>
Current assets	509,891	777,255	<b>1,287,146</b>
Creditors due within one year	—	(29,813)	<b>(29,813)</b>
	509,891	755,436	<b>1,265,327</b>
<b>Prior year</b>			
Tangible fixed assets	—	6,031	6,031
Current assets	373,995	786,386	1,160,381
Creditors due within one year	—	(51,219)	(51,219)
	373,995	741,198	1,115,193

#### 14 Related party transactions

No Trustee or Trustee representative received any remuneration or benefit in kind for professional or other services rendered to the Charity.

Some Trustee representatives are medical professionals and provide support to the Charity in the form of voluntary medical aid. Included within the balance of donated services and voluntary medical aid in notes 1 and 4 to the financial statements are amounts of £557,442 (2020 – £495,767), is an amount totalling £20,835 (2020 – £18,894) relating to the support provided by 3 trustees (2020 – 3 trustees).

One trustee was reimbursed expenses of £158 in relation to their role as trustee (2020 – none). Nil expenses (2020 – £nil) expenses were incurred as part of their support providing voluntary medical aid.

No gifts to Trustees were made during 2021 (2020 – two totalling £79).

Total donations made by Trustee representatives (including connected persons) amounted to £13,505 (2020 – £15,764). In 2021, this included the sale of tables at the charity's gala dinner in November 2021. If the table sales are excluded then the total value of donations was £6,735 (2020 – £5,400).

James King, one of the Trustee representatives was a partner at Price Bailey (until 31 March 2020), a chartered accountancy firm, and is currently a director at King Financial Planning LLP. Both companies have managed an interest bearing bank account on behalf of the Charity during his involvement with each. The year end balance was £180,699 (2020 – £180,067).

#### 15 Pension commitments

The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £48,457 (2020 – £26,423).

#### 16 Operating lease commitments

At 31 December 2021 the total of the Charity's future minimum lease payments under non-cancellable operating leases for the office space was:

	2021 £	2020 £
Within 1 year	10,350	38,190
Between 2 and 5 years	—	4,045
	<b>10,350</b>	<b>42,235</b>

**WORLD CHILD CANCER UK**

England & Wales - Charity number 1084729

---

# Accounts

---

# **World Child Cancer UK**

## **Annual Report and Financial Statements**

Year to 31 December 2020

Charity Registration number: 1084729

## Contents

### Reports

Reference and administrative information	1
Chairman and CEO's statement	<b>Error!</b> <b>Bookmark not defined.</b>
Trustees' report	5
Independent auditor's report on the financial statements	25

### Financial statements

Statement of financial activities	30
Balance sheet	31
Statement of cash flows	32
Principal accounting policies	33
Notes to the financial statements	38

## Reference and administrative information

<b>Corporate trustee</b>	World Child Cancer Trustees (Company no. 08518700), whose Directors are the trustee representatives of World Child Cancer UK
<b>Trustee representatives</b>	James King (Chairman), <i>DipPFS</i> Karen Brade Anuj Chande Yves Dermaux Helen Griffiths Rachel Hollis, <i>FRCN</i> Professor Kathy Pritchard-Jones, <i>BMBCh, PhD, FRCPCH, FMedSci</i> Professor Lorna Awo Renner, <i>MBChB, MPH (Liv), FRCPCH (UK)</i>
<b>Company Secretary</b>	Rebecca Ross, <i>BA (Hons), FCA</i>
<b>Key Management Personnel</b>	Jon Rosser – Chief Executive Rebecca Ross – Director of Finance Zoe Macalpine – Director of Fundraising & Communications Piera Freccero – Director of Programmes
<b>Registered address</b>	9 Maltings Place 169 Tower Bridge Road London SE1 3JB
<b>Charity registration number</b>	1084729 (England and Wales)
<b>Auditor</b>	Buzzacott LLP 130 Wood Street London EC2V 6DL
<b>Bankers</b>	The Cooperative Bank 80 Cornhill London EC3V 3NJ  Metro Bank One Southampton Row London WC1B 5HA

## Reference and administrative information

**Solicitors** Bates Wells & Braithwaite LLP  
2-6 Cannon Street  
London  
EC4M 6YH

It will not be too much of a surprise when we say that 2020 did not go quite as planned! Finding ourselves in a lockdown in March with all our fundraising events getting postponed or cancelled - some rapid rethinking was required.

With all travel halted for the year, we worked with all our partners to find ways to keep our programmes running and supported remotely and to develop remote twinning visits and distance learning. These proved highly successful and we have learnt lessons about how to do things very differently which will not be lost when we can again start to travel to our programmes at some point in 2021.

Significant changes also had to be made to our fundraising approach as a significant amount of our unrestricted fundraising dried up overnight, such as dinners, marathons and quizzes, and difficult decisions had to be taken to significantly reduce the fundraising team. However, fortunately over the past few years we had been successful in moving more of our programme funding to multi-year grants which continued to support our programmes through the crisis. Our loyal donors and supporters also stuck with us and continued to support us so that we ended the year in a rather better position than we had feared – with all our programmes continuing to be funded and effective. We were delighted to end the year with a healthy surplus of £304k.

In the midst of all this we were able to open our new programme in Nepal supported by UK Aid. Learning to launch a new programme entirely remotely was a new skill we have learnt!

This was all achieved because of our brilliant staff team around the world who took everything in their stride and kept being effective despite daunting obstacles. We are also very grateful to our excellent partners who are used to fighting against the odds to get care to children with cancer and weren't going to let a virus stop them. We were proud to be able to support them by procuring Personal Protective Equipment (PPE) rapidly to keep them safe while they did their work. This has been a year when the whole world has been reminded of the debt we owe to the daily courage and dedication of our health workers – we salute them.

It is also the second year of our partnership with UBS Optimus Foundation which has got off to an excellent start. The new fellowship programme based in Ghana, training new paediatric oncologists, now has 9 fellows from Ghana, Liberia, and Sierra Leone. The programme has also trained 18 specialist nurses to date.

Closer to home there was great sadness at the unexpected death of one of our most dedicated Board members, Rory McMillan, who will be sadly missed. We were pleased, though, to welcome a long-time supporter, Yves Dermaux, to the Board.

The year ended as we adopted a revised 5-year strategy for World Child Cancer – and we continue to set ambitious goals to reach many more children and become even more effective in coming years. In 2018, our strategic aim was to double the number of children we reach each year from 5,000 to 10,000. In 2020, despite the pandemic, we are pleased we were able to reach 8,891 children and are confident we will reach this target 2 years early.

Our revised strategy for 2021-2025 therefore sets a goal to increase the number of children we reach each year by a further 60% to 16,000 per year. The environment we work in, always highly uncertain, is even more volatile at the moment so of course there is risk in setting such an ambitious goal. But we believe that the plight of children with cancer will get increasing attention as the world pledges to “build back better” and so we are determined that we will succeed.



Chairman



CEO

The Trustee presents its annual report together with the audited financial statements of World Child Cancer UK (registered charity (No. 1084729) in England and Wales) for the year to 31 December 2020. The Trustee confirms that the annual report and financial statements of the Charity comply with the Charities Act 2011, the requirements of the Charity's governing document and 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). The principal operating office of World Child Cancer UK during the year was 9 Maltings Place, 169 Tower Bridge Road, London, SE1 3JB.

## **OBJECTIVES AND ACTIVITIES**

### **Evening the odds for children with cancer**

World Child Cancer believes that no child should die unnecessarily of cancer. Survival in developed countries is now over 80% and rising. In the developing countries where we work, survival is as low as 10%. That difference is unnecessary and unjust. We believe it is a human right of all children to receive necessary health treatment and we are determined to make that a reality for children with cancer. No child should be left to die of a painful illness when they could be cured with relatively simple and affordable treatments.

### **Improving access to care**

Many childhood cancers are curable if detected and treated early enough. They are also relatively simple and inexpensive to treat. The availability of generic medicines and medical procedures, which have been known to doctors for decades, means that we already have the expertise to treat these children.

There are other challenges which also need to be addressed, to give children a better chance of survival. These start at the local community level where there is little awareness amongst frontline health workers or understanding of cancer in children, and a mistaken belief that it is not curable. Often childhood cancer is not diagnosed, misdiagnosed, or is diagnosed too late for effective treatment to take place. In fact, a large percentage of children with cancer never get to a specialist centre to receive care, treatment or pain relief. By raising awareness in the community, and delivering basic training for community health workers, we can change this.

Across the developing world there is a shortage of trained doctors and nurses to provide the right levels of care. We believe that investment in training is essential to improving survival rates. One of the most successful ways to achieve this is to 'twin' hospitals in developed countries with local teams in the developing countries. These twinning partnerships involve volunteer doctors and nurses giving their time and expertise to support colleagues around the world. This provides a powerful partnership and two-way exchange of knowledge and expertise. Advancements in technology have given rise to innovative ways for these teams to work together. It is now common for them to hold virtual mentoring sessions, case discussions and remote diagnosis which speed up treatment for children.

## **OBJECTIVES AND ACTIVITIES** (continued)

### **Supporting families**

There is often little or no funding for childhood cancer care from local sources, so families are faced with huge medical bills. This is a significant barrier to a child starting treatment. Many children are unable to complete their treatment either, as it is often long and expensive, placing a burden on the wider family. With specialist centres usually situated in the capital, many families have to travel long distances and live away from their homes whilst their child is being treated. They lose their livelihoods or suffer a significant drop in income, something which affects the whole family, and are pushed further into poverty. We believe that families need more support so that their children can be treated and cared for properly. Our work includes a range of support services for families including investments in family accommodation at the hospital, subsidising medical and travel costs and providing training and support to help parents earn a living whilst away from home.

### **We can make a difference**

Improving childhood cancer survival rates in developing countries is achievable and affordable. We are investing in sustainable programmes which make a real difference to the lives of thousands of children each year, but we want to do more. We believe all children, wherever they live, should have an equal access to the best possible treatment and care so they do not die of a potentially curable illness. In the long run, we aim to persuade governments to make adequate provision in their national health budgets to provide for all children with cancer. The principal activities of World Child Cancer UK are to:

- Facilitate training for local healthcare staff;
- Cover the costs of twinning partner activities;
- Improve healthcare facilities;
- Pay for additional staffing;
- Improve access to medicines and other much needed resources;
- Support awareness raising and advocacy campaigns to raise the profile of the inequality in current care; and
- Provide practical support for families to help them cope when their child is diagnosed with cancer.

### **Approach to fundraising**

World Child Cancer UK organises fundraising events in the UK and co-ordinates the activities of our supporters around the world. We do not use professional fundraisers or involve commercial participators and have received no complaints about our fundraising activities this year. The charity is signed up to the Fundraising Regulator's Code of Fundraising Practice and a number of our staff are members of the Institute of Fundraising. All fundraising activities are undertaken to ensure that they are not unreasonably intrusive, persistent or pressurising and all marketing material contains clear instructions on how a person can be removed from our mailing lists.

## ACHIEVEMENTS AND PERFORMANCE

### Programme highlights of 2020

2020 has undoubtedly been one of the most challenging years for World Child Cancer as a result of Covid-19. However, despite this, our staff and partners have risen to the challenge and have been able to continue to offer children and their families access to cancer treatment during these most difficult times.

Highlights and key achievements for the year are as follows:

- Four paediatricians (two from Ghana, one from Sierra Leone and one from Liberia) have joined the fellowship programme in Accra, Ghana sponsored by UBS-Optimus Foundation.
- Our Ghana Regional Coordinator has led the first paediatric oncology workshop in collaboration with the Ministry of Health in Liberia. The ministry has already committed resources for the creation of a paediatric oncology unit at JFK Hospital. We have established relationships with the Ministry of Health in Sierra Leone.
- World Child Cancer successfully applied for two Commonwealth Fellowships and under this scheme, Glenn Mbah (our programme coordinator in Cameroon) and Elianeth Kiteni (from Tanzania, member of the sub-Saharan nursing group) came to the UK for six weeks hosted by World Child Cancer and met with all the key charities that are working in paediatric oncology in the UK and visited Leeds Children's Hospital.
- We signed a Memorandum of Understanding with TATA Memorial Hospital in India to allow a six-month training programme for the Ghana fellows.
- We launched new FCDO (formerly DfID) programme in Bangladesh.
- We launched a new FCDO-funded project in Nepal.
- We launched a partnership with Lions Bangladesh, and throughout September we jointly carried out a national awareness campaign on the importance of childhood cancer early detection which was aimed at reaching millions of people in Bangladesh.
- We developed a joint approach to raising awareness of childhood cancer across our African programmes for September Childhood Cancer Awareness month.
- World Child Cancer Ghana received an accreditation by the Medical and Dental and Nurses and Midwifery Councils of Ghana.
- We launched the first Paediatric Oncology Nursing Fellowship in Ghana in collaboration with the Ghana College of Nursing. 18 nurses are currently taking part in the training and will be the first Ghanaians to gain a specialised paediatric oncology degree in 2021.

## **ACHIEVEMENTS AND PERFORMANCE** (continued)

### **Programme highlights of 2020** (continued)

- The establishment of the first Paediatric Oncologist Fellowship for Pharmacists agreed by the board of the Ghana College of Pharmacists.
- Across Ghana, Malawi, Cameroon, Liberia and Sierra Leone, we supported around 160 delegates with a 2 year membership of the International Society of Paediatric Oncology (SIOP) and registration to attend the 2020 virtual conference, as well as internet data to ensure they could participate fully.
- We developed the first global monitoring framework to capture information about progress made in all our country programmes. Although this is still in development, we hope be able to start testing it in the first quarter of 2021.
- We successfully developed the new Programme Strategy in the context of the World Child Cancer UK Strategy 2021-2025.

### **Covid-19 crisis response**

Our partners have been extremely successful in minimising the impact of the pandemic on the paediatric oncology services they offer. Nonetheless we have witnessed service interruptions, particularly in countries badly hit by the pandemic such as Bangladesh and Myanmar.

Our response has been managed as follows:

- Looked at potential global, regional and country scenarios;
- Developed individual countries' risk assessments and response plans;
- Communicated with various funders to evaluate the viability of the continuation of the programmes and how to best re-direct existing resources to respond to the crisis;
- Collaborated with the fundraising team to develop ad-hoc funding proposals;
- Implemented the first response and started monitoring the impact.

Since the start of the crisis we have been able to mobilise over £130k of resources strictly dedicated to the response, providing PPEs for over 350 health care staff working in paediatric oncology units, improving infection control in many hospitals and providing improved protection for over 600 children with cancer and their families.

In addition to this we have been able to make plans to transfer on-line all the twinning visits and the lectures for the fellows at the Ghana College of Physicians and Surgeons. Moreover, in collaboration with Medical Aid Films, we are developing two animations aimed at increasing knowledge of childhood cancer early warning signs and symptoms for primary health care staff and general public in West Africa. These tools will help continue our work aimed at increasing awareness around childhood cancer even in these times where we face restrictions in face-to-face training and awareness-raising campaigns.

## **ACHIEVEMENTS AND PERFORMANCE (continued)**

### **Key challenges**

We had to suspend all non-essential travel due to Covid-19 at the beginning of March. It is worth noting however that the programme team was able to carry out a considerable number of key monitoring visits in the current reporting period before the implementation of the travel ban: including visits to Cameroon, Vietnam, Ghana and Bangladesh, Liberia and Sierra Leone.

A number of conferences and events that we were due to take part in were cancelled. In particular, the SIOP Asia conference in Mumbai scheduled for the end of March and SIOP international in Ottawa were both moved online.

The FCDO post-pandemic freeze on the signature of new contracts left us with delays in the implementation of the project in Nepal and uncertainty about the project in Myanmar.

We were extremely saddened by the death of Professor Jacob Plange-Rhule, the Rector of the Ghana College of Physicians and Surgeons. Prof. Rhule was a great supporter of World Child Cancer and incredible partner for the successful implementation of the UBS programme and he will be hugely missed.

### **Country reports**

#### *Malawi*

In Malawi we started the new year with a new grant from Celgene. This is the first time that we have had a notable amount of restricted resources for Malawi. We hired new staff (a data manager and programme manager) and set up finance system to closely monitor the implementation of the programme. This project has been delivered smoothly thanks to the support from the new Programme Coordinator, Richard Sabawo. In addition to the routine programme activities (drugs procurement, nutrition supplementation, transport grants for the families), the staff took part in training activities promoted by UBS-Optimus Foundation. The pharmacist in Blantyre took part in a workshop on Paediatric chemotherapy in Sub Saharan Africa and the Programme Coordinator has been attending the childhood cancer research capacity building training led by Sick Kids in Toronto.

Also, Malawi developed a tailor-made approach to respond to Covid-19; the team procured essential drugs and an upright fridge to stock the drugs and was able to continue with the distribution of welcome packs to support parents and guardians. The team has started, for the first time and in collaboration with the other African programmes, to develop a communication strategy for September Childhood Cancer Awareness month. A radio jingle – based on the original developed by World Child Cancer Ghana – was made and contacts with radio stations, newspapers and TV were made.

## ACHIEVEMENTS AND PERFORMANCE (continued)

### Country reports (continued)

#### *Mexico*

We work closely with our sister organisation, World Child Cancer USA, in implementing the programme in Mexico. The USA funds this programme and the UK team oversee the running and management of it. The Mexico team has been analysing the data collected with the database in 2019 and have made some interesting findings. There is over 18% abandonment rate, over 50% of patients do not speak Spanish, over 50% have ALL (Acute Lymphoblastic Leukaemia) (meaning a minimum of 2.5 years of treatment) and lastly over 80% live greater than one hour away from the hospital. These figures give a picture of the challenges faced by our partner hospitals in Mexico. In March, we launched an online training for paediatric oncology nurses in Pachuca and Oaxaca and Rio Blanco Vera Cruz. The training was incredibly well attended seeing more than 200 nurses attending the latest sessions. We are working with the team and WCC USA to finalise the registration of WCC Mexico in order to allow for an expansion of our work and our capacity to fundraise locally.

#### *Ghana*

We have seen a significant increase in newly diagnosed patients; from 319 in 2019 to 409 in 2020. We believe this to be a result of the FCDO-funded project that delivers early warning signs and symptoms training for frontline healthcare professionals across the country, as well awareness-raising activities such as radio campaigns to encourage the general public to take their children to hospital if they recognise the signs and symptoms.

The Celgene project aimed at improving haematology and pathology services at Korle-Bu Teaching Hospital has made great progresses; one haematologist and one lab technician from Accra had four weeks' training in the UK with our partners in Edinburgh, Glasgow and Leeds as part of the Celgene project in February 2020; key equipment has been fixed and reagents purchased and educational workshops organised. We have developed, in collaboration with Medical Aid Films, two animations aimed at improving health care professionals' and the general public's awareness of early signs of childhood cancer. There have been delays in the implementation of the FCDO-funded early warning signs training due to authorisations and Covid-19. The training has however resumed, and we are planning to complete the activities as planned in June 2021.

#### *UBS-Optimus Foundation*

Utilising strategies developed in response to the Covid-19 pandemic, the project has continued to deliver most planned activities in relation to its overall goals. In year 1 of the project our target was to reach 308 healthcare professionals through training initiatives; we exceeded this and trained 339. We have hugely exceeded our target in year 2, mainly due to switching to online platforms to deliver training which reached far more healthcare professionals than originally anticipated; 1,339 healthcare professionals were trained against a target of 406 for the year. Over the course of the programme to date, we are pleased to have delivered the below training-related initiatives which will lead to improved diagnosis and treatment of childhood cancer in Sub-Saharan Africa.

## ACHIEVEMENTS AND PERFORMANCE (continued)

### Country reports (continued)

#### *UBS-Optimus Foundation (continued)*

**The Fellowship Programme:** As at the end of 2020, Korle-Bu Teaching Hospital have 9 fellows on their programme; a significant increase as there was just 1 fellow prior to the project start. The fellows are continuing to receive online training from some of the top paediatric oncologists around the world, and by moving to an online platform we have been able to deliver more sessions than planned. Furthermore, PERCC has completed the delivery of a 12-part research lecture series (online), improving the research knowledge and capacity of the paediatric oncologist trainees in Ghana, several research articles have been co-authored by two of the Fellows, which are published in prominent medical journals in the US, India and the UK, and contribute to enhancing knowledge around childhood cancer and finding solutions to improve survival rates.

**The Paediatric Oncology Nursing Programme,** developed and run with the Ghana College of Nurses through this project, has been launched, with 18 residents from five centres across Ghana benefitting to date. As there are currently no paediatric oncology nurse specialists in Ghana, this newly developed curriculum will have significant, long-term impact. The first nurses who graduate from the course in September 2021 will be the first Ghanaians to gain a specialised paediatric oncology nursing accreditation, and they will be enabled to act as preceptors for the next cohort, ensuring knowledge is passed on in-country.

A further, significant achievement, which was not originally planned for but subsequently agreed with UBS, is the commencement of a new partnership between World Child Cancer and the Ghana College of Pharmacy to set up the first Paediatric Oncology Pharmacist Fellowship in Ghana. The training will enable pharmacists to set up and effectively manage high-quality paediatric oncology pharmacy units within health facilities, which will have considerable impact on childhood cancer treatment in Ghana.

In addition to the delivery of the training initiatives, the project has continued to strengthen the Centre of Excellence at Korle-Bu Teaching Hospital (KBTH), as well as services in Komfo Anokye Teaching Hospital. Renovation of the day care unit at KBTH is now complete and includes extension of the unit so that there is more space to treat outpatients, thus improving infection control which is especially critical during the Covid-19 pandemic. Paediatric Early Warning System (PEWS) charts are being utilised in the KBTH ward. To assist partners' response to Covid-19 and help protect both patients and staff, PPE has been provided to the staff on the paediatric oncology wards and hygiene practices have been strengthened.

The Child Life Specialist Service at KBTH established through the project has benefitted 166 children to date, providing an essential link between families and health and social care professionals. The service has helped ensure that families understand their child's diagnosis and treatment options and how to seek financial support; referred families to clinical psychologists where needed; prepared children for medical procedures; provided distraction therapy during painful procedures and engaged children in activities such as reading, storytelling and drawing which has reduced anxiety and improved wellbeing.

## ACHIEVEMENTS AND PERFORMANCE (continued)

### Country reports (continued)

#### *UBS-Optimus Foundation (continued)*

The project is having positive impact in Sierra Leone where we have established a partnership with the Ola During Children's Hospital – Sierra Leone's only primary treatment facility for childhood cancer, and the Welbodi Partnership – a UK-based organisation working to build capacity of health systems in Sierra Leone to reduce child mortality, and which works closely with the Ola During Hospital. The UBS-funded programme is supporting the Welbodi / Ola During partnership to improve the hospital's provision of paediatric oncology services within the hospital, mainly through direct support for children and families who are in additional need during the Covid-19 pandemic, but also through providing additional opportunities to raise awareness around childhood cancer amongst the community and hospital staff – the team have already noted an increased number of children referred for oncology treatment as a result of improved recognition of symptoms.

The establishment of a nationwide registry for childhood cancer using standardised data collection instruments, protocols and a common registry tool has progressed further. The Ola During Children's Hospital also requested the data collection tool, and initial training on the tool has been conducted at the hospital.

#### *Cameroon*

In the first quarter of 2020, Megan Cruise, our psychosocial support adviser, held a psychosocial support "training of trainers" workshop with 13 participants at Mboppi Baptist Hospital Douala. Participants were from Mbingo, Douala, Mutengene, and Yaounde. The Cameroon Paediatric Oncology Group annual conference was held in December with 48 participants for two days during which there were presentations on childhood cancer statistics and available management services. There was also a workshop on improving drug access. The World Child Cancer programme coordinator was invited to the final workshop to write and cost the national cancer control strategic plan for 2020-2024.

The twinning partners in Leeds and their counterpart in Cameroon organised 'Cameroon week', a virtual twinning visit with the participation of 5 experts from Leeds Children's Hospital (two Paediatric Oncologists, one nurse, one haematologist, one surgeon) and one expert from Uganda (Ophthalmologist). This event included workshops to discuss the new or revised protocols for retinoblastoma, leukaemia, Burkitt lymphoma and Non-Hodgkin lymphoma.

To respond to the Covid-19 crisis we purchased essential PPEs for five paediatric oncology units across Cameroon. As our partners have been witnessing a reduced number of diagnosed cases they have accelerated the delivery of training on early warning signs and symptoms with 389 health care professionals trained in the quarter. The Cameroon Paediatric Oncology group organised a national palliative care workshop in Yaoundé with around 30 participants. A training on cancer registration data quality was carried out in Mbingo. Under the supervision of Megan Cruise, the psycho-social care improvement project has started with the training of 26 health care professionals and the development of an action plan for psycho-social support.

### Country reports (continued)

#### *Cameroon (continued)*

During childhood cancer awareness month, we sent 500,000 mobile phone messages and aired education messages on three community radios. 25 participants from Cameroon attended the SIOP 2020 virtual conference, with one oral and two poster presentations. The last meeting of the Cameroon Paediatric Oncology Group in 2020 focused on the harmonisation of treatment and supportive care protocols.

#### *Myanmar*

We carried out a reduced twinning visit and a full monitoring visit by the programme team in February. The Covid-19 emergency grant from the Angus Lawson Memorial Trust allowed us to procure 600 items of PPE, 100 N95 masks, 1,000 face masks and a disinfectant spray machine which were delivered to Yangon and Mandalay Children's Hospitals benefitting over 90 health care staff. The grant also allowed us to provide salary support for hospital school teachers including throughout the temporary closure of the school to ensure it could be reopened as soon as practicable. Further, the grant enabled a transport grant administrator to distribute funds to allow 80 families to continue to reach Yangon Children's Hospital (YCH) and enabled the payment of nurses' extra shifts which was even more important during a time when staff resources were further stretched. Finally, the grant allowed procurement of chemotherapeutic drugs to ensure sufficient supplies were available for 129 patients, provided transport grants for families unable to bear the cost to and from hospital and provided nutrition packages at YCH including soy milk, fruit and culturally-appropriate food to children diagnosed as malnourished by the Clinical Nutritionist.

Dr Aye Aye Khaing, the lead paediatric oncologist at YCH has been appointed as Project Manager for Myanmar for the World Health Organisation (WHO) Global Initiative for Childhood Cancer. We have been invited to participate in the East Asia Regional Network of Practice on Childhood Cancer.

Due to a continued increase of Covid-19 infections, the hospital school service has been closed since the second half of the year. The unfortunate fact that Dr Htaik Htaik, the doctor in YCH, has been seriously ill has also reduced our capacity to distribute travel grants to the families. We have however been able to rent a few rooms in a hostel that families have been using to avoid travel during the lockdown and to be able to continue accessing services at YCH. This is the first time that we have been able to provide accommodation to families in Yangon and we are hoping to be able to use this as a pilot to find a more permanent solution in the near future.

Preparation has been underway to set up the new FCDO project which was suspended by FCDO at the beginning of 2021 and we are hoping it will start in Spring 2021. A project proposal to develop specialised nursing training has been developed in collaboration with the representative of WHO Myanmar and we are currently awaiting the outcome of this.

## Country reports (continued)

### *Bangladesh*

The programme team carried out a monitoring visit in January 2020, coordinated the start of the new FCDO-funded programme with our new local partner, ASHIC and jointly recruited a new programme manager. The new FCDO project officially started at the beginning of March and we received the NGO bureau authorisations necessary to start implementing the project. The FCDO project has been subjected to major delays due to the Covid-19 crisis which has sadly had a significant impact on Bangladesh. The closure of all public offices has prevented us from submitting the documentation to allow us to operate in full capacity in-country. In addition, planned activities were not able to be delivered for the first two quarters of the year. However, the team has shifted their focus to adapt work plans, reforecast budgets and redirect funds to support the Covid-19 response. As a result, the team been extremely busy in organising the response working under very challenging circumstances and they have successfully provided significant support to partner hospitals and families. Much work has also gone into the establishment of Working Group members, key to the project's success. Each working group is made up of Healthcare staff from 7 hospital across Bangladesh.

A successful partnership has been established with the Lions Bangladesh. We also celebrated International Childhood Cancer Awareness Month in collaboration with Lions Club International and our partners in Bangladesh. World Child Cancer and Lions Club International prepared and distributed 40,000 leaflets on early signs and symptoms of childhood cancer in the rural area in Bangladesh. In addition, we organised 2 episodes of a TV talk show on childhood cancer awareness on national television where different experts from our partner hospitals attended and delivered their speeches. In addition, we organised an awareness seminar in SSMC for strengthening intra-wards referrals. We also organised an experience-sharing event between bereaved families and families who are currently in treatment.

In recognition of World Hospice and Palliative Care Day, we organised a series of events in collaboration with our partner, Hospice Bangladesh. These raised awareness on the importance of palliative care especially for children with cancer and their families.

### *Vietnam*

The psychosocial support advisor visited Vietnam in March. She conducted a psychosocial "training of trainers" workshop with 10 nurses at National Children's Hospital, Hanoi. Since then, with support from World Child Cancer, the nurses trained have delivered the Childhood Cancer Psychosocial Support training to a further 55 nurses who work alongside them at the National Children's Hospital. We have signed a Memorandum of Understanding with the Children Hospital in Hue to jointly hire a social worker who will support children and families in the ward and will be trained and mentored by Megan Cruise. Due to Covid-19 the recruitment has been postponed to 2021. We provided financial support to families for essential childhood cancer drugs which was overseen by one of the lead doctors in the absence of the social worker. We have started a conversation with the Vietnam Palliative Care Society and the University of Ho Chi Min City to develop a training module in paediatric oncology in the context of their training for medical social workers. These conversations have led to the development of a jointly agreed detailed project plan that will be implemented starting from 2021.

## **ACHIEVEMENTS AND PERFORMANCE** (continued)

### **Country reports** (continued)

#### *Nepal*

The FCDO project officially started on the 1 October and we have recruited the programme coordinator and worked with the partners to set up the financial and management structure of the project. We have submitted the project documentation to the relevant authorities and are waiting for the final authorisation from the Ministry of Health.

#### **Future developments**

After a tumultuous 2020 during which our staff have worked tirelessly to ensure that our programmes have been able to continue operating to help children with cancer, and their families, 2021 is likely to be a year of continued uncertainty.

It was hoped that Covid-19 would not have a lasting impact but it is clear that it will be with us for some time to come and therefore we must continue to be adaptable in our approach and ready to respond to the changing needs of our programmes and beneficiaries.

The new 5-year strategy will be rolled out, although the extent to which this can happen at the planned pace will depend on the situation with Covid-19. The fundraising emphasis will continue to be on multi-year grants, with particular focus on the proportion of restricted versus unrestricted grants. For the programmes team, work will continue delivering the planned activities and objectives agreed for each country against the backdrop of Covid-19 and changing priorities. The new FCDO-funded programme in Nepal will step up a gear along with the Bangladesh FCDO programme. In Ghana, the last year of our existing 3-year partnership with UBS-Optimus Foundation will result in a huge amount of activity and the completion of the fellowship programme. In Myanmar, we will need to have a special focus on the political situation given the recent military coup and understand how we can continue to deliver childhood cancer services whilst so much political uncertainty remains.

It goes without saying that we will continue in our quest of ensuring that every child with cancer, regardless of where they live, has equal access to the best treatment and care.

## STRUCTURE, GOVERNANCE AND MANAGEMENT

### Constitution and organisational structure

World Child Cancer UK is constituted and governed by a trust deed dated 1 December 2000. The Trustee is responsible for the overall governance of the Charity.

### Trustees

World Child Cancer UK has one corporate trustee, World Child Cancer Trustees, whose Directors act as Trustee Representatives. Those who served in the year are:

Trustee representatives	Appointed/resigned
James King	
Karen Brade	
Anuj Chande	
Yves Dermaux	Appointed 7 April 2020
Helen Griffiths	
Rachel Hollis	
Roderick Macmillan	Sadly passed away and therefore resigned 8 June 2020
Professor Kathy Pritchard-Jones	
Professor Lorna Awo Renner	

### Honorary Patrons

- ◆ Professor Tim Eden
- ◆ Gill Thaxter
- ◆ Anu Vedi
- ◆ Caitriona Balfe
- ◆ Gordon Morrison

### Committees

As well as the Corporate Trustee, World Child Cancer UK has a number of sub-committees to aid in the running of the charity. The details of these committees are listed below:

#### *HR and Governance sub-committee*

This sub-committee is responsible for overseeing all employment matters and recommends the appointment of the new Trustees. In respect of staff, it monitors staff performance through appraisals, reviews salaries and ensures employment legislation is adhered to.

Members (in addition to staff):

- ◆ Helen Griffiths
- ◆ Rachel Hollis

#### *Business Development Board (replaced Fundraising Committee)*

The purpose of this sub-committee was to monitor and evaluate fundraising strategy and performance. However, with effect from April 2020, this sub-committee no longer exists and instead fundraising is overseen by the Board.

## **STRUCTURE, GOVERNANCE AND MANAGEMENT** (continued)

### **Constitution and organisational structure** (continued)

#### *Programme sub-committee*

We implemented a review of the governance of the work of the programmes team, suggesting a smaller more effective Programme Committee, along with a broader Advisory Panel of experts from around the world. The new Programme Committee oversees the work of the programmes team, making sure that it adheres to the approved strategy and that it delivers in terms of programme and global targets. In the Programme Committee there is a representation from World Child Cancer UK, the Netherlands and USA to enhance the integration and harmonisation of our global work.

Members (in addition to staff):

- ◆ Gertjan Kaspers
- ◆ Abby White
- ◆ Alison Finch
- ◆ Gabriele Calaminus
- ◆ John Van Doorninck
- ◆ Nihad Salifu
- ◆ Rachel Hollis

### **Policies adopted for the induction and training of Trustees or their representatives**

The charity relies upon the guidance issued by the Charity Commission in relation to the induction and training of Trustees or their representatives and follows guidance and best practice. General practice for inducting new Trustees and trustee representatives includes meeting with key management and other trustees, the provision of a training pack which includes key financial, fundraising and programme information and copies of past board Minutes and papers.

### **Key management personnel and pay policy for senior staff**

The trustees delegate the day-to-day management of the charity to the key management personnel. These comprise of the Chief Executive Officer, Finance Director, Director of Fundraising and Communications and Director of Programmes. It is the responsibility of the HR and Governance sub-committee to review the pay and benefits for staff once per year and set pay based on industry benchmarks, performance and budget availability.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the Trustee sub-committee who oversee HR matters. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A comprehensive salary benchmarking study was undertaken in Spring 2020 by a third-party and as a result, some adjustments to salaries were made.

## **STRUCTURE, GOVERNANCE AND MANAGEMENT** (continued)

### **Key management personnel and pay policy for senior staff** (continued)

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

### **Risk management**

Risk to the charity is actively managed and the register of risks is reviewed on a quarterly basis by the Trustee and relevant sub-committees. In addition, the senior management team monitor and act upon the risks identified in the risk register and this is done on a continuing basis. The Trustee has assessed the major risks to which the charity is exposed and is satisfied that there are appropriate systems and procedures in place to mitigate the exposure to the major risks. In summary however, the major risks are considered to be:

- ◆ The greatest risk facing the charity is the continued impact of Covid-19. When the pandemic first emerged in 2020 there were hopes its impact would not be long-lasting but after 1 year, the pandemic is far from over and its effects are far-reaching. There was a detrimental impact on unrestricted income in 2020 however we were able to mitigate this with restricted income and through cost-cutting measures such as a recruitment freeze, salary and pension reductions, use of the UK government's furlough scheme and receipt of some local government grants totalling £27k (see note 3). In addition, there was a huge impact on the programmes as children continued to access cancer services but additional funds were required to cover the cost of PPEs, for example. A more detailed description of how the programmes have responded to Covid-19 can be found in the Programmes report earlier on in this document. Going forward and looking to 2021 and beyond, whilst the charity is in a good financial position, there are many uncertainties. At the time of writing, there are still lockdown/social distancing measures in place which prevent a number of fundraising events from taking place eg: dinners, mass participation events and gatherings of people. In addition, networking and smaller meetings are key in driving some donations and without this activity, additional income is at risk. There continues to be an impact on the programme countries and in particular, Bangladesh and Myanmar, where there has also been a military coup. In order to mitigate against the ongoing impact of Covid-19, detailed budgets are being closely monitored and in particular, unrestricted income and spend is being reviewed. We continue to work closely with restricted donors to divert funds to the Covid-19 response where necessary and agree flexibility regarding timing of spend. We hope that investment in the fundraising team in 2021 will yield additional unrestricted income and we continue to take advantage of the government's furlough and local-government grant schemes.
- ◆ The risk of inadequate safeguarding leading to the abuse of, or injury to a child or vulnerable adult. The organisation has a robust Safeguarding Policy for children and vulnerable adults which all staff and volunteers are required to adhere to. The safeguarding of a child or vulnerable adult, such as a parent of a child with cancer, will continue to be of utmost priority.

## STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

### Risk management (continued)

Formal safeguarding e-learning was introduced in 2020 and all staff, volunteers and trustees were required to complete this. Regular refresher training ensures all staff and volunteers are fully briefed in the latest thinking around safeguarding. The charity's Code of Conduct now forms part of an employee's employment contract and this further sets out the expected behaviours of all representatives of World Child Cancer. World Child Cancer has well-publicised procedures to follow in the event of any safeguarding concern and to date there have been no safeguarding incidents.

- ◆ Ensuring that fundraising targets are met and an appropriate balance of restricted and unrestricted cash reserves are held. Whilst restricted donations contribute hugely towards the success of World Child Cancer's programmes, unrestricted income is also required to ensure the charity can continue to operate effectively. As part of our ensuring we operate as efficiently as possible, we strive for full cost recovery and wherever possible, programme management contributions are built into all restricted funding proposals. Bi-monthly proposal meetings are important to identify funding gaps and to agree which fundraising applications are made.
  
- ◆ Changes in the political and social landscape of the countries where the charity operates which could result in unrest or instability. This results in a risk to staff and volunteers travelling to those countries on behalf of the organisation, a risk to staff working in-country and a direct risk to the charity's beneficiaries. This risk has been highlighted by the military coup which took place in January 2021 in Myanmar. This has created uncertainty and worry in the country and it will impact on our programmes as at present, public hospitals are closed which prevents children from being seen and treatment from taking place. Alternative arrangements are being made where possible but this is not a longer-term solution. We watch the changing situation closely and adapt plans as best we can to work around the restrictions. Aside from Myanmar, to mitigate the risk of, and impact of, political uncertainty, regular security advice is taken prior to travel, FCDO advice is followed, other organisations are consulted and precautions are taken with regards to safety. Some risks however, such as the military coup, cannot be foreseen and there is little that can be done aside from managing staff and patients' safety and wellbeing, managing communications with staff in-country to minimise any repercussions and to try and ensure as many activities as planned can go ahead with the limitations in place.
  
- ◆ The reliance on a small number of large, restricted funders. Restricted funders are invaluable in developing and implementing good-quality programmes and they provide much-needed resources without which we couldn't operate. However, we must ensure that we ensure diversity of income and source multiple restricted and unrestricted funders, and wherever possible, on a multi-year basis. This is particularly important given the changes to FCDO funding at present where grants have been reduced, frozen or are at threat of removal. This affects World Child Cancer as we currently have 3 FCDO grants and are due to start a 4<sup>th</sup> in 2021. Any changes to the agreed budgets will impact the project activities, planned outcomes and will require careful management.

## FINANCIAL REVIEW

### Financial results and position

Income in the year was £2,773k (2019 – £3,015k) which, given the circumstances in which we found ourselves due to Covid-19, is a solid achievement. Cash income was £2,273k (2019 – £2,226k) which is a slight increase compared with 2019 and again is a remarkable feat in the circumstance. Like many organisations, we had to cancel a number of fundraising events during 2020 which meant that unrestricted income in particular suffered. However, thanks to a number of multi-year funders, new donors and the support of our loyal individual supporters, we were able to keep income at a comparable level to the previous year. Notable restricted funding came from UBS-Optimus Foundation, FCDO funding for Ghana, Bangladesh and Nepal, Sanofi Espoir Foundation and Celgene. In addition, we received Covid-19 specific funding and this helped enormously in allowing PPE and other supplies to be delivered to the hospitals in which we work.

Expenditure was £2,469k (2019 – £2,788k) resulting in a surplus for the year of £304k (2019 – surplus of £228k).

Expenditure on the support of treatment programmes has increased by 36% and this has predominantly been driven by the UBS-Optimus Foundation programme in Ghana and west Africa and also the FCDO-funded programmes. The surplus has arisen owing to careful management of expenditure, an unexpected and substantial, unrestricted donation just prior to the year-end and due to some restricted programme spend being carried forward to 2021.

We have again achieved excellent value for money for our supporters and for every £1 spent, 89p (2019 – 87p) is spent directly on charitable activities with the remaining 11p (2019 – 13p) being invested to raise even more funds.

### Reserves and reserves policy

The Trustee Representative continues to ensure the reserves policy is appropriate and reflects the environment in which World Child Cancer UK operates, the risks it faces, its strategic and operational objectives and the type of income it receives. Furthermore, World Child Cancer UK wishes to ensure that essential services to beneficiaries can be maintained, particularly given the backdrop of Covid-19 and the vulnerability of the children and the families who are helped by the organisation.

In the countries in which we work, we have committed funding to ensure the programmes can operate and where these programmes are not covered by restricted funding, the Trustee Representative has taken the decision to designate additional funding to allow the programmes to operate for a period of 6 months. These additional funds are disclosed as 'designated reserves'.

As a result, World Child Cancer UK has adopted a policy of having 3 types of reserves - restricted, designated and unrestricted:

- ◆ Restricted reserves are funds which have a restriction placed on them by the donor.

## FINANCIAL REVIEW (continued)

### Reserves and reserves policy (continued)

- ◆ Designated reserves are funds designated for use by the Trustee and the policy adopted is that the total of designated and restricted reserves is sufficient to ensure 6 months' worth of direct programme costs are covered: as each programme's budget is agreed annually and the majority of the programmes do not have alternative sources of funding.
- ◆ Unrestricted reserves are those funds that should be available to the charity to be used in the event of a downturn in income, unexpected costs or if any of the key risks facing the charity materialise.

Having considered all factors, it is considered appropriate that 3 months' worth of operational costs are held as unrestricted reserves.

As at 31 December 2020, total funds held by World Child Cancer UK amount to £1,115,193 (2019 – £811,373). Restricted reserves committed to direct programme costs in 2021 are £373,995 (2019 – £247,167). Designated reserves are £457,122 (2019 – £236,973) for ongoing work in Malawi, Myanmar, Bangladesh, Vietnam, Cameroon and the Philippines, which will be spent within the next 6 months. Together with restricted reserves, this totals £831,117 (2019 – £484,140) which is six months of budgeted programme costs for 2021 (after taking into account any deferred income). The designated reserves balance as at the year end has noticeably increased and this is owing to two factors; the 16% increase in budgeted direct programme spend in 2021 and the fact there is no deferred, restricted income at the end of 2020 (there was at the end of 2019).

The balance of reserves amount to £284,076 (2019 – £327,233) and are held within the unrestricted fund. Of this, £6,031 (2019 – £7,439) is held as tangible fixed assets which are not part of the free reserves of the Charity as these are not available for immediate realisation. Therefore, the free reserves of World Child Cancer UK at 31 December 2020 are £278,045 (2019 – £319,794), which equates to approximately 3.9 months' worth of operating costs (slightly more than the reserves policy of 3 months). This is slightly higher than planned owing to a substantial unrestricted donation received just prior to the year-end. It is not considered excessive to hold slightly in excess of the reserves policy given the uncertainty surrounding Covid-19 and the impact it has had, and continues to have.

The increase in designated funds required to be held has resulted in a transfer from unrestricted funds to designated funds and this is shown within the statement of funds in Note 12. The Trustee and trustee representatives are aware of the fact that the Charity holds slightly higher reserves than stated in the reserves policy (less than 1 months' additional reserves) and the matter continues to be monitored.

The reserves policy is reviewed on an annual basis to ensure it is appropriate and offers satisfactory safeguards to the charity's beneficiaries, its staff and other relevant parties.

## **FINANCIAL REVIEW** (continued)

### **Going concern**

Despite all that has happened over the past 12 months owing to the Covid-19 pandemic, the Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a Going Concern. The Trustee believes that the Charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

### **Public benefit**

When considering the charity's activities, the Trustee has complied with the duty to have due regard to the Charities Commission's general guidance on public benefit and is satisfied that the organisation fully complies with the Public Benefit requirements.

## **SUSTAINABILITY STATEMENT**

World Child Cancer UK is committed to being a responsible organisation and as such, strives to consider all stakeholders in the way it operates. Indeed, World Child Cancer has as its core 5 values the following:

- Act for sustainable change;
- Act with integrity;
- Act collaboratively;
- Act with kindness;
- Act to keep children safe.

Sustainability, or 'Environmental, Social and Governance' (ESG) is embedded into World Child Cancer UK's strategy and this document seeks to set out the ways in which this is being addressed.

### **Environmental policies**

World Child Cancer UK is committed to minimising the impact of its activities on the environment. One of the organisation's key activities is undertaking training and twinning activities and this has traditionally meant air travel to fly medics from their home countries to the programme countries. Covid has shown that there are alternative ways of working and that some training can be delivered virtually. Whilst there will be times when face-to-face meetings/training are preferable, the organisation has found alternative, effective ways of working and so going forward, air travel will undoubtedly be reduced. In any case, air travel is minimised wherever possible. In addition to this, the environmental policy sets out other ways to minimise the impact on the environment such as sharing documents electronically, recycling and considering a supplier's environmental credentials when they tender for services.

Climate change is a concern and is particularly pertinent in countries in which World Child Cancer UK works as natural disasters are, sadly, more common. These natural disasters can be driven by climate change and hence the drive to minimise environmental impact becomes ever more crucial.

## **SUSTAINABILITY STATEMENT** (continued)

### **Social policies**

World Child Cancer UK strives to be an inclusive and diverse organisation. To this end, there has been a focus over recent years of recruiting in-country and expanding the global workforce. Today, World Child Cancer employs nearly 30 people, 50% of whom are based overseas. After the London base, the regional office in Ghana is the second largest and is home to 8 staff.

The opinions and ideas of staff are central to how World Child Cancer operates and an annual staff survey is carried out. The survey asks questions about role, career opportunities, leadership, strategy, working conditions, reward and recognition. In 2020, the results from the survey were overwhelmingly positive with 95% of respondents saying they enjoy coming to work and 100% caring about the future of World Child Cancer.

World Child Cancer UK wishes staff to feel valued and recent actions taken include a 7% reduction in working hours, introduction of a flexible working policy and offering individual coaching with a mentor.

### **Governance policies**

World Child Cancer UK complies fully with all statutory requirements and has robust policies regarding what it expects of its staff and trustees. This is set out in the organisation's Code of Conduct which all parties must agree to. In addition, there are detailed policies on equality & diversity, bribery, ethical sponsorship, risk management and a code of ethics.

In addition, World Child Cancer has adopted the Charity Governance Code and has discussed the latest updates to the Code surrounding equality, diversity and inclusion. This is of particular relevance in recruiting new trustees, new members of staff and ensuring all staff are treated equally and fairly.

Underpinning all of World Child Cancer UK's work is its utmost aim to keep all children and vulnerable adults free from harm and this is enshrined in the safeguarding policy. There is clear guidance in the whistleblowing policy as to what to do if anyone has concerns regarding safeguarding and the topic is discussed regularly at both board and staff meetings to ensure all parties remain vigilant.

Risk management is monitored via the risk matrix and discussed at quarterly board meetings as well as being a standing topic at senior management meetings.

Remuneration is reviewed in accordance with the policy and via the HR & Governance Committee. Pay is commensurate with experience, qualifications, benchmarking and the sector. A salary benchmarking study is conducted every 2 years for UK staff.

### TRUSTEES' RESPONSIBILITIES STATEMENT

The Trustee is responsible for preparing the trustee's report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the Trustee is required to:

- ◆ select suitable accounting policies and then apply them consistently;
- ◆ observe the methods and principles in 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);
- ◆ make judgments and accounting estimates that are reasonable and prudent;
- ◆ state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- ◆ prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

This report was approved by the Trustee on 24 March 2021 and signed on its behalf by:



Chairman

**Independent auditor's report to the corporate trustee of World Child Cancer UK**

**Opinion**

We have audited the accounts of World Child Cancer UK (the 'charity') for the year ended 31 December 2020 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and the notes to the accounts. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the accounts:

- ◆ give a true and fair view of the state of the charity's affairs as at 31 December 2020 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Charities Act 2011.

**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 accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts 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 the charity'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 Trustee is responsible for the other information. The other information comprises the information included in the Chairman's Statement, the trustees' report and accounts other than the financial statements and our auditor's report thereon. Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts or our knowledge obtained in 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 there is a material misstatement in the accounts or a material misstatement of the other information. 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.

**Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

- ◆ the information given in the trustees' annual report is inconsistent in any material respect with the accounts; or
- ◆ sufficient accounting records have not been kept; or
- ◆ the accounts are not in agreement with the accounting records and returns; or
- ◆ we have not received all the information and explanations we require for our audit.

**Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the accounts 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 accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the trustees are responsible for assessing the charity'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 charity 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 is detailed below:

*How the audit was considered capable of detecting irregularities including fraud*

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ we identified the laws and regulations applicable to the charity through discussions with trustees and other management, and from our commercial knowledge and experience of the sector;
- ◆ we focused on specific laws and regulations in both the UK and overseas, which we considered may have a direct material effect on the financial statements or the operations of the charity, including the Charities Act 2011, data protection legislation, anti-bribery, employment, safeguarding principles, health and safety legislation;
- ◆ we considered the impact of the international nature of the charity's operations on its compliance with laws and regulations;
- ◆ we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- ◆ identified laws and regulations were communicated within the audit team and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and

- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions;
- ◆ assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- ◆ used data analytics to investigate the rationale behind any significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ agreeing financial statement disclosures to underlying supporting documentation;
- ◆ reading the minutes of meetings of those charged with governance;
- ◆ enquiring of management as to actual and potential litigation and claims; and
- ◆ reviewing any available correspondence with HMRC and the company's legal advisors.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

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 charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and with regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees 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 charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Hugh Swainson  
29.3.2021

Buzzacott LLP  
Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

**Statement of financial activities** Year to 31 December 2020

	Notes	Restricted funds £	Un-restricted funds £	2020 Total funds £	Restricted funds £	Un-restricted funds £	2019 Total funds £
<b>Income from:</b>							
Donations and legacies	1	2,054,320	615,585	<b>2,669,905</b>	2,026,504	985,048	3,011,552
Investments		138	12,407	<b>12,545</b>	—	3,810	3,810
Other income	3	—	90,252	<b>90,252</b>	—	—	—
<b>Total income</b>		<u>2,054,458</u>	<u>718,244</u>	<b><u>2,772,702</u></b>	<u>2,026,504</u>	<u>988,858</u>	<u>3,015,362</u>
<b>Expenditure on:</b>							
Raising funds	2	—	252,636	<b>252,636</b>	—	362,412	362,412
Charitable activities: Support of treatment programmes	4	<u>1,955,315</u>	<u>260,931</u>	<b><u>2,216,246</u></b>	<u>2,057,851</u>	<u>367,572</u>	<u>2,425,423</u>
<b>Total expenditure</b>		<u>1,955,315</u>	<u>513,567</u>	<b><u>2,468,882</u></b>	<u>2,057,851</u>	<u>729,984</u>	<u>2,787,835</u>
<b>Net income (expenditure) before transfers</b>		99,143	204,677	<b>303,820</b>	(31,347)	258,874	227,527
Transfer between funds	12	<u>27,685</u>	<u>(27,685)</u>	<u>—</u>	<u>58,401</u>	<u>(58,401)</u>	<u>—</u>
<b>Net income and net movement in funds</b>	7	<u>126,828</u>	<u>176,992</u>	<b><u>303,820</u></b>	<u>27,054</u>	<u>200,473</u>	<u>227,527</u>
<b>Reconciliation of funds</b>							
Fund balances brought forward		<u>247,167</u>	<u>564,206</u>	<b><u>811,373</u></b>	<u>220,113</u>	<u>363,733</u>	<u>583,846</u>
<b>Fund balances carried forward</b>		<u>373,995</u>	<u>741,198</u>	<b><u>1,115,193</u></b>	<u>247,167</u>	<u>564,206</u>	<u>811,373</u>

The notes on pages 38 to 46 form part of these financial statements.

**Balance sheet** 31 December 2020

	Notes	2020 £	2020 £	2019 £	2019 £
<b>Fixed assets</b>					
Tangible fixed assets	9		<b>6,031</b>		7,439
<b>Current assets</b>					
Debtors	10	<b>228,009</b>		204,825	
Short term deposits		<b>180,067</b>		178,248	
Cash at bank and in hand		<b>752,305</b>		881,757	
		<b>1,160,381</b>		1,264,830	
<b>Creditors:</b> amounts falling due within one year	11	<b>(51,219)</b>		(460,896)	
<b>Net current assets</b>			<b>1,109,162</b>		803,934
<b>Net assets</b>			<b>1,115,193</b>		811,373
Restricted funds	12		<b>373,995</b>		247,167
Unrestricted funds					
. General	12		<b>284,076</b>		327,233
. Designated	12		<b>457,122</b>		236,973
<b>Total funds</b>			<b>1,115,193</b>		811,373

The financial statements were approved and authorised for issue by the Trustee on 24 March 2021 and signed on its behalf, by:



The notes on pages 38 to 46 form part of these financial statements.

## Statement of cash flows Year to 31 December 2020

		2020 £	2019 £
<b>Cash flows from operating activities</b>			
Net cash (used in) provided by operating activities	A	(138,671)	901
<b>Cash flows from investing activities</b>			
Purchase of tangible fixed assets		(1,507)	(2,618)
Investment income		12,545	3,810
<b>Net cash provided by investing activities</b>		<b>11,038</b>	<b>1,192</b>
<b>Change in cash and cash equivalents in the year</b>		<b>(127,633)</b>	<b>2,093</b>
<b>Cash and cash equivalents at 1 January 2020</b>		<b>1,060,005</b>	<b>1,057,912</b>
<b>Cash and cash equivalents at 31 December 2020</b>	B	<b>932,372</b>	<b>1,060,005</b>

### A Reconciliation of net movement in funds to net cash (used in) provided by operating activities

	2020 £	2019 £
Net income for the year (as per Statement of Financial Activities)	303,820	227,527
Adjustment for:		
Depreciation charges	2,915	3,876
Investment income	(12,545)	(3,810)
Increase in debtors	(23,184)	(77,537)
Decrease in creditors	(409,677)	(149,155)
<b>Net cash (used in) provided by operating activities</b>	<b>(138,671)</b>	<b>901</b>

### B Analysis of changes in net debt

	2020 £	2019 £
Cash at bank and in hand	932,372	1,060,005
<b>Total cash and cash equivalents</b>	<b>932,372</b>	<b>1,060,005</b>

World Child Cancer UK does not have any borrowings or lease obligations. Net debt consists therefore of the cash at bank and in hand.

## Principal accounting policies Year to 31 December 2020

### **Basis of preparation**

The financial statements have been prepared in accordance 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 United Kingdom and Republic of Ireland (FRS 102) (Charities SORP FRS 102) issued on 16 July 2014, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

World Child Cancer UK constitutes a public benefit entity as defined by FRS 102.

The financial statements are presented in sterling and are rounded to the nearest pound.

### **Critical accounting estimates and areas of judgement**

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. This includes assessing the impact of Covid-19 on the charity's income, expenditure and financial position (see assessment of going concern below).

#### *Accounting estimates and assumptions:*

The charity makes estimates and assumptions concerning the receipt of Voluntary Medical Aid, which is a donated service. The calculation of the estimated financial cost of this aid is based on the time spent by the professionals donating their time and what the salary cost of those professionals would have been if they were employed by the charity.

### **Assessment of going concern**

The Trustee has assessed whether the use of the going concern assumption is appropriate in preparing these financial statements. The Trustee has made this assessment in respect to a period of one year from the date of approval of these financial statements.

Despite all that has happened over the past 12 months owing to the Covid-19 pandemic, the Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a Going Concern. The Trustee of the charity has concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The Trustee believes that the charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

The most significant areas of judgement that affect items in the accounts are detailed above.

### **Income recognition**

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Income comprises donations (including from fundraising appeals and events) and legacies, institutional grant income, donated services of doctor and consultant time and investment income.

Donations are recognised when the charity has confirmation of both the amount and settlement date. In the event of donations pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

For legacies, entitlement is taken as the earlier of the date on which either: the Charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the Charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the Charity, or the Charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Grants from government and other agencies have been included as income from charitable activities where these amount to a contract for services, but as donations where the money is given in response to an appeal or with greater freedom of use.

Donated services or facilities are recognised when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time is not recognised.

On receipt, donated 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; a corresponding amount is then recognised in expenditure in the period of receipt.

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.

### **Expenditure recognition**

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Support costs are those costs incurred directly in support of expenditure on the objects of the Charity and include project management carried out at Headquarters. These include governance costs which are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements. Support costs are allocated across expenditure on raising funds and charitable activities as a proportion of total expenditure incurred.

Expenditure on raising funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Expenditure on charitable activities are costs incurred on the Charity's operations, including support costs and costs relating to the governance of the Charity apportioned to charitable activities.

### **Tangible fixed assets and depreciation**

All assets costing more than £250 are capitalised.

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the statement of financial activities.

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Leasehold improvements	20% straight line
Fixtures & fittings	20% straight line
Office equipment	20% straight line

## Principal accounting policies Year to 31 December 2020

### Debtors

Debtors are recognised at the settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid.

### Cash at bank and in hand

Cash at bank and 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. Any cash investment with a longer maturity is classified as a short term deposit.

### Liabilities and provisions

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

### Financial instruments

The Charity only holds basic financial instruments as defined in FRS 102. The financial assets and financial liabilities of the Charity and their measurement basis are as follows:

*Financial assets* – trade and other debtors are basic financial instruments and are debt instruments measured at amortised cost. Prepayments are not financial instruments.

*Cash at bank* – classified as a basic financial instrument and is measured at face value.

*Financial liabilities* – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost. Taxation and social security are not included in the financial instruments disclosure definition. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver services rather than cash or another financial instrument.

### Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at rates of exchange ruling at the balance sheet date.

Transactions in foreign currencies are translated into sterling at the rate ruling on the date of the transaction.

Exchange gains and losses are recognised in the statement of financial activities.

### Operating leases

Rentals under operating leases are charged to the statement of financial activities on a straight line basis over the lease term.

## **Principal accounting policies** Year to 31 December 2020

### **Pensions**

The Charity operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Charity to the fund in respect of the year.

Previously, the company contributed to the personal pension plans of its employees at rates agreed within their contracts of employment.

### **Fund accounting**

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

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

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

Investment income, gains and losses are allocated to the appropriate fund.

Notes to the financial statements 31 December 2020

1 Income from donations and legacies

	Restricted funds £	Unrestricted funds £	Total funds 2020 £
Donations			
. Events	25,991	83,675	109,666
. Individual giving and major donors	54,019	206,593	260,612
. Corporates, trusts and foundations	1,262,838	325,317	1,588,155
. Statutory funding	212,005	—	212,005
. Donated services	499,467	—	499,467
<b>Total</b>	<b>2,054,320</b>	<b>615,585</b>	<b>2,669,905</b>

	Restricted funds £	Unrestricted funds £	Total funds 2019 £
<i>Donations</i>			
. Events	35,063	301,075	336,138
. Individual giving and major donors	106,146	413,963	520,109
. Corporates, trusts and foundations	766,162	270,010	1,036,172
. Statutory funding	132,446	—	132,446
. Donated services	986,687	—	986,687
<b>Total</b>	<b>2,026,504</b>	<b>985,048</b>	<b>3,011,552</b>

Included within statutory funding for the year ended 31 December 2020 is £148,072 (2019 – £131,242) received from the Foreign and Commonwealth Development Office (FCDO) in respect of our UK Aid Match grant for Ghana – grant reference 205210-208. This amount was fully spent on the designated project. In addition, £61,493 (2019 – nil) was received from the FCDO in respect of our UK Aid Match grant for Bangladesh – grant reference 205210-248. This amount was also fully spent on the designated project. Finally, £2,441 (2019 – nil) was received from FCDO and spent on the designated project for our UK Aid Match Nepal project. The grant reference is 205210-257.

Note that the value of donated services in the year of £499,467 has reduced in comparison to 2019 owing to the restrictions on international travel. The number of doctors and nurses donating their time to the programmes still remains, however twinning activities and training have been delivered virtually since the Covid-19 pandemic started and this has naturally reduced the amount of time spent as international travel time is now avoided.

2 Expenditure on raising funds

	Restricted funds £	Unrestricted funds £	Total funds 2020 £
Fundraising costs	—	45,280	45,280
Staff costs	—	200,448	200,448
Support costs (note 5)	—	6,908	6,908
<b>Total</b>	<b>—</b>	<b>252,636</b>	<b>252,636</b>

**Notes to the financial statements** 31 December 2020

**2 Expenditure on raising funds** (continued)

	<i>Restricted funds</i> £	<i>Unrestricted funds</i> £	<i>Total funds</i> 2019 £
<i>Fundraising costs</i>	—	127,068	127,068
<i>Staff costs</i>	—	224,436	224,436
<i>Support costs (note 5)</i>	—	10,908	10,908
<b><i>Total</i></b>	<b>—</b>	<b>362,412</b>	<b>362,412</b>

**3 Other income**

Other income is made up of £63,252 of furlough income received from the government and discretionary coronavirus support of £27,000 provided by the Southwark Council following the coronavirus pandemic.

**4 Analysis of expenditure on charitable activities**

	<i>Restricted funds</i> £	<i>Unrestricted funds</i> £	<b>Total funds</b> <b>2020</b> £
Project costs	1,210,049	19,101	<b>1,229,150</b>
Other direct costs	114,323	—	<b>114,323</b>
Voluntary medical aid	499,467	—	<b>499,467</b>
Staff costs	120,415	188,609	<b>309,024</b>
Support costs (note 5)	11,061	53,221	<b>64,282</b>
<b>Total</b>	<b>1,955,315</b>	<b>260,931</b>	<b>2,216,246</b>

	<i>Restricted funds</i> £	<i>Unrestricted funds</i> £	<i>Total funds</i> 2019 £
<i>Project costs</i>	879,473	21,620	901,093
<i>Other direct costs</i>	60,420	70,817	131,237
<i>Voluntary medical aid</i>	986,687	—	986,687
<i>Staff costs</i>	131,271	212,554	343,825
<i>Support costs (note 5)</i>	—	62,581	62,581
<b><i>Total</i></b>	<b>2,057,851</b>	<b>367,572</b>	<b>2,425,423</b>

**5 Support costs**

	<b>Total funds</b> <b>2020</b> £	Total funds 2019 £
Legal and professional	<b>3,275</b>	5,411
Audit and accounting fees	<b>12,912</b>	13,330
Other costs	<b>6,500</b>	4,225
Support staff costs	<b>45,588</b>	46,647
Depreciation	<b>2,915</b>	3,876
	<b>71,190</b>	73,489

**Notes to the financial statements** 31 December 2020

**5 Support costs** (continued)

Of support costs, £11,061 has been charged to restricted funds. This represents the excess of overheads allowable under various restricted funding arrangements over the other direct costs such funding would normally be charged against. All support costs in the prior year had been charged to unrestricted funds.

**6 Analysis of expenditure type**

Current year	Staff costs £	Depreciation £	Other costs £	Total funds 2020 £
Expenditure on raising funds	200,448	—	52,188	<b>252,636</b>
Direct costs – support of treatment programmes	354,612	2,915	1,858,719	<b>2,216,246</b>
	<b>555,060</b>	<b>2,915</b>	<b>1,910,907</b>	<b>2,468,882</b>

Prior year	Staff costs £	Depreciation £	Other costs £	Total funds 2019 £
Expenditure on raising funds	224,436	—	137,976	362,412
Direct costs – support of treatment programmes	390,472	3,876	2,031,075	2,425,423
	<b>614,908</b>	<b>3,876</b>	<b>2,169,051</b>	<b>2,787,835</b>

**7 Net income**

This is stated after charging:

	Total funds 2020 £	Total funds 2019 £
Depreciation of tangible fixed assets:		
. Owned by the charity	<b>2,915</b>	3,876
Operating lease rentals	<b>47,436</b>	50,483
Auditors' remuneration		
. Audit fees: current year	<b>9,480</b>	8,520
. Audit fees: prior year underaccrual	<b>840</b>	—
. Other fees	<b>1,200</b>	1,140
Foreign exchange expense	<b>28,377</b>	24,617
	<b>28,377</b>	<b>24,617</b>

**8 Staff costs**

Staff costs were as follows:

	Total funds 2020 £	Total funds 2019 £
Wages and salaries	<b>482,663</b>	523,950
Social security costs	<b>45,974</b>	47,793
Other pension costs	<b>26,423</b>	43,165
	<b>555,060</b>	<b>614,908</b>

**8 Staff costs** (continued)

Included in wages and salaries are redundancy costs of £875 in respect of one employee (2019 – £nil)

The average number of persons employed by the Charity during the year was as follows:

	<b>2020</b>	2019
	<b>No.</b>	No.
Programmes, administration, fundraising and finance	<b>13</b>	15
The number of higher paid employees was £60,001 - £70,000	<b>1</b>	1

The key management personnel comprise the Chief Executive, Finance Director, Director of Fundraising & Communications and Director of Programmes. The total remuneration of key management personnel (including employer national insurance and pension contributions) in the year was £252,635 (2019 – £265,156). All staff are enrolled into the pension scheme and receive the same contributions regardless of grade.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the Trustee sub-committee who oversee HR matters. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A salary benchmarking study was undertaken in Spring 2020 by an external party.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

Notes to the financial statements 31 December 2020

9 Tangible fixed assets

Current year	Fixtures & fittings £	Office equipment £	Total £
<b>Cost</b>			
At 1 January 2020	3,675	8,411	12,086
Additions	827	680	1,507
Disposals	—	(1,143)	(1,143)
At 31 December 2020	4,502	7,948	12,450
<b>Depreciation</b>			
At 1 January 2020	1,341	3,306	4,647
Charge for the year	886	2,029	2,915
On disposals	—	(1,143)	(1,143)
At 31 December 2020	2,227	4,192	6,419
<b>Net book value</b>			
At 31 December 2020	2,275	3,756	6,031
At 31 December 2019	2,334	5,105	7,439

10 Debtors

	2020 £	2019 £
Trade debtors	350	23,367
Prepayments and accrued income	223,031	177,937
Other debtors	4,628	3,521
	228,009	204,825

11 Creditors: amounts falling due within one year

	2020 £	2019 £
Trade creditors	16,732	2,855
Taxation and social security	12,689	13,145
Accruals and deferred income	20,647	442,129
Other creditors	1,151	2,767
	51,219	460,896
<b>Deferred income</b>		
	2020 £	2019 £
Deferred income at 1 January	422,177	568,530
Amounts released from previous years	(422,177)	(568,530)
Resources deferred in the year	—	422,177
Deferred income a 31 December	—	422,177

In the prior year, deferred income included funding received from UBS Optimus Foundation and Celgene Corporation in respect of programmes commencing in January 2020. Equivalent funding for 2021 has either not been received or was received in the year ended 31 December 2020.

12 Statement of funds

Current year	At 1 January 2020 £	Income £	Expenditure £	Transfers £	At 31 December 2020 £
<b>Restricted funds</b>					
Malawi	26,311	121,139	(99,860)	56	<b>47,646</b>
Bangladesh	22,967	69,268	(104,422)	1,793	<b>(10,394)</b>
Philippines	—	10,291	(49,614)	39,323	<b>—</b>
Myanmar	—	161,963	(125,507)	2,520	<b>38,976</b>
Cameroon	10,927	73,466	(86,529)	1,018	<b>(1,118)</b>
Ghana	96,365	259,331	(272,429)	—	<b>83,267</b>
WCC USA	—	22,500	(22,500)	—	<b>—</b>
Vietnam	4,674	32,025	(15,278)	(17,025)	<b>4,396</b>
Nepal	21,884	43,972	(11,759)	—	<b>54,097</b>
UBS project	64,020	734,265	(629,247)	—	<b>169,038</b>
Other	19	26,771	(38,703)	—	<b>(11,913)</b>
Donated services including Voluntary Medical Aid	—	499,467	(499,467)	—	<b>—</b>
	<u>247,167</u>	<u>2,054,458</u>	<u>(1,955,315)</u>	<u>27,685</u>	<u><b>373,995</b></u>
<b>Unrestricted funds</b>					
General funds	327,233	718,244	(276,594)	(484,807)	<b>284,076</b>
Designated funds	236,973	—	(236,973)	457,122	<b>457,122</b>
	<u>564,206</u>	<u>718,244</u>	<u>(513,567)</u>	<u>(27,685)</u>	<u><b>741,198</b></u>
<b>Total funds</b>	<u>811,373</u>	<u>2,772,702</u>	<u>(2,468,882)</u>	<u>—</u>	<u><b>1,115,193</b></u>

The restricted funds represent donations and grants received that are to be spent on specific programmes in the countries listed.

The transfers from unrestricted funds to designated funds represent unrestricted funds allocated to the specific programmes where the Trustee has decided to provide additional funding to those programmes which were not fully funded by restricted donations.

The reserves policy requires 6 months' worth of funds to be held across restricted reserves and designated funds. As a result of a 35% budgeted increase in direct programme expenditure in 2021 compared with 2020, the amount of designated funds required to be held has increased substantially and £457,122 are held at the end of 2020 (2019 – £236,973). These designated funds are to be spent in Myanmar, Vietnam, Cameroon, the Philippines, Bangladesh, Vietnam and Malawi. In all of these countries, the funds will be used to focus on the country-specific programme aims such as increased training for healthcare professionals, access to chemotherapy and palliative care drugs, improved early-warning signs training or transport costs to allow families to reach hospitals for treatment. In all cases, designated funds are expected to be used within the first six months of the year.

**12 Statement of funds** (continued)

The restricted Malawi funds of £47,646 (2019 – £26,311) are to be spent on staff training, patient support packs, treatment costs and awareness raising activities.

2021 will see reimbursement from a private restricted donor for activities undertaken in Bangladesh during 2020, hence the restricted fund has a deficit of £10,394 (2019 – surplus of £22,967). In 2021, the new FCDO-funded programme will continue and grow to improve paediatric oncology outcomes in Bangladesh.

The restricted Myanmar funds of £38,976 (2019 – £nil) will be spent on improving access to, and quality of, paediatric oncology services in Myanmar.

There is a negative restricted balance of £1,118 (2019 – surplus of £10,927) for Cameroon owing to a restricted funder due to reimburse 2020 costs during 2021. This is in respect of specialist training, advocacy and awareness raising, parent support costs and palliative care outreach work.

£83,267 (2019 – £96,365) of restricted funds are for use in Ghana, including on several projects from large donors. The funds will be spent on improving access to paediatric oncology services in some of the remotest areas of Ghana and on local and international training, advocacy and awareness raising activities, equipment, drug costs and parent support.

£4,396 (2019 – £4,674) of restricted funds are to be spent in Vietnam on improved psychosocial care for children and their families. There was a £17,025 transfer from the Vietnam restricted fund to the Philippines restricted fund and this was done with the agreement of the donor.

In Nepal, £54,097 (2019 – £21,884) of restricted funds are to be spent on improving access to hospitals, developing early-warning signs training, providing key drugs and healthcare professional training.

There is £nil (2019 – £19) remaining to be spent in Palestine.

£169,038 (2019 – £64,020) is to be spent in Ghana on the UBS Optimus Foundation programme which aims to develop a centre of paediatric oncology excellence in West Africa.

12 Statement of funds (continued)

<i>Prior year</i>	At 1 January 2019 £	Income £	Expenditure £	Transfers £	At 31 December 2019 £
<b>Restricted funds</b>					
<i>Malawi</i>	79,122	12,669	(65,480)	—	26,311
<i>Bangladesh</i>	15,532	61,565	(54,130)	—	22,967
<i>Philippines</i>	—	11,837	(54,579)	42,742	—
<i>Myanmar</i>	3,040	76,989	(92,867)	12,838	—
<i>Cameroon</i>	62,956	49,880	(102,948)	1,039	10,927
<i>Multi country: Wilms'</i>					
<i>Tumour</i>	—	—	(18)	18	—
<i>Ghana</i>	58,585	221,661	(185,733)	1,852	96,365
<i>Mexico</i>	878	—	(878)	—	—
<i>WCC USA</i>	—	56,777	(56,689)	(88)	—
<i>Vietnam</i>	—	12,060	(7,386)	—	4,674
<i>Nepal</i>	—	27,760	(5,876)	—	21,884
<i>Palestine</i>	—	11,352	(11,333)	—	19
<i>UBS project</i>	—	497,267	(433,247)	—	64,020
<i>Donated services including Voluntary Medical Aid</i>	—	986,687	(986,687)	—	—
	<u>220,113</u>	<u>2,026,504</u>	<u>(2,057,851)</u>	<u>58,401</u>	<u>247,167</u>
<b>Unrestricted funds</b>					
<i>General funds</i>	335,567	988,858	(701,818)	(295,374)	327,233
<i>Designated funds</i>	28,166	—	(28,166)	236,973	236,973
	<u>363,733</u>	<u>988,858</u>	<u>(729,984)</u>	<u>(58,401)</u>	<u>564,206</u>
<b>Total funds</b>	<u>583,846</u>	<u>3,015,362</u>	<u>(2,787,835)</u>	<u>—</u>	<u>811,373</u>

13 Analysis of net assets between funds

<i>Current year</i>	Restricted funds £	Unrestricted funds £	Total funds 2020 £
<i>Tangible fixed assets</i>	—	6,031	6,031
<i>Current assets</i>	373,995	786,386	1,160,381
<i>Creditors due within one year</i>	—	(51,219)	(51,219)
	<u>373,995</u>	<u>741,198</u>	<u>1,115,193</u>
<hr/>			
<i>Prior year</i>	Restricted funds £	Unrestricted funds £	Total funds 2019 £
<i>Tangible fixed assets</i>	—	7,439	7,439
<i>Current assets</i>	642,092	622,738	1,264,830
<i>Creditors due within one year</i>	(394,925)	(65,971)	(460,896)
	<u>247,167</u>	<u>564,206</u>	<u>811,373</u>

#### 14 Related party transactions

No Trustee or Trustee representative received any remuneration or benefit in kind for professional or other services rendered to the Charity.

Some Trustees are medical professionals and provide support to the Charity in the form of voluntary medical aid. Included within the balance of donated services and voluntary medical aid in notes 1 and 4 to the financial statements are amounts of £495,767 (2019 – £119,764), is an amount totalling £18,894 (2019: £113,088) relating to the support provided by 3 trustees (2019 – 3 trustees).

No trustees were reimbursed expenses in relation to their role as trustees (2019 – £138). No (2019 – £3,727) expenses were incurred as part of their support providing voluntary medical aid.

Two gifts to Trustees were made totalling £79 (2019 – none).

Total donations made by Trustee representatives (including connected persons) amounted to £15,764 (2019 – £12,300). In 2019, this included the sale of tables at the charity's gala dinner in May 2019. If the table sales are excluded then the total value of donations was £5,400. In addition, donations made by The Embassy of Man Limited, of which Anuj Chande, trustee representative is a director of, amounted to £nil (2019 – £375).

James King, one of the Trustee representatives is a partner at Price Bailey, a chartered accountancy firm, who manage an interest bearing bank account on behalf of the Charity. The year end balance was £180,067 (2019 – £178,248).

#### 15 Pension commitments

The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £26,423 (2019 – £43,165).

#### 16 Operating lease commitments

At 31 December 2020 the total of the Charity's future minimum lease payments under non-cancellable operating leases for the office space was:

	2020 £	2019 £
Within 1 year	<b>38,190</b>	52,916
Between 2 and 5 years	<b>4,045</b>	111,500
	<b>42,235</b>	164,416