

**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.



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.

- ◆ 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*

*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

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 During 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:

<b>Trustee representatives</b>	<b>Appointed/resigned</b>
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

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.

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  
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.

### **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
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**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 £
Donations			
. 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>

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

	<b>Staff costs £</b>	<b>Depreciation £</b>	<b>Other costs £</b>	<b>Total funds 2024 £</b>
<i>Current year</i>				
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>

	<b>Staff costs £</b>	<b>Depreciation £</b>	<b>Other costs £</b>	<b>Total funds 2023 £</b>
<i>Prior year</i>				
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>	<b>Total funds 2023 £</b>
Depreciation of tangible fixed assets:		
. Owned by the charity	<b>3,296</b>	3,231
Operating lease rentals	<b>—</b>	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>	<b>Total funds 2023 £</b>
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>	<b>2023 No.</b>
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

	Office equipment £	Total £
Current year		
<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.

	2024 £	2023 £
<b>Deferred income</b>		
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 at 31 December	<b>4,973</b>	948

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

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

**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 & Hamlin 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.