

AFRICAN HEALTH POLICY NETWORK

England & Wales · Charity number 1088641

Details

Other names	AFRICAN HIV POLICY NETWORK, AHPN, POLICY NETWORK
Status	Registered
Legal form	Charitable company
Company number	03979511
Registered	2001-09-27
Register	View on the Charity Commission register

Contact

Address	Stratford Advice Arcade 107-109 The Grove London Room 43 E15 1HP
Phone	02085555778
Email	deryck.ahpn@btconnect.com
Website	https://www.ahpn.org.uk/

Activities

Objects: TO ALLEVIATE THE SUFFERING OF PERSONS SUBJECT TO OR AFFECTED BY HIV AND TO PROMOTE SEXUAL HEALTH AMONGST AFRICAN COMMUNITIES IN THE UNITED KINGDOM AND ELSEWHERE BY PROVIDING TRAINING, SUPPORT, RESEARCH AND INFORMATION AND ASSISTING IN THE PROMULGATION OF EFFECTIVE POLICIES AND GOOD PRACTICE TO THIS END.

Activities: *To advance the health and wellbeing of Africans living in the UK*To influence policy and practice relating to the health and wellbeing of Africans in the UK*To influence policy and practice on wider determinants that impact on the health and wellbeing of Africans in the UK*To influence, promote and provide training, support, research and information for African communities in the UK

Classification

- **How:** Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives, Disability, The Prevention Or Relief Of Poverty
- **Who:** Children/young People, Elderly/old People, People With Disabilities, People Of A Particular Ethnic Or Racial Origin

Geography

- **Area of benefit:** UK AND ELSEWHERE
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£152,934	£139,783	-	-
2024-03-31	£363,769	£218,206	-	-
2023-03-31	£267,732	£221,503	-	-
2022-03-31	£114,808	£268,851	-	-
2021-03-31	£697,378	£448,135	£249,243	3

Trustees

Name	Role	Appointed
Danmore Sithole		2021-10-30
Mabule Tema		2021-10-30
TENDAI MARJORIE NDANGA		2013-11-13

AFRICAN HEALTH POLICY NETWORK

England & Wales - Charity number 1088641

Accounts



African Health Policy Network

Improving Health and Wellbeing

Annual Report & Financial statements

For the year ended 31st March 2025

COMPANY REGISTRATION NUMBER 03979511

CHARITY NUMBER 1088641

The trustees, who are also directors for the purposes of company law, have pleasure in presenting their report and the financial statements of the charity for the year ended 31 March 2025.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name

African Health Policy Network

Charity registration number 1088641

Company registration number 03979511

Registered office Room 43, 107-109 The Grove, Stratford

London E15 1HP

Bankers Barclays Bank plc

Barclays Business Centre

1 North End, Croydon, Surrey



THE TRUSTEES

The trustees who served the charity during the period were as follows:

Chair: Mr Danmore Sithole

Treasurer: Ms Tendai Ndanga

Pastor David Owusu

Mr Mabule Tema

Chief Executive Officer: Deryck Browne

Independent Examiner: Mr Yaw Kusi, FCCA
Martin Morrison & Co., Chartered Certified
Accountants, Unit 43 The Coach House, St Mary's
Business Centre, 66/70 Bourne Road, Bexley,
Kent DA5 1LU

The Trustees present their report and the examined financial statements of the charity for the year ended 31 March 2025. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" in preparing the annual report and financial statements of the charity. The financial statements have been prepared in accordance with the accounting policies set out in notes to the financial statements and comply with the charity's governing document, the Charities Act 2011, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland published in October 2019. The Directors of the charitable company are its Trustees for the purposes of charity law. The Trustees who have served during the year are listed above.

STRUCTURE, GOVERNANCE, MANAGEMENT AND OBJECTIVES

1. Constitution, Policies and Objectives

The charitable company is a company limited by guarantee and was set up by a Memorandum of Association on 18th April 2000 and as charity on 27th September 2001.

The principal objects of the charitable company for the public benefit are:

1. To advance the health and wellbeing of African descent communities in the United Kingdom
2. To influence policy and practice relating to the health and well being of African descent communities in the United Kingdom
3. To influence policy and practice on wider determinants that impact on the health and well being of African descent communities in the United Kingdom
4. To influence, promote and provide training, support, research, campaigns, programmes and information for African descent Communities in the United Kingdom and the diaspora.

2. Method of appointment or election of board of Directors

The management of the charitable company is the responsibility of the board of directors who are appointed and co-opted under the terms of the Articles of Association. Currently the AHPN Board of Directors (Trustees) are appointed by open recruitment and by Co-option, based on skills and experience.

3. Policies adopted for the induction and training of board of trustees

Newly elected board members are encouraged to attend a series of training sessions led by the Chair of Trustee Board and the Chief Executive officer. These courses equip board members with the skills to carry out their duties as trustees. The training enables them to understand:

- 1) Their obligation as trustees
- 2) The importance of the main documents which set out the operational framework for the charity including the memorandum and Articles of association
- 3) The control of resources and current financial position using the management accounts
- 4) Their responsibility of the statutory accounts;
- 5) How to translate future plans and objectives into budgets and plans;
- 6) Use of budgetary control.

STRUCTURE, GOVERNANCE, MANAGEMENT AND OBJECTIVES

During induction, they meet key employees and other trustees. As part of the induction training, they are encouraged to attend appropriate external events where these will facilitate the undertaking of their role.

4. Organisational structure and decision making

AHPN has a Board of Directors (Trustees) who are appointed by open recruitment. The work of the Board is supported by sub-committees and task groups. The organisation has operational staff headed by a Chief Executive and other members of staff as well as interns. Volunteers support various projects within the organisation at both strategic and operational levels.

5. Risk Management

The Board of Trustees have assessed the major risks to which the charitable company is exposed. In particular those related to the operations and finances of the organisation and are satisfied that systems and procedures are in place to mitigate our exposure to the major risks.

6. Public Benefit

AHPN has referred to the guidance in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular the trustees consider how planned activities will contribute to the public benefit and the aims and objectives they have set and cover all of these matters in the following detailed pages.

ACTIVITIES, ACHIEVEMENTS AND PERFORMANCE

The reporting year 2024 to 2025 has been a full and successful one for AHPN. The staff team have continued in their delivery numerous funded projects positively impacting the wellbeing of African descent and Global Majority communities. They have worked on a broad range of policy issues and, with volunteers and members, have reached out to our communities on issues as diverse as sickle cell anaemia, blood donation, HIV, Windward issues, the infected blood scandal and others. We have assisted our elders in navigating the many issues raised by the cost-of-living situation, isolation and loneliness. We have continued to develop and hone our theory of change and fundraising strategies, and we are seeing the benefits of this. We have worked under the banner of the Global Majority Fund to provide onward intermediary granting to our community projects working in innovative and sustainable ways.

The Board of Trustees remains committed to working closely with the staff team to ensure that the trajectory of AHPN is on the up and we look forward to continuing success as we continue to provide essential projects and services for our service users, members and volunteers.

Danmore Sithole
Chair; Board of Trustees

Deryck Browne
CEO

How our activities delivered public benefit



During the current financial year AHPN has continued to thrive as a local organisation delivering projects, interventions, support and events to local communities. We have worked as a national player developing, promulgating and implementing strategies aimed at addressing health inequity and confronting the issues impacting the health and well-being of communities of African descent and Global Majority communities living across the UK. Our organisational teams have been active participating in various evolving projects and initiatives to support and advocate for the health needs of our communities.

AHPN has continued its charitable work on several levels: representation on local forums, advocating for community members on health and criminal justice matters, providing peer support activities, providing training and volunteering opportunities and challenging isolation and loneliness by organising weekly events at our community hub office.

Our national focus has been on collaboration with and onward granting to Black community organisations that have been working in sustainable and innovative ways to reach and provide for their communities. Our mantra remains that health is not an accident, it is an outcome and our focus remains on neutralising that outcome so that Black communities do not fare less well than others, as has been the ongoing case.

AHPN has also provided the Secretariat for One Voice Network (OVN), a 15 organisation strong collaborative of Black health organisations working on a national policy level.



OVN Primary Care Report:

[Unheard Voices - Understanding the challenges faced by Black people living with HIV in primary care report.pdf](#)

AHPN Activities 24/25

AHPN continues local work with regional voluntary sector champions COMPOST to ensure that Global Majority communities are fairly represented in local and national medical trials and thus helping to improve the accuracy of diagnoses and health outcomes.

Our gardening and farm project volunteers start to prepare the AHPN allotment for crop planting in the coming months.

As part of One Voice Network AHPN is involved with Publication of London Commissioners Report,, National dissemination at BHIVA Spring Conference 2024.

AHPN celebrates the successful conclusion of our Civil Society Roots project work carried out with funding from the Greater London Authority.

AHPN attend Black Pride in East London manning a stall and flying the flag for both One Voice Network and AHPN

Sept 24

In terms of advocacy AHPN follows up several Windrush applications for compensation under the scheme for applicants; speaks on behalf of a long-time service user at Crown Court and continues its work on behalf of a service user who is appealing against a decision arrived at by the adjudicators of the infected blood scandal compensation scheme.

APR 24

MAY 24

JUN 24

JUL 24

AUG 24

SEPT 24

Further funding from London Catalyst spurs AHPN's peer support work in the capital. The Peer Power project is launched.

As part of One Voice Network AHPN is involved with the launch of the Community research capacity building and our Primary Care Survey is developed and rolled out

AHPN Trustees represent AHPN at the annual black-tie Ministers Appreciation Ball, MAKING A speech on behalf of the organisation and presenting the prestigious Faithful Service Recognition Award for Outstanding Contribution to Health Advocacy.

AHPN intensifies its organisational learning and theory of change working with consultants from Comic Relief's Global Majority Fund, and in particular the Fund Reference Group.

AHPN launches Safe Hands, Warm Hearts, our exciting peer support and outreach project reaching the most isolated within our communities with funds from National lottery.

OVN contributed to national efforts to challenge HIV-related stigma through awareness-raising and sector engagement on Zero HIV Stigma Day.

AHPN represents AHPN at the INTEREST HIV conference in Cotonou, Benin, West Africa.

NHS Blood and Transplant funding leads to AHPN furthering work ensuring that more blood donors of Black heritage come forward to donate. This is important work as the continuing shortage of subtype Ro blood leads to increasingly difficult and life-threatening scenarios for sickle-cell patients.

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THE YEAR

During the period AHPN continued to develop and implement its strategies challenging health inequalities and ensuring that the issues which impact the health and wellbeing of African descent communities living in the UK are addressed in a meaningful way. The staff teams within the organisation have worked on differing and dynamic projects and initiatives to strengthen and represent the health needs of African descent communities and the wider Black community in the UK.

Blood Donation

With our ongoing blood donation campaigning project '**Rooting for the R.O.**' (phase 2). With the first year of this small grant spread over a two year period AHPN partnered the NHS Blood and Transfer service in order to disseminate information and to raise the number of African descent people donating blood. Our objective was a to raise awareness about the shortage of the Ro blood subtype (so badly needed by sickle cell patients); reach and engage numbers of members of our community and simultaneously raise the numbers of new registrations of Black heritage people; This was to assist NHSBT in ensuring that community members living with sickle cell anaemia received, as far as possible, correctly matched blood samples in transfusion. We aimed to inform our communities, countered stereotypes and stigma, encouraged and assisted in relation to blood donation perception, held discussion/learning events and encouraged blood donation registration. We:

- Engaged and trained programme volunteers
- Developed an impactful social media campaign (Targeting Black organisations and individuals both in London and Manchester)
- Developed and distributed materials (both hard copy and virtual) with key messages and discussion points
- Engaged communities in forums to discuss and learn about aspects of the blood donor debate and the importance of Ro subtype for sickle cell patients
- Monitored and tested the impact of discussions
- Worked with volunteers and project 'Champions'
- Encouraged and followed through with community members through to registration, with additional encouragement to follow through to appointment making and blood donation



PEER SUPPORT

AHPN used our Peer Power Project to take forward and build on the work we did with our successful 'Holding Hands; Back to Peer Support' project, where following Covid we worked to combat isolation and bring our communities back into the physical peer support spaces and environments that they had been missing for two years. With the previous effort we had engaged over seventy borough-based participants and volunteers, and we 'reclaimed' those community spaces that had become off limits; libraries, local museums, picture house cafes, community centre halls - and we brought back activity based, health centred, in-person peer support.

With Peer Power Project we continued to work in our East London boroughs (across Newham, Barking and Dagenham, Tower Hamlets and Hackney) focusing on BAME individuals living with long term health issues and conditions, providing that activity based peer support but also using this as a vehicle from which to launch a health empowerment programme which addressed all of the above but also developed patient engagement, voicing of lived experience, involvement and which actually champions individuals to become spokespersons for their communities, patient groups and friendship networks.



Over a period of 24 weeks a series of weekly peer support sessions we engaged (in total) up to 90 individuals living with long term health issues such as HIV. These sessions in diverse local settings, involved activity-based peer support and warm-hub facilities (when necessary) but had a strong engagement and empowerment focus. This include ~Participant speakers from ~ health, ~action research, ~patient engagement, ~social care, ~debt and financial advice, ~healthy lifestyle, ~diet and nutrition, ~health self-examination, ~patient liaison services, ~local commissioning, ~Co-production advocates, ~local listening groups, ~patient rights, ~local authority public health. This activity dove-tailed and augmented our Safe Hands Warm Hearts Peer Project which engaged a peer support worker to lead on activities challenging isolation and loneliness in our communities.

FFENA SERVICE USER SUPPORT

Information shared by our service users and volunteers

Ffena is the name adopted by AHPN's key service user group and is a Luganda term denoting "We are all together". Members have detailed their own activities:

ACTIVITIES

- **Ffena engaged into the gardening project with 12 members. This was a project to minimise isolation and loneliness in our elderly communities**
- **12 new members joined the Ffena network in 2024 to 2025 through our projects as well as word of mouth**
- **Our weekly Zoom meetings were very effective, and many topics were covered as well as speakers were invited withing the sector for more impartation on health issues**
- **We also went to the annual seaside to Margate with 32 members and their families**
- **We also had the opportunity to take 2 groups of our older members to watch a movie "ONE LOVE"**

"I'm happy to share my personal experience to help future HIV and mental Health interventions" JM

FFENA SERVICE USER SUPPORT

ACTIVITIES

- We trained 10 lead Faith volunteers to equip them with skills to be our church champions for our RO blood donation project
- Zoom meetings ,exercises , health eating talks, HIV with THT, Salsa.
- Coffee Mornings ,Free talks, Gender based violence, Sex and relationships, story telling and monologues
- Ffena Annual BBQ
- Black History Month - Partnership Project



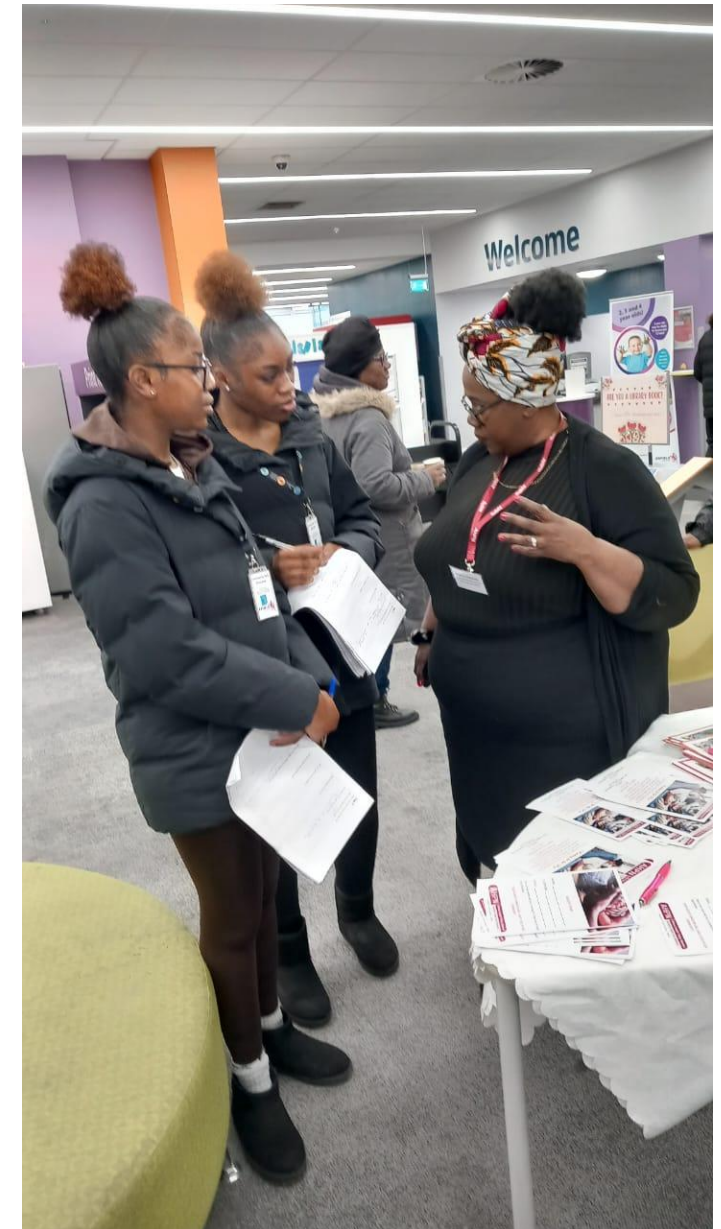
FFENA SERVICE USER SUPPORT

RESEARCH

Ffena also participated in Research studies from University students on the uptake of:

- Breast Cancer screening within the BME communities
- the late presentation of BME pregnant mothers for antenatal care
- Cervical Cancer Screening and HIV
- Prostate Cancer in BME Communities
- Focus groups on other health matters. IAPT.

“I know my story can change things” EM



FFENA SERVICE USER SUPPORT

ADVOCACY

- Ffena has been involved in advocacy work by contributing to the UNHEARD VOICES project with their experiences with the GPs from their local areas.
- We had 5 cases were supported our members to access Council Housing, by writing support letters and giving advice.
- Took part in the “Free Dinners For Secondary Schools in Newham”
- Breast Cancer study and Report with Linnet in Waterloo
- GP experiences with Rebbecca and Dr Appiah



FFENA SERVICE USER SUPPORT

SUPPORT

- Ffena members have been trained to be HIV buddies in the community. They also went for outreach sessions especially to the older members who may be in care homes or hospitals.
- Outreach-home visits, hospital s and care homes
- AHPN has held breakfast and coffee mornings in differing locations to ensure that participants are well looked after.
- SAFE HANDS PROJECT - the whole country was experiencing with the cost-of-living crisis.
- Food Vouchers have been distributed to all the members 3 times during the year. This was to support them during the hardship the whole country was experiencing .

National Campaigns

- Blood donation - 28 outreach sessions held at the Edmonton Library, 3 at Edmonton Green Towers
- Unheard Voices - 42 members responded to the survey
- Black Health Inequalities - Newham Leisure Centre
- Windrush Campaign
- World AIDS Day - Edmonton Green (condom distribution, information)
- Annual Christmas celebrations
- Ageing Well Festival Newham
- Black History Month 2024





Innovate and Sustain

AHPN, with support from Comic Relief's Global Majority Fund developed the parameters of an onward granting programme, Innovate and Sustain. With this fund AHPN wanted to support Black and Global Majority led organisations working for the health and wellbeing of their communities in innovative and disruptive ways, challenging structural racism, disrupting systemic and discriminatory ways of operating, and building community resilience, health and wellbeing. We wanted to support organisations promoting racial and social justice and leaving a legacy for others to build upon.

We had health as our project focus. But we also realised that health and wellbeing are not 'accidents' or 'chance', they are outcomes of diverse and various impacts. As a result we viewed health holistically and understood that for those working in racial justice, migration/detention, the creative arts, education, LGBTQ+ rights, criminal justice, gender justice, science, tech or employment, addiction needs or mental health [or indeed the field of health equity] the impacts of their work will be positively impacting the health and wellbeing of Black and Global Majority clients/members and helping them to thrive.

We were particularly interested in projects or organisations that were challenging structural racism in a dynamic way that will lead to sustained change. We were interested in supporting those working with innovative ideas to make lasting change.

Detailed assessment of applicants was completed by the end of the reporting year and AHPN readied itself for the granting process as we moved into the next.

Policy and Research

Health is an outcome, not an accident. That is the principle underpinning all of the work of the African Health Policy Network. AHPN is concerned with identifying, measuring and reducing health inequalities facing African descent people and communities in the UK, in order to promote good and equal health for all. Our work is based on the recognition that inequalities in health between different social groups are a product of wider inequity in society, and that promoting equity in health is therefore a question of social justice.

AHPN continues to prove that it is an organisation that demonstrably:

- Shapes the agenda on behalf of African descent people in the UK living with and affected by long-term health conditions

- Develops funded interventions and initiatives designed to alleviate these on a point of care basis

- Provides thought leadership on HIV and long-term conditions and has redefined itself as the 'go to' hub for relevant issues

- Grows its membership and keeps it by disseminating good quality information monthly

- Asserts authority as an independent voice, representative of African descent people in the UK living with and affected by long-term health conditions

- Explores other associated issues around HIV and long-term health within the context of health e.g. immigration, poverty, housing, racism, employment and criminal justice at the intersections.

AHPN has consistently made the argument to policy makers that the intersectionality of experience is the key to understanding the root causes of health inequalities between and within communities. The different factors that influence health, and that therefore generate or underlie health inequalities, include:

- Structural:** access to health services, access to appropriate information and advice

- Social:** immigration status, social capital, peer support

- Economic:** poverty, housing, employment

- Cultural and beliefs:** faith, beliefs about health, symptom recognition and comprehension

- Individual:** priorities, preferences, psychological factors, explanatory models /processes of understanding ill health.

Each of these factors influences health directly, in combination, and indirectly through the impact they have on the lifestyle choices individuals make. The lifestyle determinants of health (diet, exercise, alcohol and smoking) are root causes of both ill health and health inequalities. The lifestyle choices individuals make are a consequence of the wider intersecting identities and experiences of the individual.

AHPN seeks to understand and explain these causes of lifestyle choices as this is an essential first step to addressing the health inequalities they create.

Policy and Research

AHPN has been involved in discussions with policy-formers and policy-makers on issues as diverse as :

- The National Infected Blood Scandal
- The Windrush Home Office Scandal
- Opt-out HIV testing
- Culturally Competent HIV service provision, care and treatment
- Bias in the funding space in relation to Black led organisations
- Black and Global Majority representation in the area of clinical trials and the need to address inherent bias

Gardening

AHPN continued our **North London Gardening (Farm) Project**.

Several years ago, our Community and Engagement lead had secured an allotment where community members could attend and take part in gardening tasks and tending their own vegetable patches from the seedlings stage through to reaping and picking. This has proved an increasingly popular intervention with members and service users.

During the period AHPN registered 68 days/sessions of activity at the allotment involving in total 30 individuals and their family members and volunteers.

In the warmer months some of the participants from various other AHPN projects and initiatives expressed an interest in attending at the Farm and some came down and took part in light green-fingered activity.



Civil Roots Society

Our funded work with the GLA funded programme Civil Society Roots recognised the role of equity-led infrastructure organisations and activity in helping achieve ambitions of a thriving civil society. The key focus was activity that helped to:

- develop the work and capacity of other specialist, equity-led organisations and groups
- advocate on behalf of the sector and the communities they serve
- facilitate networks to enable collaboration, learning and strategic coordination
- connect local organisations to funders and corporate giving

AHPN was successful with Round Two of the programme specifically aimed at supporting organisations to be in a stronger place to respond to and serve the increasing and ever-changing needs of our communities. The London Borough of Newham was a designated borough, identified through an evidence review that highlighted it as an area where funders struggle to support equity-led groups.

Windrush Community Engagement Fund

AHPN carried out the Windrush African navigation project with funds from Home Office

We sought to reach those impacted by the Windrush Home Office Scandal with particular emphasis on those from beyond the Caribbean. Our part-time Windrush Navigation support officer led on the project and crucially supported (with either telephone advice, virtual support or face to face consultation) those community members who want/need further information on either the Compensation or documentation scheme, or indeed assistance with paperwork, or signposting to additional resources.

Surveys and focus groups show that participants were:

1. Better informed of the nature of the schemes and about which in particular were relevant to them
2. Better supported in making an applications and less apprehensive about barriers as these will have been talked through and discussed either at an AHPN event or with the project Navigation support officer
3. More likely to see their enquiries and applications through to submission than if they were not supported by the AHPN project



Training



During the reporting period AHPN staff and Board of Trustees and Volunteers availed themselves of Training Sessions on:

- Theory of Change
- Safeguarding
- AI Trends Masterclass
- Community Compass training
- Fundraising training
- Fitter Finance Training
- Research Champions Training Patient and Public Involvement and Engagement
- Building partnerships and consortia
- Fostering Good Governance
- Mental health first aid Training
- Monitoring and Evaluation Framework: Demonstrating and Evaluating Outputs, Outcomes and Impact
- Primary care survey use training

OVN ACTIVITIES (APRIL 2024 - APRIL 2025)

Apr 24

- Published London Commissioners Report
- OVN engaged London's Sexual Health Commissioners through targeted surveys to assess how services respond to the needs of Black communities, with findings co-developed with Black-led organisations and published in a dedicated report.
- National dissemination at BHIVA Spring Conference 2024
- OVN presented the London Commissioners Report to a national clinical and policy audience, amplifying the findings and strengthening their influence beyond London.

May - Jun 24

- Community research capacity building launched
- OVN established a Community Research Panel and trained Black community advocates in research ethics and protocols to strengthen representation and leadership in HIV research.
- Primary Care Survey developed and rolled out
- OVN designed and delivered a survey capturing Black people living with HIV's experiences of confidentiality, stigma, accessibility, and cultural sensitivity in primary care.
- Positively UK National Conference (1 June 2024)
- OVN participated in the conference to engage with community partners and share learning from its emerging research and advocacy work.
- BASHH Conference (17-19 June 2024)
- OVN engaged with clinicians and sexual health professionals to promote community-led approaches.

Jul 24

- UK Black Pride 2024
- OVN hosted a joint stall with NAT, delivering culturally appropriate HIV information, raising awareness, and engaging directly with Black communities.
- AIDS Conference 2024 (22-26 July)
- OVN engaged in global HIV policy, research, and advocacy discussions, ensuring Black community perspectives were represented.
- Zero HIV Stigma Day (21 July - annual)
- OVN contributed to national efforts to challenge HIV-related stigma through awareness-raising and sector engagement.

Sep 24

- **OVN Strategy Day**
- **OVN members came together to reflect on progress, share learning, and agree strategic priorities for future research, advocacy, and policy influence.**

Oct 24

- Fast Track Cities Conference 2024 (3-15 October)
- OVN presented an abstract on its Research Ethics Committee and community research training modules, showcasing best practice in community-led research governance.
- Parliamentary engagement - APPG Black History Month event
- OVN and NAT presented Primary Care Survey findings in Parliament, ensuring decision-makers heard directly about the healthcare experiences of Black people living with HIV.

OVN ACTIVITIES (APRIL 2024 - APRIL 2025)

Throughout 2024

- Events, talks, and sector engagement
- OVN participated in sector events and media, including a BBC Live interview, HIV communications workshops, provider forums, and research ethics meetings, strengthening visibility and influence.
- Abstract submissions
- OVN submitted abstracts to HIV Prevention England and Fast Track Cities conferences, highlighting its research ethics framework and expert community panel.

Jan 25

- Capacity-building for Black-led organisations
- OVN delivered training in advocacy, strategic planning, and funding acquisition to support sustainability and strengthen community-led action.
- Funding secured
- OVN secured funding from City Bridge Trust and Gilead, enabling delivery of research, engagement, and advocacy activities.

Mar 25

- Publication of OVN/NAT Literature Review
- OVN and National AIDS Trust published a literature review examining structural inequalities affecting Black communities living with or at risk of HIV to inform policy influence and accountability.

Apr 25

- UK Health Security Agency Conference (25-26 March, Manchester)
- OVN engaged with national public health stakeholders to contribute to policy discussions on HIV prevention, care, and equity.

- Publication and launch of OVN/NAT Primary Care Report
- OVN published and launched the Primary Care Report, informed by extensive community engagement and collaboration with GP Champions to ensure practical, implementable recommendations.

AFRICAN HEALTH POLICY NETWORK

REPORT AND FINANCIAL STATEMENTS

31 MARCH 2025

Registered Charity Number: 1088641

Company Number: 03979511

African Health Policy Network

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For the year ended 31 March 2025

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**African Health Policy Network
Trustees' Annual Report**

For the Year Ended 31 March 2025

TRUSTEES' ANNUAL REPORT (DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 MARCH 2025

The trustees, who are also the directors of the charitable company for the purposes of company law, present their annual report and the financial statements of African Health Policy Network for the year ended 31 March 2025. The trustees have prepared this report in accordance with the Companies Act 2006 and the Charities SORP (FRS 102).

1. Reference and administrative information

Charity name: African Health Policy Network

Registered charity number: 1088641

Company number: 03979511

Registered office:

Registered Office:

Room 43, 107–109 The Grove
Stratford
London E15 1HP

Trustees serving during the year and at the date of approval:

Danmore Sithole (Chair)

Tendai Marjorie Ndanga (Treasurer)

Mabule Tema

David Owusu

**African Health Policy Network
Trustees' Annual Report**

For the Year Ended 31 March 2025

2. Structure, governance and management

African Health Policy Network is a company limited by guarantee and a registered charity governed by its Articles of Association.

The charity is overseen by a Board of Trustees who are responsible for strategic direction, governance, financial oversight, and compliance.

Trustees are appointed through open recruitment and co-option based on skills and experience. Trustees serve in an unpaid capacity.

The Board meets regularly and delegates operational management to the Chief Executive Officer while retaining ultimate responsibility.

3. Objectives and public benefit

The charity exists to advance the health and wellbeing of African descent communities in the United Kingdom and to influence policy and practice relating to health inequalities.

The Trustees have had due regard to the Charity Commission's guidance on public benefit and believe that the charity's activities during the year provided tangible public benefit through service delivery, research, advocacy, and community engagement.

4. Activities and achievements during the year

During the year ended 31 March 2025, the charity delivered community health programmes, peer support initiatives, research and policy work, and capacity-building activities. Trustees monitored performance and impact to ensure activities aligned with objectives and available resources.

The trustees kept service delivery arrangements under review to ensure services remained appropriate and effective.

5. Financial review

Total incoming resources for the year amounted to £152,934 (2024: £363,769), comprising £74,366 restricted income and £78,568 unrestricted income. Total expenditure was £139,783 (2024: £218,206), resulting in a net surplus of £13,151.

At 31 March 2025, total funds amounted to £300,143, of which £241,282 represented restricted funds and £58,861 unrestricted funds.

A significant proportion of restricted funds relates to funding received from Comic Relief for onward

**African Health Policy Network
Trustees' Annual Report
For the Year Ended 31 March 2025**

disbursement.

The charity acts as an intermediary grant-making organisation, holding funds temporarily pending release to third-party organisations in accordance with agreed grant terms.

Cash at bank and in hand amounted to £366,721 at the year end.

6. Reserves policy

The Trustees reviewed the reserves policy during the year due to longer funder decision-making and payment cycles.

As a result, the Trustees increased the target level of unrestricted reserves from three months to six months of operating expenditure.

At 31 March 2025, unrestricted reserves stood at £58,861, which the Trustees consider broadly in line with the revised policy. Reserves are reviewed regularly.

7. Principal risks and uncertainties

Key risks include reliance on restricted funding, cash-flow timing differences, and operational capacity. Mitigation includes strong governance oversight, financial monitoring, and funding diversification.

8. Going concern

The Trustees have reviewed budgets and cash-flow forecasts for at least twelve months from the date of approval and consider the charity to be a going concern.

9. Trustees' responsibilities

The Trustees are responsible for preparing the Trustees' Annual Report and financial statements in accordance with applicable law, maintaining proper accounting records, and safeguarding the charity's assets.

**African Health Policy Network
Trustees' Annual Report
For the Year Ended 31 March 2025**

10. Approval

This report was approved by the Board of Trustees and signed on its behalf on 29 December 2025.

Signed:



Tendai Marjorie Ndanga
Trustee and Treasurer
For and on behalf of the Board of Trustees

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF AFRICAN HEALTH POLICY NETWORK

(Registered Charity Number: 1088641)

(Company Number: 03979511)

I report to the trustees on my examination of the financial statements of African Health Policy Network for the year ended 31 March 2025.

Responsibilities and basis of report

As the trustees of the charity, you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011. The trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 and that an independent examination is needed.

It is my responsibility to:

- examine the financial statements under section 145 of the Charities Act 2011;
- follow the procedures laid down in the General Directions given by the Charity Commission (England and Wales); and
- state whether particular matters have come to my attention.

Basis of independent examiner's examination

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the financial statements presented with those records. It also includes consideration of any unusual items or disclosures in the financial statements and seeking explanations from the trustees concerning any such matters.

The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the view given by the financial statements.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that, in any material respect:

- a) accounting records have not been kept in accordance with section 130 of the Charities Act 2011; or
- b) the financial statements do not accord with the accounting records; or
- c) the financial statements do not comply with the applicable requirements of the Charities Act 2011; or

2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.

INDEPENDENT EXAMINER'S REPORT**TO THE TRUSTEES OF AFRICAN HEALTH POLICY NETWORK**

(Registered Charity Number: 1088641)

(Company Number: 03979511)



Yaw Kusl BSc. (Hons), FCCA

Dated: 30th December 2025.

Martin Morrison & Co Ltd
Chartered Certified Accountant
Unit 43 The Coach House
66/70 Bourne Road
Bexley
Kent
DA5 1LU

AFRICAN HEALTH POLICY NETWORK
STATEMENT OF FINANCIAL ACTIVITIES (Incorporating Income and Expenditure)
FOR THE YEAR ENDED 31 MARCH 2025

	Notes	Restricted Funds	Unrestricted Funds	Total 2025	Total 2024
		£	£	£	£
Incoming Resources					
Voluntary Income		74,366	75,000	149,366	363,365
Bank Deposit Interest		0	3,568	3,568	404
Total Incoming Resources		74,366	78,568	152,934	363,769
Resources Expended					
Direct Charitable Expenditure		78,084	61,699	139,783	218,206
Total Resources Expended		78,084	61,699	139,783	218,206
Net Income/(Expenditure) for year		-3,718	16,869	13,151	145,563
Funds Brought Forward		245,000	41,992	286,992	141,429
Funds Carried Forward	10	241,282	58,861	300,143	286,992

**AFRICAN HEALTH POLICY NETWORK
BALANCE SHEET
AS AT 31 MARCH 2025**

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	Notes	£	2025 £	£	2024 £
Fixed Assets					
Tangible assets			1		1
Current Assets					
Prepayments and Sundry Debtors	6	0		0	
Cash at Bank and in Hand		<u>366,721</u>		<u>366,365</u>	
		366,721		366,365	
Creditors: Amounts Falling Due Within One Year	5	<u>66,579</u>		<u>79,374</u>	
Net Current Assets/(Liabilities)			<u>300,142</u>		<u>286,991</u>
Net Assets			<u>300,143</u>		<u>286,992</u>
Funds					
General Funds			58,861		245,000
Restricted Funds			<u>241,282</u>		<u>41,992</u>
Total Funds	10		<u>300,143</u>		<u>286,992</u>

The company is entitled to exemption from audit under section 477 of the Companies Act 2006 for the year ended 31 March 2025.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 March 2025 in accordance with section 476 of the Companies Act 2006.

The Directors acknowledge their responsibilities for:

(a) ensuring that the company keeps accounting records which comply with sections 386 and 387 of the Companies Act 2006 and

(b) preparing financial statements which give a true and fair view of the state of affairs of the company as at the end of each financial year and of its profit or loss for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the company.

The financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and with the financial Reporting Standard for Smaller Entities (effective April 08).

The financial statements were approved by the directors on 00/00/2026 and were signed by:

Tendai Marjorie Ndanga - Treasurer

The accompanying notes are an integral part of this balance sheet



**AFRICAN HEALTH POLICY NETWORK
NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 MARCH 2025**

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1. Accounting Policies

The principal accounting policies are summarised below. The accounting policies have been applied consistently throughout the year and in the preceding year.

(a) Basis of accounting

The financial statements have been prepared under the historical cost convention, as modified by the inclusion of fixed asset investments at market value, and in accordance with the Companies Act 2006 Statement of Recommended Practice: Accounting and Reporting by Charities issued in March 2005.

(b) Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity.

Designated funds are unrestricted funds earmarked by the Management Committee for particular purposes.

Restricted funds are subjected to restrictions on their expenditure imposed by the donor or through the terms of an appeal.

(c) Incoming resources

All incoming resources are included in the statement of financial activities when the charity is entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies are applied to particular categories of income:

- Voluntary income is received by way of grants, donations and gifts and is included in full in the Statement of Financial Activities when receivable. Grants, where entitled is not conditional on the delivery of a specific performance by the charity, are recognised when the charity becomes unconditionally entitled to the grant.
- Donated services and facilities are included at the value to the charity where this can be quantified. The value of services provided by volunteers has not been included in these accounts.

(d) Resources expended

Expenditure is recognised on an accrual basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is reported as part of the expenditure to which it relates:

- Costs of generating funds comprise the costs associated with attracting voluntary income and the costs of trading for fundraising purposes.
- Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.
- Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include the audit fees and costs linked to the strategic management of the charity.
- All costs are allocated between the expenditure and categories of the SoFA on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, others are apportioned on an appropriate basis e.g. floor areas.

(f) Pensions

African Health Policy Network offers a stakeholder scheme to its employees and contributes to defined contribution schemes for certain of its other employees. These costs are expended in the Statement of Financial Activities as they become payable.

**AFRICAN HEALTH POLICY NETWORK
NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 MARCH 2025**

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2 Staff Costs and Numbers

The average number of employees during the period was 4 (2025 - 4). At 31st March 2024, 4 staff were employed. The only emoluments to staff were salaries.

	2025 £	2024 £
Salaries & Fees	84,748	73,549
	84,748	73,549

No employee received remuneration of more than £60,000 during the year (2024 - Nil)

3 Net Income for the period

This is stated after charging

	2025 £	2024 £
Trustees' Expenses	0	0
Accountants Remuneration	950	950
	950	950

4 Taxation

All income is applied for charitable purposes and therefore the charity is exempt from corporation tax.

5 Creditors: Amounts Falling Due Within One Year

	2025 £	2024 £
Creditors & Accruals	66,579	79,374
	66,579	79,374

**AFRICAN HEALTH POLICY NETWORK
NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 MARCH 2025**

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6 Debtors

	2025	2024
	£	£
Grants	0	0
Pre-Payments	0	0
	<u>0</u>	<u>0</u>

7 Contingent Liabilities

There were no contingent liabilities at the date of the report. (2024 - Nil)

8 Liability to Members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up members are required to contribute an amount not exceeding £1.

9 Trustee Remuneration & Related Party Transactions

No members of the management committee received any remuneration during the year.

No trustee or other person related to the charity had any personal interest in any contract or transaction entered into by the charity during the year (2024 - Nil)

10 Movement of Funds

	At 1 April 2024	Incoming Resources	Outgoing Resources	At 31 March 2025
Restricted	41,992	78,568	61,699	58,861
Unrestricted funds	245,000	74,366	78,084	241,282
	<u>286,992</u>	<u>152,934</u>	<u>139,783</u>	<u>300,143</u>

AFRICAN HEALTH POLICY NETWORK

England & Wales - Charity number 1088641

Accounts



AHPN

African Health Policy Network

Improving Health and Wellbeing

Annual Report & Financial statements

For the year ended 31st March 2024

COMPANY REGISTRATION NUMBER 03979511

CHARITY NUMBER 1088641

The trustees, who are also directors for the purposes of company law, have pleasure in presenting their report and the financial statements of the charity for the year ended 31 March 2023.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name

African Health Policy Network

Charity registration number 1088641

Company registration number 03979511

Registered office Room 43, 107-109 The Grove, Stratford

London E15 1HP

Bankers Barclays Bank plc

Barclays Business Centre

1 North End, Croydon, Surrey



THE TRUSTEES

The trustees who served the charity during the period were as follows:

Chair: Mr Danmore Sithole

Treasurer: Ms Tendai Ndanga

Pastor David Owusu

Mr Mabule Tema

Chief Executive Officer: Deryck Browne

Independent Examiner: Mr Yaw Kusi, FCCA
Martin Morrison & Co., Chartered Certified
Accountants, Unit 43 The Coach House, St Mary's
Business Centre, 66/70 Bourne Road, Bexley,
Kent DA5 1LU

The Trustees present their report and the examined financial statements of the charity for the year ended 31 March 2023. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" in preparing the annual report and financial statements of the charity. The financial statements have been prepared in accordance with the accounting policies set out in notes to the financial statements and comply with the charity's governing document, the Charities Act 2011, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland published in October 2019. The Directors of the charitable company are its Trustees for the purposes of charity law. The Trustees who have served during the year are listed above.

STRUCTURE, GOVERNANCE, MANAGEMENT AND OBJECTIVES

1. Constitution, Policies and Objectives

The charitable company is a company limited by guarantee and was set up by a Memorandum of Association on 18th April 2000 and as charity on 27th September 2001.

The principal objects of the charitable company for the public benefit are:

1. To advance the health and wellbeing of African descent communities in the United Kingdom
2. To influence policy and practice relating to the health and well being of African descent communities in the United Kingdom
3. To influence policy and practice on wider determinants that impact on the health and well being of African descent communities in the United Kingdom
4. To influence, promote and provide training, support, research, campaigns, programmes and information for African descent Communities in the United Kingdom and the diaspora.

2. Method of appointment or election of board of Directors

The management of the charitable company is the responsibility of the board of directors who are appointed and co-opted under the terms of the Articles of Association. Currently the AHPN Board of Directors (Trustees) are appointed by open recruitment and by Co-option, based on skills and experience.

3. Policies adopted for the induction and training of board of trustees

Newly elected board members are encouraged to attend a series of training sessions led by the Chair of Trustee Board and the Chief Executive officer. These courses equip board members with the skills to carry out their duties as trustees. The training enables them to understand:

- 1) Their obligation as trustees
- 2) The importance of the main documents which set out the operational framework for the charity including the memorandum and Articles of association
- 3) The control of resources and current financial position using the management accounts
- 4) Their responsibility of the statutory accounts;
- 5) How to translate future plans and objectives into budgets and plans;
- 6) Use of budgetary control.

STRUCTURE, GOVERNANCE, MANAGEMENT AND OBJECTIVES

During induction, they meet key employees and other trustees. As part of the induction training, they are encouraged to attend appropriate external events where these will facilitate the undertaking of their role.

4. Organisational structure and decision making

AHPN has a Board of Directors (Trustees) who are appointed by open recruitment. The work of the Board is supported by sub-committees and task groups. The organisation has operational staff headed by a Chief Executive and other members of staff as well as interns. Volunteers support various projects within the organisation at both strategic and operational levels.

5. Risk Management

The Board of Trustees have assessed the major risks to which the charitable company is exposed. In particular those related to the operations and finances of the organisation and are satisfied that systems and procedures are in place to mitigate our exposure to the major risks.

6. Public Benefit

AHPN has referred to the guidance in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular the trustees consider how planned activities will contribute to the public benefit and the aims and objectives they have set and cover all of these matters in the following detailed pages.

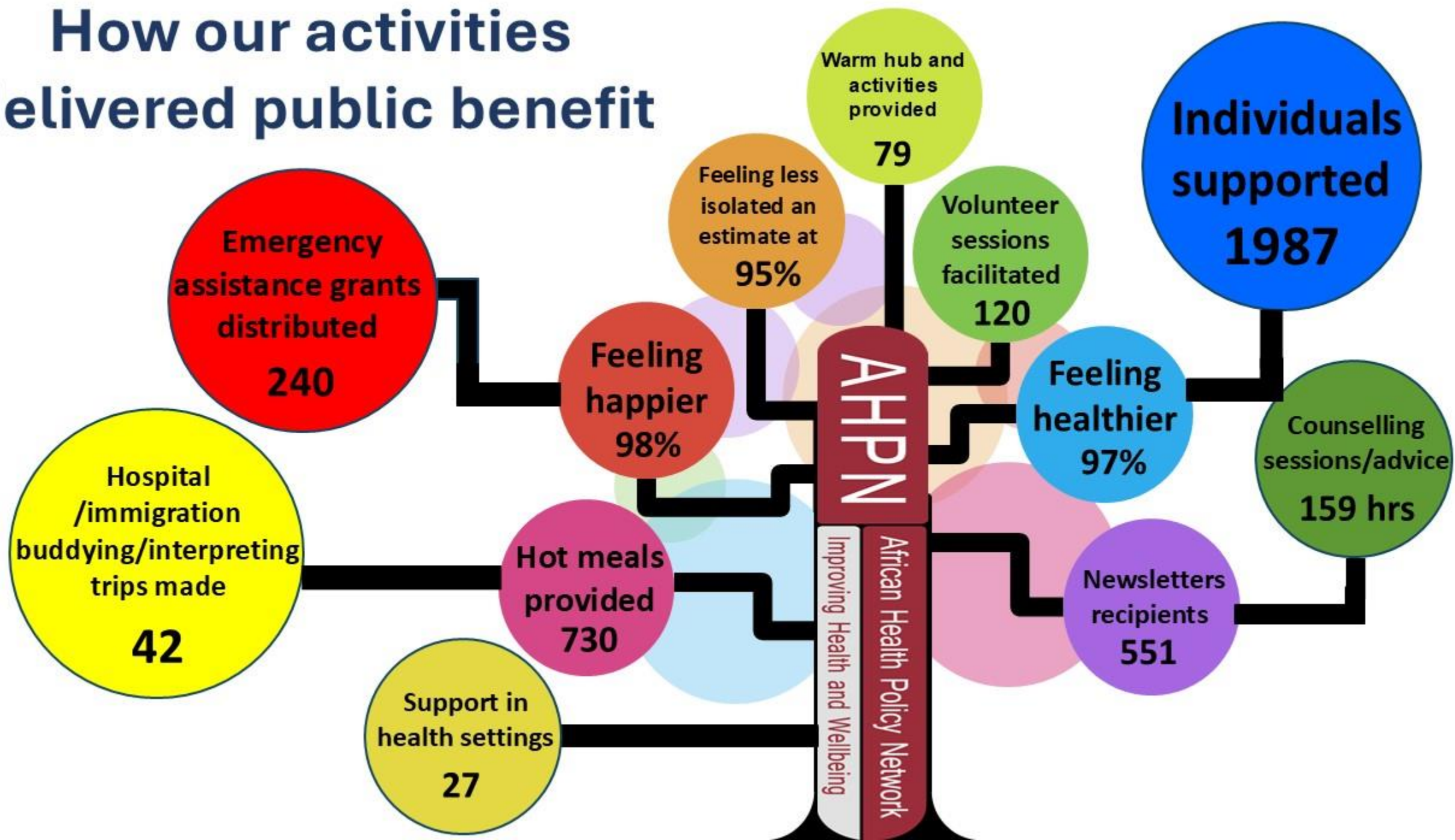
ACTIVITIES, ACHIEVEMENTS AND PERFORMANCE

2023 to 2024 has been a full and successful year for AHPN. The staff team have worked on a broad range of policy issues and continued to deliver numerous projects positively impacting on the wellbeing of African descent and Global Majority communities. We have particularly reached out to older members of our communities and assisted them in navigating the many issues raised by the cost-of-living situation, isolation and loneliness. This year has seen us develop and hone our fundraising strategy and we are beginning to see the benefits of this filter through in numbers of bids made and won. The Board of Trustees has worked closely with the staff team to ensure that the trajectory of AHPN is on the up and we look forward to continuing success as we continue to provide essential projects and services for our service users, members and volunteers.

Danmore Sithole
Chair; Board of Trustees

Deryck Browne
CEO

How our activities delivered public benefit



During this financial year AHPN continued to develop and implement strategies aimed at addressing health disparities and effectively confronting the issues impacting the health and well-being of communities of African descent living in the UK. The teams within the organization have participated in various evolving projects and initiatives to support and advocate for the health needs of communities of African descent, as well as the larger Black and Global Majority community in the UK.

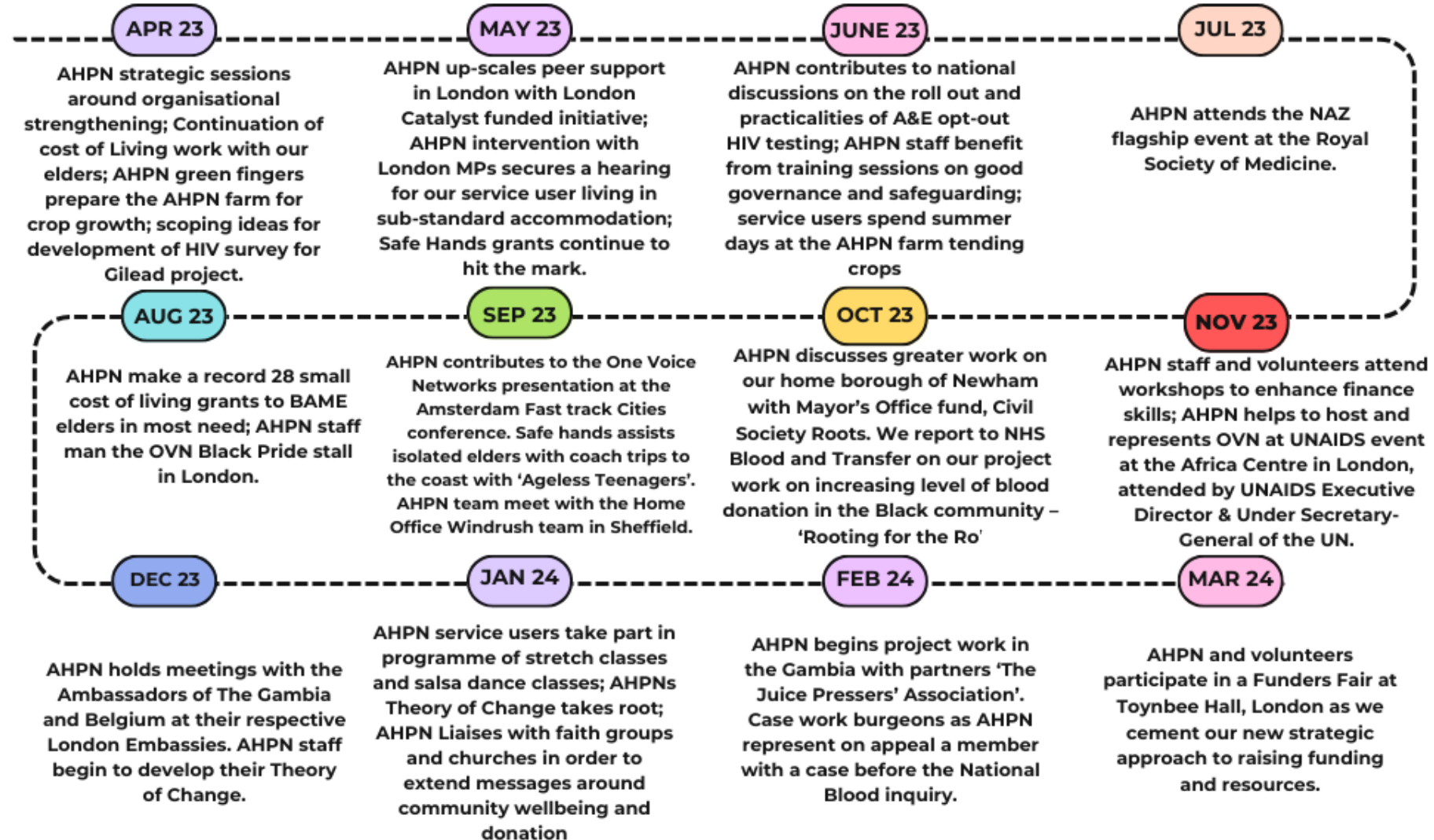
AHPN continued to provide assistance to those members of our communities who had been badly served and let down by Home Office policies, procedures and actions resulting in the Windrush Scandal. We discussed with the Home Office the need to give some focus to the many people from the West of Africa who had arrived in Britain during the period known as Windrush and the need to address the low numbers of these applying for or enquiring about compensation or documentation (in relation to the two existing schemes). AHPN devised the **African Windrush Project**, building on its successful project of previous years, 'The Windrush Navigation Project'. We utilised the expertise gained during the previous project and applied these in our efforts reaching and engaging our African descent communities – largely via Faith settings and encouraging discussion, awareness and application to both current Windrush schemes.



Windrush Navigation Pack:

https://drive.google.com/file/d/1qGNduFnHckKH3SS_EO2-EmAaCftP2-N2/view?usp=share_link

AHPN Activities 2023/4



AHPN continued our **North London Gardening (Farm) Project**. Our Community and Engagement lead had secured an allotment where community members could attend and take part in gardening tasks and tending their own vegetable patches from the seedlings stage through to reaping and picking. This has proved an increasingly popular intervention with members and service users.

During the period AHPN registered 79 days/sessions of activity at the allotment involving in total 34 individuals and their families and volunteers.

In the warmer months some of the participants from various other AHPN projects and initiatives expressed an interest in attending at the Farm and some of the elders involved with the Independent Age sponsored ‘Safe Hands’ project came down and took part in light green-fingered activity.

Sound reporting triggered the second tranche of **Safe Hands** cost of living support funding from Independent Age and this supported greater activity from Autumn 2023 into the following year. This particular project provided:

- a. Small-scale emergency financial support
- b. Larger scale emergency financial support
- c. poverty impact reduction interventions to a total of approximately 900 BAME elders across the country living with long-term health conditions.

With this project we drew upon the assistance of our national AHPN Network of 111 trusted partners developed under our Comic Relief supported BAME Healthy Communities Programme. The Independent Age supported initiative was successfully reported on at the close of the funding period and adjudged a success.



“I'm home now and I have done my shopping. And very grateful indeed to AHPN for your support. It means a lot and has helped me get the things I need to survive well. Take care and lovely weekend”

Message from recipient of emergency shopping vouchers

AHPN

African Health Policy Network
Improving Health and Wellbeing



Rooting for the R.o.

During the period we completed our phase 1 **Rooting for the Ro project**, supported by NHS Blood and Transfer. AHPN partnered the NHS Blood and Transfer service in order to disseminate information and to raise the number of African descent people donating blood. This was in order to ensure that community members living with sickle cell anaemia received correctly matched blood samples in transfusion. We aimed to inform our communities, counter stereotypes and stigma, encourage and assist in relation to blood donation perception, hold discussion/learning events and encourage blood donation registration. We:

- Engaged and trained programme volunteers
- Developed an impactful social media campaign (Targeting 700 + Black organisations and individuals)
- Developed and distribute materials (both hard copy and virtual) with key messages and discussion points
- Engaged communities in forums to discuss and learn about aspects of the blood donor debate and the importance of Ro subtype for sickle cell patients
- Monitored and tested the impact of discussions
- Worked with volunteers and project 'Champions'
- Encouraged and followed through with community members through to registration, with additional encouragement to follow through to appointment making and blood donation

The aim here was also to build a project template and resources that might eventually become self sustaining as this was a perennial issue in need of constant attention and agitation.

The T Project

Our work during the period in the field of HIV was driven by the support of both Gilead and MSD pharmaceuticals.

The T Project in a dynamic way took testing, messages, advice and resources about positive developments and, using culturally appropriate and sensitive methods promoted them to African/BAME communities in 6 East London boroughs, normalising & driving up testing, challenging stigma & driving down late diagnosis.

Whereas the **Ffena Reach project** worked specifically with the female members of the service user group to empower and amplify their voices and drive down stigma. Both projects are yielding positive results.

Comic Relief Funding

The ongoing support of Comic Relief via the **Global Majority Fund** was felt during the whole of the period.

Support for organisational strengthening was realised in 2023 and this led to a programme of work which saw the team of staff, volunteers, Board of Trustees and some service users embark on a programme of training, up-skilling and empowerment. This work has fed into AHPNs high level aims as stated in our draft theory of change document which, in short, aim to see AHPN work towards being:

- More organisationally resilient
- Even more beneficiary centred
- More effective at challenging and dismantling systemic racism in health provision
- Centred as a trusted partner in the dispersal of funds to Global Majority led organisations and projects

And whereas AHPNs BAME Healthy Communities Programme, (which had successfully funded 111 grassroots BAME organisations and was now at a close), constituted phase 1 of our partnership with Comic Relief, further support in 2023-24 laid the foundations for GMF 3 and AHPNs continuing work as an Intermediary Technical Partner working to onward fund Black and Global majority projects and organisations working in innovative ways to challenge systemic racism and enhance the wellbeing of BGM communities.

FUNDED BY



Policy and Research

Health is an outcome, not an accident. That is the principle underpinning all of the work of the African Health Policy Network. AHPN is concerned with identifying, measuring and reducing health inequalities facing African descent people and communities in the UK, in order to promote good and equal health for all. Our work is based on the recognition that inequalities in health between different social groups are a product of wider inequity in society, and that promoting equity in health is therefore a question of social justice.

AHPN continues to prove that it is an organisation that demonstrably:

- Shapes the agenda on behalf of African descent people in the UK living with and affected by long-term health conditions
- Develops funded interventions and initiatives designed to alleviate these on a point of care basis
- Provides thought leadership on HIV and long-term conditions and has redefined itself as the 'go to' hub for relevant issues
- Grows its membership and keeps it by disseminating good quality information monthly
- Asserts authority as an independent voice, representative of African descent people in the UK living with and affected by long-term health conditions
- Explores other associated issues around HIV and long-term health within the context of health e.g. immigration, poverty, housing, racism, employment and criminal justice at the intersections

AHPN has been involved in discussions with policy-formers and policy-makers on issues as diverse as

- Opt-out HIV testing at Accident and Emergency departments
- Representation to the national enquiry on the infected blood scandal
- The better administration of the Windrush compensation and documentation schemes by the Home office
- Discussions with NHS on effective methods of encouraging blood and organ donation amongst BGM communities

AHPN has consistently made the argument to policy makers that the intersectionality of experience is the key to understanding the root causes of health inequalities between and within communities. The different factors that influence health, and that therefore generate or underlie health inequalities, include:

Structural: access to health services, access to appropriate information and advice

Social: immigration status, social capital, peer support

Economic: poverty, housing, employment

Cultural and beliefs: faith, beliefs about health, symptom recognition and comprehension

Individual: priorities, preferences, psychological factors, explanatory models [processes of understanding ill health.

Each of these factors influences health directly, in combination, and indirectly through the impact they have on the lifestyle choices individuals make. The lifestyle determinants of health (diet, exercise, alcohol and smoking) are root causes of both ill health and health inequalities. The lifestyle choices individuals make are a consequence of the wider intersecting identities and experiences of the individual. Understanding these causes of lifestyle choices is an essential first step to addressing the health inequalities they create.

Ffena

AHPNs Community and Engagements lead officer continues to develop and facilitate programmes to enhance organisational membership. Along with the AHPN Grants Officer they have been instrumental in developing networks that include over 100 BAME community-based organisations (CBOs) and the AHPN service user network (**Ffena**) with over seventy members nationally. Both networks receive regular newsletters and augment the work of AHPN with views, consultations, feedback and critique.

Ffena, our dedicated service user Network, continues to grow and strengthen and has held several national events during the period. These have covered a range of wellbeing and health equity issues including the empowerment of women living with HIV, take up of Prep, late HIV diagnosis, HIV stigma and the role of U=U. Ffena has proved a great source of volunteers who have contributed to the work and development of AHPN.

The following contribution was penned by one of our key Ffena volunteer peer support leads:



Ffena has been very active during the year.

- We had breakfast mornings where service users took part in collaborative community surveys as they shared their experiences in the uptake of breast cancer screening, accessing services, prostate cancer etc.
- Breakfast mornings were the best attended, and it brought the community together and opened a free platform for members to share their thoughts without fear of being judged or discriminated. Community leadership was observed during these interventions.
- A group of our members had the privilege of engaging with nature in our garden project. We had 4 new members to this group who had immigration as well as housing issues. We tried to solve these issues and the outcome for both issues was positive. We had a bumper harvest and we shared as a family. Networks and bonds were established from the garden project.
- Our Monday Zoom meetings were so popular and productive. We had presenters sharing with our members and full participation was observed during our sessions.
- Our popular Salsa as well as stretching sessions are worth mentioning in this document.
- Ffena had the opportunity to share our experts on HIV / Refugees Community Conference in Germany.
- We shared impacted and empowered the community to stand against Health Racism.
- We collaboratively developed a booklet we presented to the Minister of Health in Germany.
- Ffena's volunteers need mentioning. They are the driving force of AHPN projects. They commit to making sure we deliver to the expected outcome.

AHPN recognises their unwavering commitment to making lives of their peers better. Buddying and outreach projects were highly recommended and appreciated with volunteers being compensated accordingly. It was a good year and we are looking forward to 2024 till 2025.

Migrant Communities Conference

AHPN took a lead role in the German Migrant Communities Conference, held in August 2023 in Hanover.

The key focus was on 'Ending Health Racism'. People Living with HIV are still stigmatised and discriminated in the health sector. Our sessions discussed ways of amplifying our voices to challenge bad practice in General practice, Antenatal Clinics and Dental Clinics. We set up a pathway to achieve this goal.

A second meeting was later held with parents and children. Many members present were unfortunately living under severe poverty levels, in camps facing deportation and with no access to ART treatment in Germany. We provided them the opportunity to share experiences and offered support to them on their journey. HIV doctors were also at the meeting sharing thoughts and views. Participants created a banner which was used in many prominent gatherings early this year.



Leadership in Action

AHPN's CEO represented both AHPN and the One Voice Network at the annual INTEREST conference on HIV held, this year, in Kampala, Uganda. Our presentation on the work of the OVN collaborative was well received and garnered a lot of international interest. Other policy sessions attended included:

- Impact of Covid on the HIV cascade (Malaysia)
- Adapting HIV research and training to HIV response (USA)
- Evolving Covid 19 variants, immune escape and implications for vaccination programme (South Africa)
- Addressing Covid 19 setbacks among women professionals; supporting gender sensitive resilient strategies (Uganda, South Africa)
- Differentiated Care Services including Mental Health for Adolescents (Zimbabwe)

Our trip extended to spending time with those delivering frontline services to those living with HIV in rural areas. As a result, AHPN now works in partnership with Gawem Missions, which provides meals and subsistence to HIV orphans in rural areas.

Again, on the international scene discussions took place between AHPN and the Gambian ambassador to the UK about mutual areas of interest and health and social issues relevant to both Gambians at home and in the UK. A follow up visit by AHPN to the region allowed us to partner a local collaborative working for the betterment and wellbeing of young men. This is ongoing and yielding positive results.



AFRICAN HEALTH POLICY NETWORK
Annual Report & Financial statements
For the year ended 31st March 2024
COMPANY REGISTRATION NUMBER 03979511; CHARITY NUMBER 1088641

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)
YEAR ENDED 31 MARCH 2024

	Unrestricted Funds	Restricted Funds	Total Funds 2024	Total Funds 2023
	£	£	£	£
INCOMING RESOURCES				
Incoming resources from generating funds:				
Voluntary income	89,978	273,387	363,365	267,732
Investment income	404	–	404	–
TOTAL INCOMING RESOURCES	90,382	273,387	363,769	267,732
RESOURCES EXPENDED	54,720	163,486	218,206	(221,503)
Charitable activities				
TOTAL RESOURCES EXPENDED	54,720	163,486	218,206	(221,503)
NET INCOMING RESOURCES FOR THE YEAR/NET INCOME FOR THE YEAR RECONCILIATION OF FUNDS	35,662	109,901	145,563	46,229
Total funds brought forward	6,330	135,099	141,429	95,200
TOTAL FUNDS CARRIED FORWARD	41,992	245,000	286,992	141,429

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared.
All of the above amounts relate to continuing activities.

AFRICAN HEALTH POLICY NETWORK			
BALANCE SHEET YEAR ENDED			
YEAR ENDED 31 MARCH 2024			
			2023
	£	£	£
FIXED ASSETS		1	1
Tangible assets			
CURRENT ASSETS			
Debtors -			
Cash at bank	366,365		229,623
	366,365		229,623
CREDITORS:	(79,374)		(88,194)
Amounts falling due within one year			
NET CURRENT ASSETS		286,991	141,429
TOTAL ASSETS LESS CURRENT ASSETS		286,992	141,430
NET ASSETS		286,992	141,430
FUNDS			
Restricted income funds		245,000	135,100
Unrestricted income funds		41,992	6,330
TOTAL FUNDS		286,992	141,430

TENDAI MARJORIE NDANGA
Treasurer

Charity Registration Number: 1088641
Company Number: 03979511

AFRICAN HEALTH POLICY NETWORK

Report of the Management Committee For the Year Ended 31 March 2024

The Management Committee submits its annual report and independently examined accounts for the year ended 31 March 2024.

PRINCIPAL ACTIVITY

The principal activity of the Company in the year under review was:

- To advance the health and wellbeing of Africans living in the UK.
- To influence policy and practice relating to the health and wellbeing of Africans in the UK.
- To influence policy and practice on wider determinants that impact on the health and wellbeing of Africans in the UK.
- To influence, promote and provide training, support, research and information for African communities in the UK.

Management Committee

The committee comprised the following persons at 31st March 2024

Danmore Sithole - Chairperson

Tendai Marjorie Ndanga – Treasurer

Mabule Tema – Executive Member

David Owusu - Executive Member

STATEMENT OF TRUSTEES' RESPONSIBILITIES

Company law requires the directors to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing those financial statements, the directors are required to

- select suitable accounting policies and then apply them consistently;
- make judgement and estimates that are reasonable and prudent;
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the company will continue in operation.

AFRICAN HEALTH POLICY NETWORK

Report of the Management Committee For the Year Ended 31 March 2024

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

ACCOUNTANTS

The accountants, Martin Morrison & Co., Ltd, Chartered Certified Accountants, will be proposed for re-appointment in accordance with the Companies Act 2006.

CORPORATE GOVERNANCE

The governing body is the Board of Management. The current membership of the Board is shown above. The members of the Board are non-executive and unpaid. The Board meets regularly and retains full and effective control over the organisation.

INTERNAL CONTROL AND RISK MANAGEMENT

The Board has overall responsibility for all systems of internal financial control applied African Health Policy Network. The systems employed are designed to provide reasonable, but not absolute, assurance against material misstatement or loss. Following guidance in the revised SORP, the Board set in train an exercise to review and assess its risk management procedures. Results are currently being assessed and the process will be updated at regular intervals.

RESERVES POLICY

It is the policy of the Board, taking account of the level of grant receivable from various funders, to seek each year to match income and expenditure so that African Health Policy Network is both able to continue its activities and can maintain reserves sufficient to meet any foreseeable contingencies in the future.

PAYMENT TO CREDITORS

African Health Policy Network aims to pay its creditors in accordance with terms agreed.

ON BEHALF OF THE BOARD OF MANAGEMENT COMMITTEE

TENDAI MARJORIE NDANGA Treasurer



21/12/2024

AFRICAN HEALTH POLICY NETWORK

Report of the Accountant's to the Members of AFRICAN HEALTH POLICY NETWORK

We report on the accounts of African Health Policy Network for the year ended 31 March 2024.

Respective responsibilities of Management Committee and accountants

As the charity's trustees you are responsible for the preparation of the accounts.

Basis of Independent Examiners Report

Our examination was carried out in accordance with the General Directions given by the Charity Commissioners. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any usual items or disclosures in the accounts, allied to the seeking from you as trustees' explanations concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently we do not express an audit opinion on the view given by the accounts.

Independent examiner's statement

In connection with our examination, no matters have come to our attention:

- (1) which gives us reasonable cause to believe that in any material respect the requirements
 - (a) to keep accounting records in accordance with section 41 of the Act; and
 - (b) to prepare accounts which accord with the accounting records and comply with accounting requirements of the Act have not been met.

- (2) To which in our opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

___ December 2024

Accountants Martin Morrison & Co Limited

Unit 43, The Coach House St Mary's Business Centre 66/70 Bourne Road Bexley, Kent DA5 1LU

AFRICAN HEALTH POLICY NETWORK

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR PERIOD 31 MARCH 2024

Accounting policies

The principal accounting policies are summarised below. The accounting policies have been applied consistently throughout the year and in the preceding year.

(a) Basis of accounting

The financial statements have been prepared under the historical cost convention, as modified by the inclusion of fixed asset investments at market value, and in accordance with the Companies Act 2006 Statement of Recommended Practice: Accounting and Reporting by Charities issued in March 2005.

(b) Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity.

Designated funds are unrestricted funds earmarked by the Management Committee for particular purposes.

Restricted funds are subjected to restrictions on their expenditure imposed by the donor or through the terms of an appeal.

(c) Incoming resources

All incoming resources are included in the statement of financial activities when the charity is entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies are applied to particular categories of income:

- Voluntary income is received by way of grants, donations and gifts and is included in full in the Statement of Financial Activities when receivable. Grants, where entitled is not conditional on the delivery of a specific performance by the charity, are recognised when the charity becomes unconditionally entitled to the grant.
- Donated services and facilities are included at the value to the charity where this can be quantified.

The value of services provided by volunteers has not been included in these accounts.

(d) Resources expended

Expenditure is recognised on an accrual basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is reported as part of the expenditure to which it relates:

- Costs of generating funds comprise the costs associated with attracting voluntary income and the costs of trading for fundraising purposes.
- Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.
- Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include the audit fees and costs linked to the strategic management of the charity.

AFRICAN HEALTH POLICY NETWORK

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR PERIOD 31 MARCH 2024

Staff Costs and Numbers

The average number of employees during the period was 4 (2023 - 3). At 31st March 2024, 4 staff were employed.

	2024 £	2023 £
Salaries and Fees	66,238	63,999
Other on costs	7,311	7,168
	<u>73,549</u>	<u>71,167</u>

No employee received remuneration of more than £60,000 during the year (2023 - Nil)

Net Income for the period

This is stated after charging

	2024 £	2023 £
Trustees' Expenses	0	0
Accountants Remuneration Other on costs	950	750
For Other Services	950	750
Depreciation	0	0

Taxation

All income is applied for charitable purposes and therefore the charity is exempt from corporation

AFRICAN HEALTH POLICY NETWORK
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR PERIOD 31 MARCH 2024

Creditors: Amounts Falling Due Within One Year

	2024 £	2023 £
Other Creditors & Accruals	79,374	88,194
	----- <u>79,374</u>	----- <u>88,194</u>

Debtors

	2024 £	2023 £
Services Invoiced & Grants	0	0
Pre-Payments	0	0
	-- <u>0</u>	-- <u>0</u>

Tangible Fixed Assets

	£
Costs	
At 1/4/2023	42,195
Charge for the year	0
At 31/3/2024	----- <u>42,195</u>

AFRICAN HEALTH POLICY NETWORK
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR PERIOD 31 MARCH 2024

	£
Depreciation	
At 1/4/2023	42,194
Charge for the year	0
At 31/3/2024	----- <u>42,194</u>
Net book Value	
At 31/3/2024	<u>1</u>
At 31/3/2023	<u>1</u>

Contingent Liabilities

There were no contingent liabilities at the date of the report. (2023 - Nil)

Liability to Members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up members are required to contribute an amount not exceeding £1.

Trustee Remuneration & Related Party Transactions

No members of the management committee received any remuneration during the year. No trustee or other person related to the charity had any personal interest in any contract or transaction entered into by the charity during the year (2023 - Nil)

AFRICAN HEALTH POLICY NETWORK				
MOVEMENT OF FUNDS				
Movement of Funds				
	At 1 April 2023	Incoming Resources	Outgoing Resources	At 3 March 2024
		£		£
Unrestricted funds	6,330	90,382	54,720	41,992
Restricted Funds				
Voice4Change England Windrush Grant BGC	0	0	0	
NHS Blood Transplant 2293409 BC	0	0	0	
Voice4Change England Windrush Grant BGC	0	0	0	
The Austin Hope A&H Pilkington TRS BG	0	0	0	
London Catalyst Gilead Sciences 01M5001714000 BGC	100	0	100	
Rubka T/A Independent IA GPY-00000325 BGC	0	20,000	20,000	
Home Office	0	8387	8387	
Comic Relief	135,000	245,000	135,000	245,000
	<u>135,100</u>	<u>273,387</u>	<u>163,487</u>	<u>245,000</u>
TOTALS	<u>141,430</u>	<u>363,769</u>	<u>218,207</u>	<u>286,992</u>

AFRICAN HEALTH POLICY NETWORK

England & Wales - Charity number 1088641

Accounts

Annual Report & Financial statements

For the year ended 31st March 2023

COMPANY REGISTRATION NUMBER 03979511; CHARITY NUMBER 1088641



The trustees, who are also directors for the purposes of company law, have pleasure in presenting their report and the financial statements of the charity for the year ended 31 March **2023**.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name African Health Policy Network

Charity registration number 1088641

Company registration number 03979511

Registered office Durning Hall, Earlham Grove, Forest Gate E7 9AB

Bankers Barclays Bank plc
Barclays Business Centre
1 North End
Croydon
Surrey

THE TRUSTEES

The trustees who served the charity during the period were as follows:

Mr Danmore Sithole – Chair
Ms Tendai Ndanga - Treasurer
Pastor David Owusu
Mr Mabule Tema

Chief Executive Officer: Deryck Browne

Independent Examiner: TNK & Accountants Elsinore Road, London, SE23 2SH

The Trustees present their report and the examined financial statements of the charity for the year ended 31 March 2023. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) “Accounting and Reporting by Charities” in preparing the annual report and financial statements of the charity. The financial statements have been prepared in accordance with the accounting policies set out in notes to the financial statements and comply with the charity’s governing document, the Charities Act 2011, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting

Standard applicable in the UK and Republic of Ireland published in October 2019. The Directors of the charitable company are its Trustees for the purposes of charity law. The Trustees who have served during the year are listed on page 2.

STRUCTURE, GOVERNANCE, MANAGEMENT AND OBJECTIVES

1. Constitution, Policies and Objectives

The charitable company is a company limited by guarantee and was set up by a Memorandum of Association on 18th April 2000 and as charity on 27th September 2001.

The principal objects of the charitable company for the public benefit are:

- 1 To advance the health and wellbeing of African descent communities in the United Kingdom
- 2 To influence policy and practice relating to the health and well being of African descent communities in the United Kingdom
- 3 To influence policy and practice on wider determinants that impact on the health and well being of African descent communities in the United Kingdom
- 4 To influence, promote and provide training, support, research, campaigns, programmes and information for African descent Communities in the United Kingdom in respect of their wellbeing.

2. Method of appointment or election of board of Directors

The management of the charitable company is the responsibility of the board of directors who are appointed and co-opted under the terms of the Articles of Association. Currently the AHPN Board of Directors (Trustees) are appointed by open recruitment and by Co-option, based on skills and experience.

3. Policies adopted for the induction and training of board of trustees

Newly elected board members are encouraged to attend a series of training sessions led by the Chair of Trustee Board and the Chief Executive officer. These courses equip board members with the skills to carry out their duties as trustees. The training enables them to understand:

- 1) Their obligation as trustees
- 2) The importance of the main documents which set out the operational framework for the charity including the memorandum and Articles of association
- 3) The control of resources and current financial position using the management accounts
- 4) Their responsibility of the statutory accounts;
- 5) How to translate future plans and objectives into budgets and plans;
- 6) Use of budgetary control.

During induction, they meet key employees and other trustees. As part of the induction training, they are encouraged to attend appropriate external events where these will facilitate the undertaking of their role.

4. Organisational structure and decision making

AHPN has a Board of Directors (Trustees) who are appointed by open recruitment. The work of the Board is supported by sub-committees and task groups. The organisation has operational staff headed by a Chief Executive and other members of staff as well as interns. Volunteers support various projects within the organisation at both strategic and operational levels.

5. Risk Management

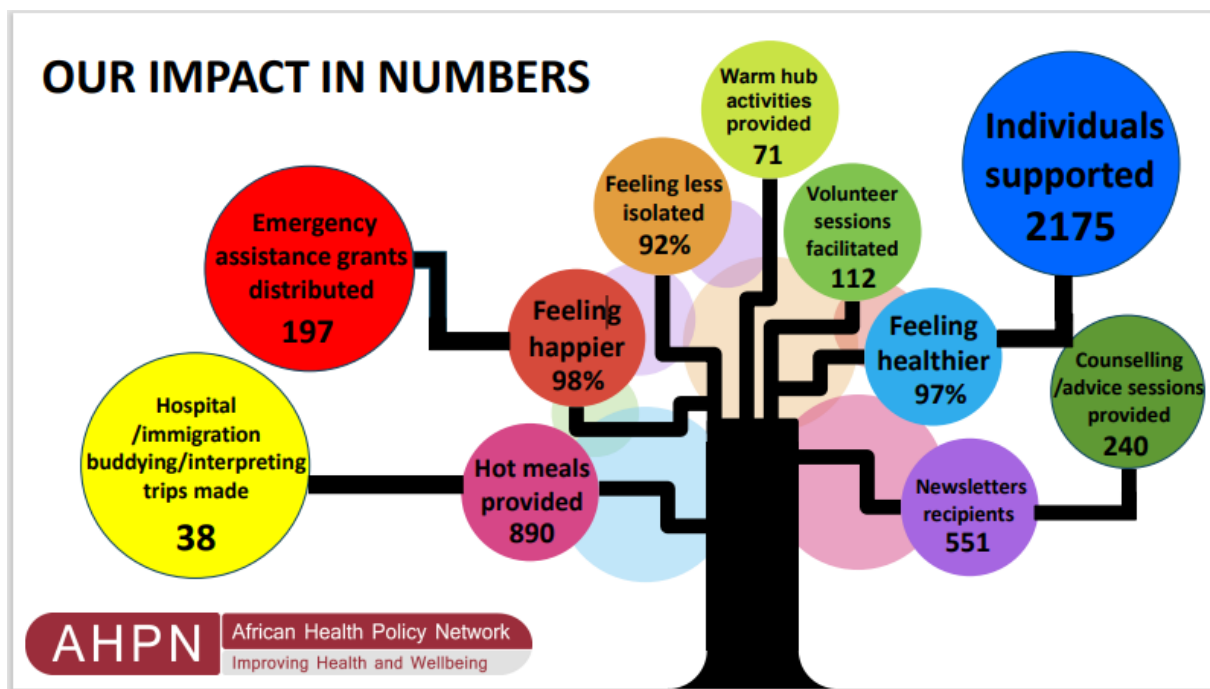
The Board of Trustees have assessed the major risks to which the charitable company is exposed. In particular those related to the operations and finances of the organisation and are satisfied that systems and procedures are in place to mitigate our exposure to the major risks.

6. Public Benefit

AHPN has referred to the guidance in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular the trustees consider how planned activities will contribute to the public benefit and the aims and objectives they have set and cover all of these matters in the following detailed pages.

ACTIVITIES, ACHIEVEMENTS AND PERFORMANCE

How our activities delivered public benefit



During the period AHPN continued to develop and implement its strategies challenging health inequalities and ensuring that the issues which impact the health and wellbeing of African descent communities living in the UK are addressed in a meaningful way. The staff teams within the organisation have worked on differing and dynamic projects and initiatives to strengthen and represent the health needs of African descent communities and the wider Black community in the UK.

With our blood donation campaigning project '**Rooting for the R.O.**' AHPN partnered the NHS Blood and Transfer service in order to disseminate information and to raise the number of African descent people donating blood. This was in order to ensure that community members living with sickle cell anaemia received correctly matched blood samples in transfusion. We aimed to inform our communities, counter stereotypes and stigma, encourage and assist in relation to blood donation perception, hold discussion/learning events and encourage blood donation registration. We:

- Engaged and trained programme volunteers
- Developed an impactful social media campaign (Targeting 700 + Black organisations and individuals)
- Developed and distribute materials (both hard copy and virtual) with key messages and discussion points

- Engaged communities in forums to discuss and learn about aspects of the blood donor debate and the importance of Ro subtype for sickle cell patients
- Monitored and tested the impact of discussions
- Worked with volunteers and project 'Champions'
- Encouraged and followed through with community members through to registration, with additional encouragement to follow through to appointment making and blood donation

Our **Wise Walkers Peer Support Project** was an engaging eight-month low impact walking/ sports programme for mature BAME people across Enfield, Hackney and Newham (principally female) who are living with long term health conditions and experiencing isolation. The focus was on exercise and activity (principally walking, but with additional indoor activities) based peer support leading to reduced isolation, greater activity levels, connectivity and friendships, in turn resulting in better mental and physical health. Our partners in this work were Lee Valley Regional Park Authority: Active Communities Programme.

AHPNs **North London Gardening Project** secured an allotment where community members could attend and take part in gardening tasks and tending their own vegetable patches from the seedlings stage through to reaping and picking. AHPN registered 41 days/sessions of activity at the allotment involving in total 29 individuals and their families and six volunteers.

AHPN partnered the Home Office and Voice4Change in respect of their response to the Windrush Scandal. We developed our own **Windrush Navigation Pack** https://drive.google.com/file/d/1qGNduFnHckKH3SS_EO2-EmAaCftP2-N2/view?usp=share_link which we utilized, along with other materials, to inform our communities about the HO Documentation and Compensation Schemes, and to encourage and facilitate take-up of these. Within our six target London boroughs we reached over one thousand people with a series of virtual and physical events.

AHPN partnered Austin and Hope Pilkington Trust with our creative project **Strength thru Song** which enabled us, via a small grant, to provide a warm creative space for community members who had been marginalized and isolated during the pandemic and who welcomed the opportunity to make and listen to music and give and receive peer support.

As much as possible AHPN have sought to blend our peer support activities during the period in order that they compliment each other. So, for example, alongside the above we also ran simultaneous peer support activities such as our **Holding Hands; Building Back Peer Support project** in partnership with London Catalyst. Here, targeting the most isolated community members we recruited to and delivered a programme of activity based peer support with a mental wellbeing focus. We targeted those most isolated within our communities and offered support, empowerment, health messages and warm hubs. Also, we ran sessions on navigating health systems post-pandemic as this was flagged as a crucial issue for mature community members.

AHPN has a track record of partnering the pharmaceutical industry and encouraging equitable representation, best practice and change. During the period we worked

with Gilead pharmaceuticals to develop programmes. We mutually realized that prevention drives for African descent communities focusing on HIV testing, late diagnosis & PrEP/U=U often took place within a sexual health 'bubble'.

The T Project in a dynamic way took testing, messages, advice and resources about positive developments and, using culturally appropriate and sensitive methods promoted them to African/BAME communities in 6 East London boroughs, normalising & driving up testing, challenging stigma & driving down late diagnosis. During the period AHPN was alive to the fact that community members were often struggling with the Cost-of-Living crisis and finding it difficult to meet fuel and food essentials payments. We examined the evidence which bore out that African descent community members in need (particularly elders) were less likely than other groups to claim assistance due to a range of factors that we researched, including apprehension and pride. AHPN partnered Independent Age and set up our national **Safe Hands Project**. The Project (ongoing) provided a. small-scale emergency financial support; b. larger scale emergency financial support and c. poverty impact reduction interventions to a total of approximately 900 BAME elders across the country living with long-term health conditions. With this project we drew upon the assistance of our AHPN Network of 111 trusted partners developed under our **BAME Healthy Communities Programme**.

Under our **BAME Healthy Communities Programme**, in partnership with Comic Relief and acting as intermediaries we had previously reached and impacted over 1000 individuals and distributed almost £400,000 in small grant funding to BAME led projects adversely impacted by the pandemic. As an adjunct to this important work the follow-up phase has been about further developing AHPN, strengthening the organization and ensuring positive change and sustainability. This is ongoing and will take us into 2026.

Towards the latter part of the period AHPN augmented our Safe Hands cost of living work by partnering with London Communities Foundation (under the Together for London initiative). A small grant allowed us to develop **The Safer Hands Project** and focus specifically on our London-based community members (within 6 specific boroughs) and allowed us to make emergency interventions at the grass roots level coupled with warm hub and lunch club provision.

Policy and Research

The focus of AHPN is the reduction of health inequalities and improving health outcomes, across specific health conditions as well as the wider social, cultural, lifestyle and economic determinants of health for African descent people. The priority health conditions for AHPN are: HIV and sexual health; diabetes; cancer; stroke; mental health and sickle cell anaemia. The wider determinants of which focus on faith, migration and poverty.

Health is an outcome, not an accident. That is the principle underpinning all of the work of the African Health Policy Network. AHPN is concerned with identifying, measuring and reducing health inequalities facing African descent people and communities in the UK, in order to promote good and equal health for all. Our work is based on the recognition that inequalities in health between different social groups

are a product of wider inequity in society, and that promoting equity in health is therefore a question of social justice.

We have continued to take forward the foundations laid down by our established and published Policy Position document and continue work on the six main health conditions set out therein. Our policy work continues to be funded at the margins of some of our more substantive projects and campaigns work.

We have contributed to policy discussions with local and national Government representatives, policy makers and major pharmaceutical companies including Gilead and Merck, Sharpe and Dohme. We have brought a policy perspective to the work that we have carried with the Home Office on the Windrush Scandal. AHPN sat on the HO Windrush Community Engagement Sessions, and with our NHS partnerships we have attended roundtables on the issues of blood donation, sickle cell anaemia and the need for greater numbers of donors of colour and greater supplies of R0 type blood.

The specific AHPN work supported by Gilead to explore and promote the normalisation of HIV testing alongside testing for other conditions has successfully fed into AHPNs campaigning work to challenge HIV stigma, promote the take up of PrEP amongst African descent communities and champion the principle of U = U, Undetectable Equals Untransmissible.

For much of this reporting period (ten months) AHPN has held the Chair of the One Voice Network, a policy collaborative of national Black health community organisations. [One Voice Network](#) (OVN) is an independent coalition of 12 Black-led grass-roots community organisations. OVN provides clear vision and strategic leadership and a unique platform for black communities to play a more active role in HIV policy and practice.

The mission is to:

- End new HIV transmissions and to stop late diagnosis among Black communities, especially among people of Black African ethnicity and Black Caribbean ethnicity in the UK
- Empower, support and amplify the voices of Black people affected by HIV in the UK to have healthy and fulfilled lives
- Provide a mechanism for the voices and views of Black people to be shared, to shape the health and care services that are intended for them.

One clear example of how OVN, with AHPN and partners has influenced Government policy is the below change to discriminatory blood donation regulations – a change for which we vigorously campaigned . the change was made following meetings with DHSC.

<https://www.theguardian.com/society/2021/oct/12/a-welcome-change-to-discriminatory-blood-donation-rules>

Additionally, AHPN has continued to provide policy direction and policy interpretation within front line health interventions for African descent communities. This involves Peer Support initiatives & programmes, Mentoring, Point of Care testing/health campaigns/Awareness raising/Anti Stigma & Discrimination initiatives/Mental health & Wellbeing strategies. The metrics utilised in monitoring and evaluating policy development and project work has yielded good quality information which has fed into our policy directives. AHPN has contributed to several conferences (physical and virtual) and policy discussions/ round tables on a national and international basis regarding the above.

Previous AHPN Annual Reports had expressed a desire to organisationally develop and strengthen AHPN around certain key functions:

- Communications
- Funding strategy
- Staffing and skills audit
- Business planning
- Theory of change
- Membership role
- Policy and Research role
- Organisational profile

At the close of the reporting significant progress had been made on the direction of travel against these objectives as a result of a burgeoning partnership with Comic Relief which has seen a continuation of funding for organisational development and strengthening purposes.

On the international front AHPN was represented **Interest International Conference on HIV Treatment, Pathogenesis and Prevention Research in Kampala, Uganda** during May 2022. A joint conference research poster was presented on behalf of both AHPN and the One Voice Network. This was extremely well received.

MEMBERSHIP & NETWORKS

AHPNs Community and Engagements lead officer continues to develop and facilitate programmes to enhance organisational membership. Along with the AHPN Grants Officer they have been instrumental in developing networks that include over 100 BAME community based organisations (CBOs) and the AHPN service user network (**Ffena**) with over seventy members nationally. Both networks receive regular newsletters and augment the work of AHPN with views, consultations, feedback and critique. The CBO partners network was developed and nurtured as AHPN under its BAME Healthy Communities Grant Programme partnered Comic Relief to fund grassroots BAME organisations in the eye of the pandemic.

Ffena, our dedicated service user Network, continues to grow and strengthen and has held several national events during the period. These have covered a range of

wellbeing and health equity issues including the take up of Prep, late HIV diagnosis, HIV stigma and the role of U=U. Ffena has proved a great source of volunteers who have contributed to the work and development of AHPN.

The following contribution was penned by one of our key volunteer peer support leads:

“Our service user group, Ffena, has developed a strong network of volunteers during this period. We had projects we noted our members would have special interest in. Our Volunteers were so active during our gardening project. It was a total hands-on project where members took total responsibility for their own pieces of land and made sure that they maintained it the way that pleased them. Volunteers were engaging with group members to make sure the harvest was good by helping out with ideas to maintain their projects. We had a bumper harvest and more volunteers registered for this year.

Our volunteers engaged actively in our Safe Hands project by helping out distributing food hampers to our older members with mobility issues. Some took the initiative to make calls during the week as well as support them to hospital appointments. Peer support was most effective this year. Volunteers also took part in local community events by manning stalls and distributing leaflets and fliers on the streets. Our hospital visits were so effective as members supported each other during difficult times. Our best buddying group of volunteers were there to support members who were bereaved here and out of the country. Our monthly exercise classes were very much attended and members participated fully. We also had a volunteer to check on blood pressure onsite. All these activities are shared on our most effective SUPPORTIVE NETWORK WhatsApp group which is a resource that connects all of our members from all over the UK. This network is a platform where everyone can share vital information as well as ideas they find necessary for the others. Our zoom meetings are worth mentioning and very impactful for our community. We have also noticed that the older community members seem to lose interest in the whatsapp group and prefer to be contacted individually and privately. That is done as per their wishes by the Community Engagement Officer. AHPN encourages and depends on its volunteers who are involved in most projects. They believe in communities taking the lead in grass roots decision making. Most activities are beneficiary centred and this positively impacts on volunteering and empowering communities for the best outcomes. We are looking forward to continuing this work to impact communities as per their needs”.

AHPN is indebted to our supporters, Comic Relief, East End Community Foundation, Austin, Hope, Pilkington, The Home Office, The NHS, Hackney Giving, Hackney CVS, Lee Valley Authority, the National Lottery, Independent Age, MSD Pharma, London Communities Response, Gilead Pharmaceuticals, Viiv Pharmaceuticals, Janssen, Hackney Borough, MIND, MacAids Foundation, London Catalyst, Barrow Cadbury, Coop Foundation and others for the dedicated support that have given us throughout this period which has enabled our ongoing work.

Financial Report and Funding

AFRICAN HEALTH POLICY NETWORK

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)

YEAR ENDED 31 MARCH 2023

Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2023 £	Total Funds 2022 £
INCOMING RESOURCES				
Incoming resources from generating funds:				
Voluntary income	50,227	217,505	267,732	114,808
Investment income	-	-	-	-
TOTAL INCOMING RESOURCES	<u>50,227</u>	<u>217,505</u>	<u>267,732</u>	<u>114,808</u>
RESOURCES EXPENDED				
Charitable activities	117,326	104,177	221,503	(268,851)
TOTAL RESOURCES EXPENDED	<u>117,326</u>	<u>104,177</u>	<u>221,503</u>	<u>(268,851)</u>
NET INCOMING RESOURCES FOR THE YEAR/NET INCOME FOR THE YEAR	(67,099)	113,328	46,229	154,043
RECONCILIATION OF FUNDS				
Total funds brought forward	<u>73,429</u>	<u>21,771</u>	<u>95,200</u>	<u>249,243</u>
TOTAL FUNDS CARRIED FORWARD	<u>6,330</u>	<u>135,099</u>	<u>141,429</u>	<u>95,200</u>

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

AFRICAN HEALTH POLICY NETWORK

BALANCE SHEET

YEAR ENDED 31 MARCH 2023

	Note	2023 £	2022 £
FIXED ASSETS			
Tangible assets		1	1
CURRENT ASSETS			
Debtors		-	15,197
Cash at bank		229,623	127,198
		<u>229,623</u>	<u>142,395</u>
CREDITORS: Amounts falling due within one year		<u>(88,194)</u>	<u>(47,195)</u>
NET CURRENT ASSETS		<u>141,429</u>	<u>95,200</u>
TOTAL ASSETS LESS CURRENT ASSETS		<u>141,429</u>	<u>95,200</u>
NET ASSETS		<u>141,429</u>	<u>95,200</u>
FUNDS			
Restricted income funds		6,330	21,771
Unrestricted income funds		135,099	73,429
TOTAL FUNDS		<u>141,429</u>	<u>95,200</u>

TENDAI MARJORIE NDANGA

Treasurer

Charity Registration Number: 1088641
Company Number:

AFRICAN HEALTH POLICY NETWORK

Report of the Accountant's to the Members of AFRICAN HEALTH POLICY NETWORK

We report on the accounts of African Health Policy Network for the year ended 31 March 2023.

Respective responsibilities of Management Committee and accountants

As the charity's trustees you are responsible for the preparation of the accounts.

Basis of Independent Examiners Report

Our examination was carried out in accordance with the General Directions given by the Charity Commissioners. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any usual items or disclosures in the accounts, allied to the seeking from you as trustees' explanations concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently we do not express an audit opinion on the view given by the accounts.

Independent examiner's statement

In connection with our examination, no matters have come to our attention:

- (1) which gives us reasonable cause to believe that in any material respect the requirements
 - (a) to keep accounting records in accordance with section 41 of the Act; and
 - (b) to prepare accounts which accord with the accounting records and comply with accounting requirements of the Act have not been met.
- (2) To which in our opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

31 December 2023

TNK & Accountants
Elsinore Road
London
SE23 2SH

AFRICAN HEALTH POLICY NETWORK

England & Wales - Charity number 1088641

Accounts

Annual Report & Financial statements

For the year ended 31st March 2022

COMPANY REGISTRATION NUMBER 03979511; CHARITY NUMBER 1088641



The trustees, who are also directors for the purposes of company law, have pleasure in presenting their report and the financial statements of the charity for the year ended 31 March **2022**.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name African Health Policy Network

Charity registration number 1088641

Company registration number 03979511

Registered office Durning Hall, Earlham Grove, Forest Gate
E7 9AB

Bankers Barclays Bank plc
Barclays Business Centre
1 North End
Croydon
Surrey

THE TRUSTEES

The trustees who served the charity during the period from April 1st up to the date of approval of these financial statements were as follows:

Mr Danmore Sithole – Chair
Ms Tendai Ndanga - Treasurer
Pastor David Owusu
Ms Eureka Dube

CEO: Deryck Browne

Independent Examiner: TNK & Accountants Elsinore Road London
SE23 2SH

The Trustees present their report and the examined financial statements of the charity for the year ended 31 March 2022. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" in preparing the annual report and financial statements of the charity. The financial statements have been prepared in accordance with the accounting policies set out in notes to the financial statements and comply with the charity's governing document, the Charities Act 2011, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland published in October 2019. The Directors of the charitable company are its Trustees for the purposes of charity law. The Trustees who have served during the year are listed on page 2.

STRUCTURE, GOVERNANCE, MANAGEMENT AND OBJECTIVES

1. Constitution, policies and objectives

The charitable company is a company limited by guarantee and was set up by a Memorandum of Association on 18th April 2000 and as charity on 27th September 2001.

The principal objects of the charitable company for the public benefit are:

- 1 To advance the health and well being of African descent communities in the United Kingdom
- 2 To influence policy and practice relating to the health and well being of African descent communities in the United Kingdom
- 3 To influence policy and practice on wider determinants that impact on the health and well being of African descent communities in the United Kingdom
- 4 To influence, promote and provide training, support, research, campaigns, programmes and information for African descent Communities in the United Kingdom.

2. Method of appointment or election of board of Directors

The management of the charitable company is the responsibility of the board of directors who are appointed and co-opted under the terms of the Articles of Association. Currently the AHPN Board of Directors (Trustees) are appointed by open recruitment and by Co-option, based on skills and experience.

3. Policies adopted for the induction and training of board of trustees

Newly elected board members are encouraged to attend a series of training sessions led by the Chair of the Board and the Chief Executive officer. The courses attended equip the board members with skills to carry out their duties as trustees. The training enables them to understand:

- 1) Their obligation as trustees;
- 2) The importance of the main documents which set out the operational framework for the charity including the memorandum and Articles of association;
- 3) The control of resources and current financial position using the management accounts;
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During induction, they meet key employees and other trustees. As part of the induction training, they are encouraged to attend appropriate external events where these will facilitate the undertaking of their role.

4. Organisational structure and decision making

AHPN has a Board of Directors (Trustees) who are appointed by open recruitment. The work of the Board is supported by

sub-committees and task groups. The organisation has operational staff headed by a Chief Executive and other members of staff as well as interns. Volunteers support various projects within the organisation at both strategic and operational levels.

5. Risk Management

The Board of Trustees have assessed the major risks to which the charitable company is exposed. In particular those related to the operations and finances of the organisation, and are satisfied that systems and procedures are in place to mitigate our exposure to the major risks.

6. Public Benefit

AHPN has referred to the guidance in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular the trustees consider how planned activities will contribute to the public benefit and the aims and objectives they have set and cover all of these matters in the following detailed pages.

ACTIVITIES, ACHIEVEMENTS AND PERFORMANCE TO MARCH 2022; How our activities delivered public benefit

During the financial year ending **March 2022** AHPN continued to implement its strategy ensuring that policies which affect the health and wellbeing of African descent communities living in the UK are addressed in a meaningful way. The teams within the organisation have worked on differing and dynamic initiatives to strengthen and represent the health needs of African descent communities and the wider BME community in the UK. Covid has continued to have an impact but this is now less than previously.

The Continuing Impact of Covid

Covid19 presented innumerable challenges both for our organisation and for the communities we serve. Much of the work and projects that we have carried out in this financial year were a 'carry-over' from our community-based efforts during the pandemic.

Covid 19 has been a disruptor but, as we have said consistently, it has not operated in a vacuum. It has become one of the many intersecting and aggravating factors that our beneficiaries now have to contend with. And during the year cost of living issues silently pushed themselves to the fore. Issues around food and fuel poverty and anxiety around debt in the communities we serve intersected with the myriad of issues that preceded (and will outlast) the pandemic eg. migration paperwork issues, isolation, discrimination, mental wellbeing, racism and stigma.

The focus of AHPN is the reduction of health inequalities and improving health outcomes, across specific health conditions as well as the wider social, cultural, lifestyle and economic determinants of health for African descent people. The priority health conditions for AHPN are: HIV and sexual health; diabetes; cancer, especially breast and prostate cancer; stroke; mental health; and TB. The wider determinants of which focus on faith, migration and poverty.

The work of AHPN is divided into five core functions:

- Policy
- Research

- Membership & Networks
- Projects
- Campaigns

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POLICY

We have continued to take forward the foundations laid down by our established and published Policy Position document and continue work on the six main health conditions set out therein. Our policy work continues to be funded at the margins of some of our more substantive projects and campaigns work.

We have contributed to policy discussions with local and national Government representatives, policy makers and major pharmaceutical companies including Gilead and Viiv (GSK). We have taken on specific work supported by Viiv to alleviate the impacts being felt by African descent people living with HIV at this difficult time. Our work with Viiv has been showcased high level meetings in London. A key focus of this work was our ambition to place BAME people living with HIV (PLWH) at the fore of an initiative promoting positive messages and policy development around PrEP, the concept of U=U, early testing, and the challenging stigma.

AHPN held the Chair for this year of the newly launched One Voice Network, a policy collaborative of national Black health community organisations. [One Voice Network](#) (OVN) is an independent coalition of nine Black-led grass-roots community organisations, seeking to improve the health and wellbeing of Black communities in the UK who are affected by HIV.

The network aims to drive health equality and improve outcomes for black communities in the UK and particularly those affected by HIV. OVN provides clear vision and strategic leadership and a unique platform for black communities to play a more active role in HIV policy and practice.

The mission is to:

- End new HIV transmissions and to stop late diagnosis among Black communities, especially among people of Black African ethnicity and Black Caribbean ethnicity in the UK
- Empower, support and amplify the voices of Black people affected by HIV in the UK to have healthy and fulfilled lives

- Provide a mechanism for the voices and views of Black people to be shared, to shape the health and care services that are intended for them.

Partnerships and collaborations in various directions allowed us to meet policy objectives. AHPN, in the Chair at OVN, linked with the National Aids Trust and the Terence Higgins Trust to successfully lobby the Department of Health to change blood donation rules which were in effect discriminating against black would-be donors.

<https://www.theguardian.com/society/2021/oct/12/a-welcome-change-to-discriminatory-blood-donation-rules>

And AHPN were at the helm of a local (Newham) partnership bidding for funding under the King's Fund Healthy Communities Together scheme. Our consortia of local health, local authority and local community based organisations did succeed to Phase 2 of the grant process but was eventually unsuccessful. But the process of collaboration, policy development and working together was invaluable locally.

Our partnership was concerned with delivering access and outcomes for communities and groups who are frequently othered and did not engage with 'education'-based approaches, due to a lack of money, time, trust in the health and care system, or access due to language or disability barriers. And our plan for this work focused on a co-production and local VCSE supported, community-led prototype approach. This included learning from other models that have been effective in diverse communities, and building on community engagement developed through the COVID-19 Community Champions and #HelpNewham programmes to develop services that are closer to the people they represent.

Additionally, AHPN has continued to provide policy direction and policy interpretation within front line health interventions for African descent communities. This involves Peer Support initiatives & programmes, Mentoring, Point Of Care testing/health campaigns/Awareness raising/Anti Stigma & Discrimination initiatives/Mental health & Wellbeing strategies. The metrics utilised in monitoring and evaluating policy development and project work has yielded good quality information which has fed into our policy directives. AHPN has contributed to several virtual conferences and policy discussions on a national and international basis regarding the above.

In our 2021 Annual report AHPN expressed a desire to seek funding to re-focus its policy approach with the following actions:

- a. Preparation of a communication strategy and messages, in which AHPN restates and clarifies its strategic focus, rationale, purpose, values and key priorities.
- b. Development of a robust fundraising strategy the gains from which will under pin the continuing process of change and the projects undertaken going forward
- c. Review of staffing structure, skills and capacity required and ensure appropriate HR systems etc are in place
- d. Recalibration of the organisational focus of AHPN, emphasising the critical process of change management that the organisation has been undergoing since the shift from DH funding and its role as an overarching grant managing body to an intervening, point of care, front line agency working with significant numbers of elder service users
- e. Development of AHPN as the 'Go To' information hub for African descent health issues. Identify and define key policy areas with some thoughts given to determining how best to disseminate them to a wider world and member organisations. This may be in the form of reports, consultation submissions, briefings, media stories and lobbying. It will also be necessary to develop a method to measure how successful AHPN is in imbedding these issues in those policy areas into the thinking and practice of policy making bodies (central Government, NHS), community organisations, forums etc; establish a policy/research think tank
- f. Redefinition and clarification of the membership; move towards a more informal process of incorporating members or affiliates
- g. Commence research activities and begin the process of creating and disseminating knowledge, in partnership with others; Convene a policy network/virtual think-tank
- h. Redevelop *Ffena* with extended membership and broader involvement /remit (elders/youth/LGBTQ2+)
- i. Step up the level of engagement with government (DH and beyond), politicians, health service bodies, international organisations and media.
- j. Review and update of Memorandum of Association and establish robust governance with the assistance of 'in-kind' contribution

- k. Raise the AHPN profile. Organise events, seminars and conferences both locally and nationally

These are long term objectives. Substantive progress against these, which require significant funding and support, remains to be progressed. We continue to search for ways in which this support and funding can be meaningfully achieved.

MEMBERSHIP & NETWORKS

AHPNs Community and Engagements lead officer continues to develop and facilitate programmes to enhance organisational membership. Along with the AHPN Grants Officer they have been instrumental in developing networks that include over 100 BAME community based organisations (CBOs) and also a service user network (**Ffena**) with also over one hundred members. Both networks receive regular newsletters and augment the work of AHPN with views, consultations, feedback and critique. The CBO network was developed and nurtured as AHPN under its BAME Healthy Communities Grant Programme worked with Comic Relief to fund grassroots BAME organisations in the eye of the pandemic.

FFENA

Ffena, our dedicated service user Network, continues to grow and strengthen.

AHPN/Ffena celebrated World Aids Day event in December **2021** with a major online event involving community partners based in Europe, with an online zoom link to USA where high-profile speakers and representatives were championing the U=U message in respect of HIV. In testimony to the empowering nature of our work one of our service users composed a poem with an ironic take on the widespread use of masks during the pandemic following the previous scorn afforded to veiled and hijabed women:

Stigmata (Poem)

Eyes darting left and right

Smiles hidden, scowls unknown

Perhaps rabid racists, resembling summer red English Pillar Boxes

Their messages and secrets posted silently

For we are all Hijab'd now.

My scarf used to mask me

While others mocked me

It used to mask my HIV

But now it's just me

Mainstreaming.

Community Engagement lead volunteers/Ffena contributed the following:

After the Covid era, AHPN had a very challenging task of bringing communities back to engage and participate actively as before. We had a strategic pathway we followed and most of the times we fell off the way. Communities were still not confident enough to expose themselves to any projects. Zoom meetings were very actively attended. We had 2 meetings per week due to high demand. We introduced community Lunches and breakfast just to bring them out. The vaccine uptake drive was so successful and built back confidence in many service users. We had 3 movie outings in the season. With all that effort we still had smaller numbers attending face to face meetings e.g. The annual Xmas party World Aids Day. Our strength was in Zoom only activities. So we infused a lot of Community forums to keep our circles closer. The most popular was the Valentine's Day event with a popular socialite from the international social media world, and our international online conference on the U=U issue with the founder of the movement Bruce Richman. Our engagement with international organisations has always been high. We attended the German Aids Hilfe migrant community meeting and facilitated an empowerment programme which was very successful. Our involvement in national activities with partner organisations in campaigns and national training events. We are still soldiering on. We are already doing great progress in confidence building and our community is bouncing back in numbers.

RESEARCH

AHPN has not received sole funding for research work as such, but we continue to monitor and evaluate our project work and our outcomes and outputs. Our numerous project reports constitute a body of research from which we can draw within our policy and campaigning work. Our work with MSD Pharmaceuticals which focused on Black women aging with HIV and what this meant to them drew on research carried out with and by AHPN service users and provided some very real additions to the broader national discussions about 'The greying of HIV'. A snapshot of the issues raised by focus groups of women whose discussions were content analysed includes:

- Isolation
- Menopause
- Relationships
- Stigma & discrimination
- Disclosure and support around this
- Migration & documentation issues
- Interaction with health professionals
- Socio-economic issues
- Sense of lack of utility

AHPN will utilise these markers as a platform from which to drill down into these issues of health and aging going forward.

PROJECTS & CAMPAIGNS

AHPN was funded by Comic Relief and National Emergencies Trust to become an intermediary to assist with the provision of funds to grassroots BAME organisations nationwide as the pandemic began to impact Black communities disproportionately. The overall grant sum involved was considerable. AHPN put a great deal of effort into developing and delivering the project. Our approach is best summarised by our circulated grant information developed, below:

“We are particularly interested in supporting wellbeing projects by BAME led organisations that demonstrate that they are also people/service user centred. We are interested in learning how the people you work with are

involved in the design and delivery of your project. How have they influenced your project and how will they continue to shape its delivery? How will you utilise the skills and experiences of the people you work with? We want to know about the reach of your project, whether you are reaching, for example BAME LGBTIQ communities, those with no recourse to public funds or those living with disabilities or long-term conditions. Perhaps you are working with those seeking asylum or refuge. We want to know how you have been serving your beneficiaries since the start of the pandemic and how your project will make a real difference to their health and wellbeing as we journey through these difficult times.

We also want to learn how your project is connected with other relevant organisations and how your idea complements what they may be doing. There is no single definition of what a BAME led organisation is. For the purposes of this fund a BAME led organisation is a voluntary or community organisation, a charity or other form of social enterprise having a majority of its governing body (or staff make-up) from BAME communities, with its services designed, targeted and delivered to BAME communities.

We will:

Option 1 - Grants up to £5,000

We will fund projects by those smaller locally rooted BAME organisations that have been providing critical support to people at a community level to ensure that during this crucial pandemic /post pandemic phase grass roots BAME organisations can continue to work for their communities and survive the pandemic/post-pandemic period.

Under this fund groups with annual incomes below £50,000 can apply for up to £5,000.

Option 2 - Grants up to £10,000

We will provide a slightly enhanced fund for BAME led organisations that may be better surviving the constraints brought on by the pandemic and are looking at developing projects focusing on ways in which to work with their communities to rebuild and reimagine the future in respect of their supportive work in the wake of Covid-19.

Under this fund groups with annual incomes between £50,000 - £150,000 can apply for up to £10,000.

Option 3 - Micro-grants

Given the impact of the pandemic we also want to be flexible with our granting amounts. Where organisations would like to apply for **micro-grants of between £500 to £1000** for capacity building purposes, we will be able to make quick decisions following a short application form and Zoom interview.

If you would like to apply for a Micro-grant of between £500-£1,000 for capacity building purposes please go back to the website for full details: <https://www.ahpn.org.uk/micro-grants>”

AHPN received over 700 bid applications and ended up funding and working with 111 grassroots organisations which now comprise our Trusted Partners Network.

In addition AHPN also was co-opted on to a Fund Reference Group (for all 3 phases of the Global Majority Fund) tasked with providing oversight to the project evaluation, ongoing and undertaken by external consultants.

Hackney Giving; Crisis and Recovery Holding Hands Project

The AHPN Holding Hands project supported and connected 60+ Hackney based BAME adults who have lived experience of mental health and /or long term health conditions or who are at risk of worsening mental health due to the current crisis. Project champions and volunteers played a crucial role in the project.

Sante Sage Health Project:

The AHPN Sante Sage Project was provided peer support for members of the Francophone African communities based primarily in Hackney, although it drew in participants from further afield. It provided cultural safe spaces with health and wellbeing information, advice and activities. 75+ participants took part in the initiative.

Barrow Cadbury; Human touch Project

The AHPN Human touch project supported and connected 65 migrant adults, those seeking asylum and /or refuge. Many of these had lived experience of mental health or were at risk of worsening mental health due to both the current crisis (pandemic) and the intersecting issues of documentation, hostility, detention and anxiety. We focused on our borough of Newham but we did not exclude those migrants from adjoining east London boroughs. These were areas where AHPN had carried out projects and peer-support and where we were supporting several individuals who were shielding/self isolating.

(From the project bid): We will escalate our work by providing during Phase 1 (first three months): • Regular food shopping drops and other essentials • Regular health check contact/checking mental health and wellbeing needs, any anxieties, fears etc • Online peer support activities; advice group meetings/quizzes/recipe swaps/poetry group/exercise&movement Counselling services (trained counsellor will be on hand to discuss matters relating to loss and bereavement during this period-service users have told us that this is one of the most distressing aspects of the crisis) • Assistance with navigating range of local services/information exchange/signposting/accessing online coping tools • Advice on issues which still cause stress and which will outlive Covid; eg.immigration, housing, debt, health needs • Creative diaries

Following on from our Phase 1(months 1-3), our Phase 2 (months 4-6 has also been discussed virtually with beneficiaries.

Our project work during the period also took in grants from London Communities Response, the Co-op Foundation, and the National Lottery Community Hands funds which were used to support our communities through the pandemic but also with issues of migration, stigma and poverty which were enduring.

AHPN is indebted to our supporters, Comic Relief, East End Community Foundation, Hackney Giving, Hackney CVS, Lee Valley Authority, the National Lottery, Independent Age, MSD Pharma, London Communities Response, Gilead, Viiv Pharmaceuticals, Janssen, Hackney Borough, MIND, MacAids Foundation, London Catalyst, Barrow Cadbury, Coop Foundation and others for the dedicated support that have given us throughout this financial year which has enabled our ongoing work.

Financial Report and Funding

AFRICAN HEALTH POLICY NETWORK

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)

YEAR ENDED 31 MARCH 2022

Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2022 £	Total Funds 2021 £
INCOMING RESOURCES				
Incoming resources from generating funds:				
Voluntary income	51,786	63,022	114,808	697,378
Investment income	-	-	-	-
TOTAL INCOMING RESOURCES	<u>51,786</u>	<u>63,022</u>	<u>114,808</u>	<u>697,378</u>
RESOURCES EXPENDED				
Charitable activities	(40,530)	(228,321)	(268,851)	(466,891)
TOTAL RESOURCES EXPENDED	<u>(40,530)</u>	<u>(228,321)</u>	<u>(268,851)</u>	<u>(466,891)</u>
NET INCOMING RESOURCES FOR THE YEAR/NET INCOME FOR THE YEAR	11,256	(165,299)	(154,043)	230,487
RECONCILIATION OF FUNDS				
Total funds brought forward	<u>62,173</u>	<u>187,070</u>	<u>249,243</u>	<u>18,756</u>
TOTAL FUNDS CARRIED FORWARD	<u>73,429</u>	<u>21,771</u>	<u>95,200</u>	<u>249,243</u>

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

AFRICAN HEALTH POLICY NETWORK

BALANCE SHEET

YEAR ENDED 31 MARCH 2022

	Note	2022 £	2021 £
FIXED ASSETS			
Tangible assets		1	1
CURRENT ASSETS			
Debtors		15,197	-
Cash at bank		127,198	303,169
		142,395	303,169
CREDITORS: Amounts falling due within one year		<u>(47,195)</u>	<u>(53,926)</u>
NET CURRENT ASSETS		95,200	249,243
TOTAL ASSETS LESS CURRENT ASSETS		<u>95,200</u>	<u>249,243</u>
NET ASSETS		<u>95,200</u>	<u>249,243</u>
FUNDS			
Restricted income funds		21,771	187,070
Unrestricted income funds		73,429	62,173
TOTAL FUNDS	.	<u>95,200</u>	<u>249,243</u>

TENDAI MARJORIE NDANGA
31-Dec 2022
Treasurer



Charity Registration Number: 1088641

AFRICAN HEALTH POLICY NETWORK

Report of the Accountant's to the Members of AFRICAN HEALTH POLICY NETWORK

We report on the accounts of African Health Policy Network for the year ended 31 March 2022.

Respective responsibilities of Management Committee and accountants

As the charity's trustees you are responsible for the preparation of the accounts.

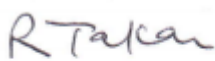
Basis of Independent Examiners Report

Our examination was carried out in accordance with the General Directions given by the Charity Commissioners. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any usual items or disclosures in the accounts, allied to the seeking from you as trustees' explanations concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently we do not express an audit opinion on the view given by the accounts.

Independent examiner's statement

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- (1) which gives us reasonable cause to believe that in any material respect the requirements
 - (a) to keep accounting records in accordance with section 41 of the Act; and
 - (b) to prepare accounts which accord with the accounting records and comply with accounting requirements of the Act have not been met.
- (2) To which in our opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.




Richard Takan

31 December 2022

TNK & Accountants
Elsinore Road
London
SE23 2SH

AFRICAN HEALTH POLICY NETWORK

England & Wales - Charity number 1088641

Accounts

For the year ended 31st March 2021



Annual Report & Financial statements

For the year ended 31st March 2021

COMPANY REGISTRATION NUMBER 03979511; CHARITY NUMBER 1088641

We will make this report publicly available by publishing it on our website and circulating it to our membership, funders and partner organisations.



The trustees, who are also directors for the purposes of company law, have pleasure in presenting their report and the financial statements of the charity for the year ended 31 March **2021**.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name African Health Policy Network

Charity registration number 1088641

Company registration number 03979511

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Bankers Barclays Bank plc
Barclays Business Centre
1 North End
Croydon
Surrey

THE TRUSTEES

The trustees who served the charity during the period were as follows:

Mr Danmore Sithole – Chair

Ms Tendai Ndanga - Treasurer

Pr David Owusu

Ms Eureka Dube

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The management of the charitable company is the responsibility of the board of directors who are appointed and co-opted under the terms of the Articles of Association. Currently the AHPN Board of Directors (Trustees) are appointed by open recruitment and by Co-option, based on their skills.

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Newly elected board members are encouraged to attend a series of training sessions led by the Chair of the Board and the Chief Executive officer. The courses attended equip the board members with skills to carry out their duties as trustees. The training enables them to understand:

- 1) Their obligation as trustees;
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- 3) The control of resources and current financial position using the management accounts;
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- 6) Use of budgetary control.

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The Board of Trustees have assessed the major risks to which the charitable company is exposed. In particular those related to the operations and finances of the organisation, and are satisfied that systems and procedures are in place to mitigate our exposure to the major risks.

6. Public Benefit

AHPN has referred to the guidance in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular the trustees consider how planned activities will contribute to the aims and objectives they have set and cover all of these matters in the following detailed pages.

ACTIVITIES, ACHIEVEMENTS AND PERFORMANCE TO MARCH 2021

THE CONTINUED DISRUPTION OF COVID 19

During the financial year ending **March 2021** AHPN continued to implement its strategy ensuring that policies which affect the health and wellbeing of African descent communities living in the UK are addressed in a meaningful way. The teams within the organisation have worked on differing and dynamic initiatives to strengthen and represent the health needs of African descent communities and the wider BME community in the UK.

Covid19 has presented innumerable new challenges both for our organisation and for the communities we serve. It rendered many of our beneficiaries more isolated, more marginalised and more vulnerable and also heavily impacted our work programmes. This has been coupled with high levels of anxiety, fear and uncertainty. Beneficiaries have all lost close ones and service-user colleagues have found this especially difficult to deal with in isolation, coming from backgrounds where grief is expressed communally and overtly. Most of our people are living with long-term health conditions and co-morbidities. Many are living in food and fuel poverty, and we know that, in normal times, many of them rely heavily on our lunch-club activities and our activity based peer-support structured around an afternoon hot meal. The pandemic meant that even before the stringent lockdown guidance most beneficiaries were told to practice 'shielding'. The lockdown guidance reinforced this and some were fearful of coming out into fresh air at all. Not only did this have the practical consequences of food purchase, fuel-key charging and plain healthy fresh air but it clearly has had health implications, mental health consequences and social implications. Covid 19 has interrupted our usual, lively, food and activity-based peer support/ advocacy/ training project work. Some of our current activities were put on hold while we renegotiated with funders and recalibrated. In the interim we started, with small reserves, to shop and deliver to our most vulnerable clients. Where Trustees had free time they too stepped up to contribute. Some funders initially permitted us to refocus to concentrate on the current emergency, and other new funds were sought and obtained to continue and upscale our emergency response efforts as we worked through the pandemic to **March 2021**. We have delivered satisfactorily on all funded contracts.

So Covid 19 has been a disruptor but it has not operated in a vacuum. It has become one of the many intersecting and aggravating factors that our people now have to contend with. They are keen to let us know that the issues impacting them prior to the crisis, housing, food/fuel poverty, migration paperwork issues, isolation, discrimination and stigma are still impacting them and their fear is that the 'new normal' following the crisis may be a more hostile environment for them. Fears and anxieties around mental health and wellbeing have been the single most mentioned concern and our charitable efforts have borne this in mind.

POLICY DIRECTION

The focus of AHPN is the reduction of health inequalities and improving health outcomes, across specific health conditions as well as the wider social, cultural, lifestyle and economic determinants of health for African descent people. The priority health conditions for AHPN are: HIV and sexual health; diabetes; cancer, especially breast and prostate cancer; stroke; mental health; and TB. The wider determinants of which focus on faith, migration and poverty.

The work of AHPN is divided into five core functions:

- Policy
- Research
- Membership/ Ffena /service users/volunteers
- Projects
- Campaigns

In the year **to March 2021** significant steps forward were made against these functions.

POLICY

AHPN continued with its policy work on the issue of HIV and its impact on the Black community in the UK. We have distributed our well regarded publication 'African Communities and HIV' as well as being involved with Fast Track Cities initiatives and wider policy discussions. This fulfils our policy objective of raising the profile of the HIV/ health policy needs of African descent people and communities and also provides an avenue to focus on some of the intersectional issues that continue to impact disproportionately on African descent PLWHIV but which are often overlooked or marginalised.

We have continued to take forward the foundations laid down by our established and published Policy Position document and continue work on the six main health conditions set out therein.

We have contributed to policy discussions with local and national Government representatives, policy makers and major pharmaceutical companies including Gilead and ViiV (GSK). We have taken on specific work supported by Viiv to alleviate the impacts being felt by African descent people living with HIV at this difficult time. Our work with Viiv has been showcased to them in a powerpoint presentation.

We have built on our published work on HIV and the African Community in the UK. This was partially made possible by funding from MacAids Foundation. We continue to carry out work supported by MacAids with our Connect, Train, Navigate project. We are working on specific messaging for the BAME community around PrEP and U=U (ie undetectable equals untransmissible).

AHPN was represented at the annual British HIV Association conference. We continually showcase our policy and research work and discuss campaigning initiatives. We have previously worked with BHIVA in the revision of the Standards of Care for People Living with HIV.

AHPN has continued with its Strategic Direction as set out in previous years.

We have continued to strive to become: 'the active voice of all African descent people in the UK living with and affected by HIV, sexual health & long term conditions'.

AHPN celebrated World Aids Day with a series of community meetings.

AHPNs partnership with five sister BAME organisations working on raising awareness of PrEP in BAME communities was successfully launched last year. We have continued to champion the findings of the Prep and Prejudice project. The materials and resources generated continue to have resonance and use and the website continues to provide information to individuals who would like PrEP related information. This work was funded by Public Health England. We have made representation to relevant statutory bodies about the necessity to make Prep available and accessible to Black UK communities.

Additionally AHPN has continued to provide policy direction and policy interpretation within front line health interventions for African descent communities. This involves Peer Support initiatives & programmes, Mentoring, Point of Care testing/health campaigns/Awareness raising/Anti Stigma & Discrimination initiatives/Mental health & Wellbeing strategies. The metrics utilised in monitoring and evaluating this project work has yielded good quality information which has fed into our policy work and directives. AHPN has contributed to several virtual conferences and policy discussions on a national and international basis regarding the above.

AHPN was at the centre of the launch of a major policy collaborative of Black health organisations during this period. **One Voice Network is an independent collective of Black-led community organisations and allies, seeking to improve the health and wellbeing of Black communities in the UK who are affected by HIV. Our aims are:**

- To end new HIV transmissions and to stop late diagnosis among Black communities, especially among Black Africans and Black Caribbeans in the UK.
- To empower, support and amplify the voices of Black people affected by HIV in the UK to have healthy and fulfilled lives.
- To provide a mechanism for the voices and views of Black people to shape the health and care services that are intended for them.

AHPN has held the Chair of the One Voice Network since its inception.

AHPN continues to prove that it is an organisation that demonstrably:

- Shapes the agenda on behalf of African descent people in the UK living with and affected by HIV and long-term conditions
 - Develops funded interventions and initiatives designed to alleviate these on a point of care basis
 - Provides thought leadership on HIV and long-term conditions and has redefined itself as the 'go to' hub for relevant issues
 - Grows its membership and keeps it by disseminating good quality information monthly
 - Asserts authority as an independent voice, representative of African descent people in the UK living with and affected by HIV and long-term health conditions
 - Explores other associated issues around HIV and long-term health within the context of health e.g. immigration, poverty, housing, racism etc

In order to sharpen our policy focus (for which is historically difficult to generate funding) our Senior Management Team have taken the reigns of a significant piece of work which is designed to drive AHPN beyond **2021**. This involves the:

- a. Preparation of a communication strategy and messages, in which AHPN restates and clarifies its strategic focus, rationale, purpose, values and key priorities.
- b. Development of a robust fundraising strategy the gains from which will under pin the continuing process of change and the projects undertaken going forward

- c. Review of staffing structure, skills and capacity required and ensure appropriate HR systems etc are in place
- d. Recalibration of the organisational focus of AHPN, emphasising the critical process of change management that the organisation has been undergoing since the shift from DH funding and its role as an overarching grant managing body to an intervening, point of care, front line agency working with significant numbers of elder service users
- e. Development of AHPN as the 'Go To' information hub for African descent health issues. Identify and define key policy areas with some thoughts given to determining how best to disseminate them to a wider world and member organisations. This may be in the form of reports, consultation submissions, briefings, media stories and lobbying. It will also be necessary to develop a method to measure how successful AHPN is in imbedding these issues in those policy areas into the thinking and practice of policy making bodies (central Government, NHS), community organisations, forums etc; establish a policy/research think tank
- f. Redefinition and clarification of the membership; move towards a more informal process of incorporating members or affiliates
- g. Commence research activities and begin the process of creating and disseminating knowledge, in partnership with others; Convene a policy network/virtual think-tank
- h. Redevelop *Ffena* service user group with extended membership and broader involvement /remit (elders/youth/LGBTq)
- i. Step up the level of engagement with government (DHSC and beyond), politicians, health service bodies, international organisations and media.
- j. Review and update of Memorandum of Association and establish robust governance with the assistance of 'in-kind' contribution
- k. Raise the AHPN profile. Organise events, seminars and conferences both locally and nationally

MEMBERSHIP

Our Community and Engagements lead officer has continued to run a programme to enhance organisational membership. This has been crucial in a pandemic year. We continue to send out our monthly newsletter to membership and members of Ffena service user network, containing significant numbers of elder members. This contains both AHPN and member news. Working with our members has continued to be an important objective of AHPN. We continue to attract new members as well as engaging former members. Our members have participated in our research and campaigns, including in particular in our mental health work, our faith work and our research into HIV and service provision to African and BME communities. AHPN continues to augment community contacts by working through other community groupings, barbershops, hairdressers and faith groups of Christian and Muslim denominations. We have augmented the traditional forms of contact by pivoting to online and digital sessions and methods of communicating. Whatsapp and zoom platforms have proved hugely successful.

RESEARCH

AHPN has not received funding as such for research work, but we continue to monitor and evaluate our project work and our outcomes and outputs. Our numerous project reports constitute a body of research from which we can draw within our policy and campaigning work.

FFENA

Ffena, our dedicated service user Network, continues to grow and strengthen despite this pandemic year. Volunteers have been extremely active in relation to gathering grass roots information and perspectives on important current issues such as ageing with HIV, HIV medication during lockdown and switching to generics, the worth of 'buddying-up' for medical appointments and peer support. These issues have been the subject of focus group discussions facilitated by AHPN.

AHPN/Ffena celebrated World Aids Day event in December **2020** with a major online event.

The 14 existing Ffena satellites continue to feed through to AHPN via the Community and engagement lead officer. In this respect Ffena has inputted to AHPN policy work cultural issues and HIV provision and particularly our intersectional work on HIV which is looking 'Beyond HIV' services and is more and more focusing on associated factors, including ageing, comorbidities and mental health.

Ffena members in London have been involved in weekly online events. This is set up and facilitated by AHPN along peer support principles. Our Community Engagement lead has also facilitated cookery, fashion, health and discussion online sessions.

Ffena members have continually been at the fore in AHPNs longstanding Sante Sage programme offering peer support and mentoring to African elder communities living with long term conditions.

PROJECTS & CAMPAIGNS

AHPNs established projects and new additions have continued successfully. African Yams mental health peer mentoring has been extended to Hackney borough in London, and following great success we were engaged to work with Hackney elders from African Francophone countries. Our Faith projects continue under the umbrella of our Ffena volunteers work taking an anti stigma and anti discrimination message into Black led churches in respect of HIV and mental health. ViiV (GSK) have continued to support our mentoring work with the African community LWHIV. Issues covered have been nutrition, mental health, immigration issues, benefits and understanding medication. We are looking to augment this work with further initiatives which build the evidence base for peer support in this field. Our ViiV supported Peer Champions project has seen us develop resources for BME PLWH and develop and support peer champs, skilled and vocal at representing the community in multifarious fora. Our MacAids funded Ffena and empowerment work, Connect, Train and Navigate, has gone from strength to strength.

Our work within the East end of London in partnership with EECF has seen AHPN deliver mentoring and anti-stigma wellbeing projects.

Our major work as an intermediary partner with Comic Relief has been groundbreaking. We have raised 455k for the BAME community during covid and have granted this as intermediaries to BAME grass roots organisations nationally. We built a substantial grants programme with partners Africa Advocacy Foundation, House of Rainbow and East End Community Foundation. We put out the call for bids and received over 700 applications. This work is ongoing.

In addition, our work within the London boroughs has burgeoned. AHPN are partners with Newham local authority, local health and the King's Fund on the funded Healthy Communities Together programme, a collaborative of all three sectors to better engage local minoritised communities and work together towards health equity. We are also working in Hackney borough (in addition to our Francophone community work) to ensure that the Hackney Giving response to coronavirus cuts across BAME local communities.

AHPN is indebted to our supporters East End Community Foundation, Hackney Giving, Hackney CVS, Lee Valley Authority, the National Lottery, Independent Age, MSD Pharma, London Communities Response, Gilead, Viiv Pharmaceuticals, Janssen, Hackney Borough, MIND, MacAids Foundation, London Catalyst, Pink Ribbon, Barrow Cadbury, CooP Foundation and others for the dedicated support that have given us throughout this period which has enabled our ongoing work.

These lines from our lead on Community Engagement were recorded from a staff report back session held in early 2021:

"in 2021 our database hit 400 members registered from all over the United Kingdom and due to covid 19 we have seen our numbers growing due to most of our members being in isolation and shielding . our members he had been experienced I live up levels of isolation stress and anxiety's due to the government messages around covid 19. AHPN has been running door to door services providing food and basic needs for our members. This message was communicated within the community itself and we experienced a lot of new members who needed the same help and our database sky rocketed to double the numbers. We provided food and collected medication for most of our members and we also issued vouchers for those who are still able to do their own shopping.

The older communities' members received food shopping right on their door steps. We had telephone services for our members just to promote community cohesion. We had WhatsApp video calls twice per week and that also brought in a lot of new members to access this service. Our counselling services were fully booked all the time as many of our members and their extended families also accessed this service after the lock down we took the isolated families out for lunches and breakfast clubs to try to get them to come out even though there is still the phobia of catching of catching the virus. We also had some of our members going for walks and visiting places of interest in a way to bring back normal lifestyles to some of our members. So we have developed some activities to slowly encourage members to come out whilst also observing the recommended government Covid 19 rules and regulations. All these activities have been a pull factors to our membership drive and we are still working on other community driven initiatives to encourage PLWHIV to come out and engage and also access services.

*Our WhatsApp activities included cooking competition as well as exercises and dancing sessions got so popular that we also got new members joining these activities We also provide vouchers for all our members and families and that just as well went viral and it attracted so many people are living with HIV to join the group. We also had some of our members conducting Zoom talk shows and comedy shows during weekends with support from AHPN. These shows also attracted so many people to join the group. Our zoom meetings have been also a centre of attraction for new membership. We had presentations from community leaders eg nurses and HIV clinicians and other prominent figures within communities to come and give talks to raise awareness on to COVID-19 and vaccination drive and other sensitive community topics. All these activities also attracted new members from the community to join us. **From the beginning of the pandemic our membership database has grown from 500 to 754 members and from 45 active members to 97".** Community lead.*

AHPN staff have again been involved in delivering training and empowerment sessions for HIV and migrant organisations in Germany (in both Berlin and Dusseldorf). And the AHPN Community Engagement unit has led on online national presentations/sessions on migrant groups and shared decision making in HIV; African descent womens' experiences of ageing with HIV and group work on 'Undetectable =Untransmittable' in HIV.

We have continued to promulgate our policy stance on FGM.

AHPN has spoken in Europe on the issue. AHPN has been involved with the Positive Conversations initiative with Gilead Pharmaceuticals.

AHPN has been visible in the national press since the beginning of the pandemic and the visibility of the Black Lives Matter campaigns.

<https://www.independent.co.uk/voices/letters/coronavirus-uk-lockdown-police-social-distancing-jewish-chronicle-a9459766.html>

<https://www.theguardian.com/world/2021/apr/05/what-we-can-learn-from-the-sewell-racism-report>

Financial Report and Funding

AFRICAN HEALTH POLICY NETWORK

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)

YEAR ENDED 31 MARCH 2021

Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2021 £	Total Funds 2020 £
INCOMING RESOURCES				
Incoming resources from generating funds:				
Voluntary income	49,320	648,058	697,378	142,382
Investment income	-	-	-	-
TOTAL INCOMING RESOURCES	<u>49,300</u>	<u>648,058</u>	<u>697,378</u>	<u>142,382</u>
RESOURCES EXPENDED				
Charitable activities	(1,830)	(446,305)	(448,135)	(134,998)
TOTAL RESOURCES EXPENDED	<u>(1,830)</u>	<u>(446,305)</u>	<u>(448,135)</u>	<u>(134,998)</u>
NET INCOMING RESOURCES FOR THE YEAR/NET INCOME FOR THE YEAR	47,490	201,753	249,243	7,384
RECONCILIATION OF FUNDS				
Total funds brought forward	<u>14,683</u>	<u>4,073</u>	<u>18,756</u>	<u>11,372</u>
TOTAL FUNDS CARRIED FORWARD	<u>62,173</u>	<u>205,826</u>	<u>267,998</u>	<u>18,756</u>

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

AFRICAN HEALTH POLICY NETWORK

BALANCE SHEET

YEAR ENDED 31 MARCH 2021

	Note	2021 £	2020 £
FIXED ASSETS			
Tangible assets		1	1
CURRENT ASSETS			
Debtors		-	13,047
Cash at bank		303,169	9,971
		<u>303,169</u>	<u>23,018</u>
CREDITORS: Amounts falling due within one year		<u>(53,926)</u>	<u>(4,263)</u>
NET CURRENT ASSETS		<u>249,243</u>	<u>18,755</u>
TOTAL ASSETS LESS CURRENT ASSETS		<u>249,243</u>	<u>18,756</u>
NET ASSETS		<u>249,243</u>	<u>18,756</u>
FUNDS			
Restricted income funds		187,070	4,073
Unrestricted income funds		62,173	14,683
TOTAL FUNDS		<u>249,243</u>	<u>18,756</u>

Tendai Ndanga

TENDAI MARJORIE NDANGA 21-12-2021

Treasurer

Charity Registration Number: 1088641

AFRICAN HEALTH POLICY NETWORK

Report of the Accountant's to the Members of AFRICAN HEALTH POLICY NETWORK

We report on the accounts of African Health Policy Network for the year ended 31 March 2021.

Respective responsibilities of Management Committee and accountants

As the charity's trustees you are responsible for the preparation of the accounts.

Basis of Independent Examiners Report

Our examination was carried out in accordance with the General Directions given by the Charity Commissioners. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any usual items or disclosures in the accounts, allied to the seeking from you as trustees' explanations concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently we do not express an audit opinion on the view given by the accounts.

Independent examiner's statement

In connection with our examination, no matters have come to our attention:

- (1) which gives us reasonable cause to believe that in any material respect the requirements
 - (a) to keep accounting records in accordance with section 41 of the Act; and
 - (b) to prepare accounts which accord with the accounting records and comply with accounting requirements of the Act have not been met.
- (2) To which in our opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

31 December 2021

TNK & Accountants
Elsinore Road
London
SE23 2SH