

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

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

Pr David Owusu

Ms Eureka Dube

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 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 their skills.

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;
- 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 and co-option based on skills and experience. 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 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