

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

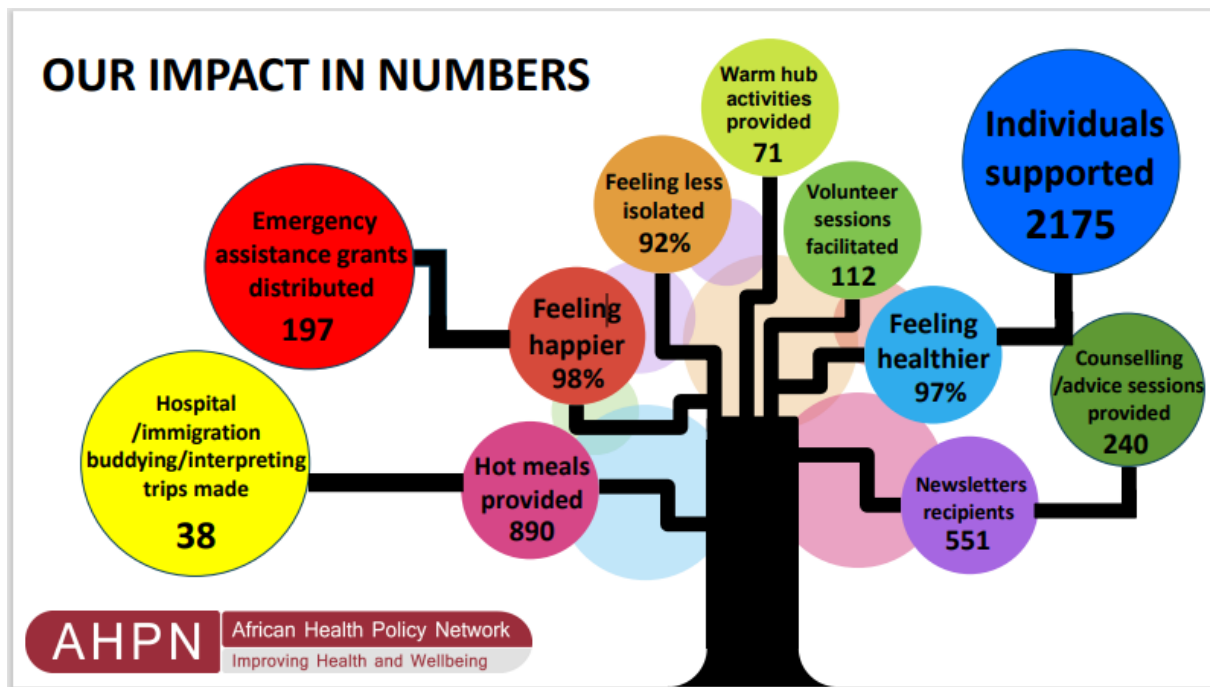
The Board of Trustees have assessed the major risks to which the charitable company is exposed. In particular those related to the operations and finances of the organisation and are satisfied that systems and procedures are in place to mitigate our exposure to the major risks.

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
		229,623	142,395
CREDITORS: Amounts falling due within one year		<u>(88,194)</u>	<u>(47,195)</u>
NET CURRENT ASSETS		141,429	95,200
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
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London
SE23 2SH