



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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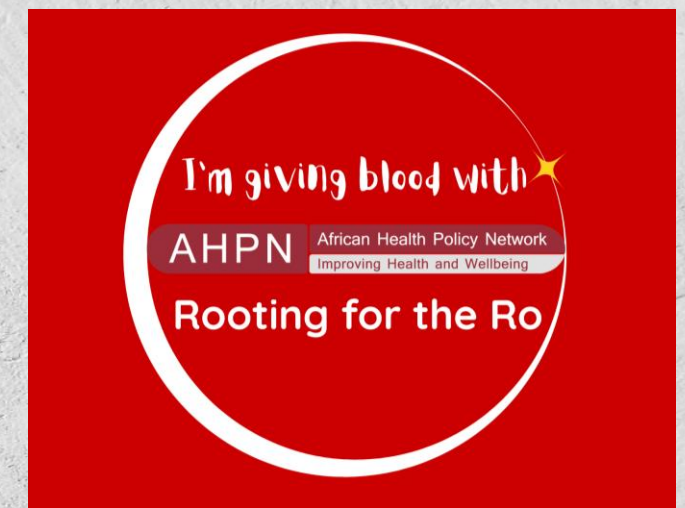
THE YEAR

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



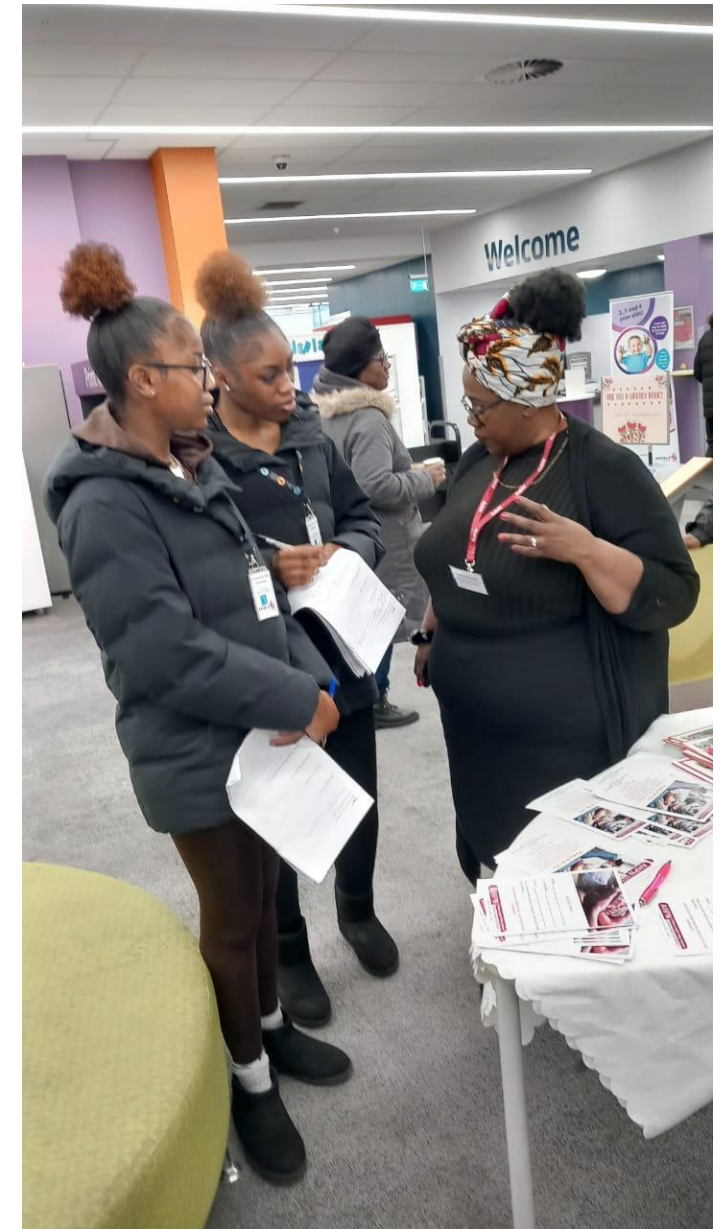
FFENA SERVICE USER SUPPORT

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>