

BERYL THYER MEMORIAL AFRICA TRUST
TRUSTEES' ANNUAL REPORT

YEAR ENDED 31 MARCH 2022

The Trustees have pleasure in presenting their report and the financial statements of the Charity for the year ended 31 March 2022.

LEGAL & ADMINISTRATIVE DETAILS

Registered Charity Name	Beryl Thyer Memorial Africa Trust
Registered Charity Number	1112603
Governing Document	Declaration of Trust dated 1 December 2005
Registered Office	19 Warkton Village Kettering Northamptonshire NN16 9XL
Board of Trustees	Mr R J McCormick Mrs A J Smith Mr M A P Jeans Dr D P McCormick Dr P D Wharin
Independent Examiner	D H Kelland Meadows & Co Headlands House 1 Kings Court Kettering Parkway Kettering NN15 6WJ
Bankers	HSBC Bank plc PO Box 7 Kettering Market Harborough Building Society High St Kettering

CHARITABLE OBJECTIVES

Beryl Thyer Memorial Africa Trust is registered with the Charity Commissioners.

To promote the relief of sickness among children through the provision of medical aid, financial assistance and other support to medical services, particularly those of Bango Baptist Hospital (BBH) and Mbingo Baptist Hospital (MBH), and Baptist Hospital Mutengene (BHM), for the protection of health of children and particularly the diagnosis and treatment of Burkitt's Lymphoma, and other childhood cancers in Cameroon. To advance the education and training of medical staff and personnel involved in the delivery of the above. These objects are to be furthered primarily in the north west and south west Regions of Cameroon, Central Africa. Owing to continuing civil unrest in Cameroon, it has been necessary to stop childhood cancer treatment at BBH.

A further hospital of the Cameroon Baptist Convention Health Board (CBCHB) in the south of the country, has been able to accept child cancer patients who would otherwise have been admitted to BBH.

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TRUSTEES' ANNUAL REPORT

YEAR ENDED 31 MARCH 2022

POLICY ON RECRUITMENT OF TRUSTEES

The need for new medically trained Trustees is recognised, though since Dr Paul Wharin is now well-established as a Trustee, we are seeking another medically trained Trustee, with a view to the continuity of our work in future years at present. We do hold on file several UK junior doctors who have demonstrated in very practical ways, their interest in our work.

Of our existing Trustees one is a businessman, whose expertise and connections are of great value, and one is herself the founder of a medical Charity in The Gambia. Her experience is also of great value.

Richard Joseph McCormick, and David Peter McCormick, the sons of founder Dr Peter McCormick, are now active Trustees. Their expertise is in computer and internet technology, and is greatly appreciated.

The charity's founder, Dr P A McCormick, died in November 2021. We are not seeking a replacement for him. Richard McCormick was elected as the Chairman in January 2022 by the remaining board members.

ORGANISATIONAL STRUCTURE OF THE TRUST

The most actively involved Trustees are all neighbours. We meet on a social basis and discuss business and funding issues frequently. We meet twice yearly (December/January and June/July) in formal meetings, as required by the Charity Commission. Minutes are kept and decisions acted upon.

There are no paid or other volunteer members of our Trust. Trustees have however, recently engaged a Fundraising Manager on a voluntary basis. His input continues.

Dr Wharin is now taken over primary responsibility as clinical liaison with our Cameroonian colleagues. Dr Peter McCormick now devotes his time to the administration of the Charity, fundraising, and communicating with Cameroonian colleagues.

The research and Clinical Study aspect of our work remains under the leadership of Professor Emeritus Peter Hesselting; Paediatric Oncology at Stellenbosch University, S Africa. His enormous experience has enabled us to progress both along humanitarian and scientific grounds simultaneously. It is likely that Prof Hesselting will retire fully in a year or two, but for the time being he remains fully engaged in the work of this Charity.

Our work hitherto, our publications, our presentations at international childhood cancer conferences, along with contemporaneous accounts of our work among the seriously sick children of Cameroon continue. Cameroonian colleagues are involved in this aspect of our work also. A major review article of two decades of childhood cancer care in Cameroon was printed in the journal "Pediatric Blood & Cancer" in February 2021. Our founding trustee, Dr Peter McCormick and Cameroonian colleagues were co-authors.

We continue to be unable to present our work at conferences, owing to the ongoing civil unrest. Our protocol for the management of children with Burkitt's lymphoma is now being used by Paediatric Oncologists in other African countries. A protocol for the treatment of the childhood cancer Nephroblastoma (Wilms' Tumour) has now been accepted internationally. We also play a part in the treatment of Retinoblastoma (eye cancer in children), and Kaposi Sarcoma – a cancer predominant in children and adults with HIV Aids in the tropics. Trustees considered requests for assistance in the treatment of other rare childhood cancers on an individual basis.

BERYL THYER MEMORIAL AFRICA TRUST
TRUSTEES' ANNUAL REPORT

YEAR ENDED 31 MARCH 2022

OBJECTIVES AND ACTIVITIES OF THE TRUST

Our primary aim – as stated in the Governing Document, is to investigate and treat, and to follow-up, free of all charge, children suffering from the endemic childhood cancer of sub-Saharan Africa, called Burkitt's Lymphoma (BL). The Document names two hospitals in the NW Province (Banso Baptist Hospital and Mbingo Baptist Hospital). We now also work at Baptist Hospital Mutengene and Mboppi Baptist Hospital, Douala. All these hospitals now receive children with BL, and our Trust treats them and supports the BL team there.

BTMAT continues to support the CBCHS childhood cancer treatment programme, but our funds are now specifically directed to the treatment of children with the common cancer, Burkitt's lymphoma - in accordance with our founding document.

Support for other treatments (such as Wilms' tumour, retinoblastoma and Kaposi sarcoma, Leukaemia and cerebral tumours) and for palliative care, both of which the charity has previously given financial aid for, have been stopped due to financial pressures. Wherever possible, responsibility for supporting these have been passed either to the Cameroon Baptist Convention Health Board or to other charitable organizations.

As of August 2021, The CBCHS childhood cancer treatment programme is now principally supported by the charity, World Child Cancer (WCC). BTMAT trustees agreed to send our remaining funds via WCC, beginning in August 2021 and continuing with quarterly donations to WCC under an agreement that the funds we give will be focused in the Cameroonian hospitals which we support.

Prof Peter Hesseling (BTMAT Clinical Director) and Dr Paul Wharin (trustee) did not visit Cameroon in 2021-22. Clinical oversight has now passed to our colleagues from Leeds General Infirmary Paediatric Oncology Unit. Prof Peter Hesseling and Dr Paul Wharin continue to receive monthly clinical reports from our 3 "target" hospitals in Cameroon. Despite the civil war in Cameroon and the extreme difficulties that our Cameroonian medical colleagues face there was no fall in the number of children with cancer treated in 21-22. Our Cameroonian colleagues continue to monitor outcomes.

ACHIEVEMENTS AND PERFORMANCE

Our achievements are superior to those of any other workers in the field of childhood cancer in Cameroon. We have published that 65% of our BL cases respond to our Standard protocol which has been developed since 2002. We also know that 40% of the relapsed or resistant cases can be rescued by our Protocol developed in 2005. A study of the fertility of surviving children to which Dr Paul Wharin contributed has now been completed and published.

Performance depends upon the co-operation of our hospital Administrations (they have been ever supportive and appreciative); upon the commitment and competence of local doctors and nurses (this has been excellent); upon ongoing guidance from Professor Hesseling (this he has promised for as long as his health permits); upon collaboration and co-ordination by Dr Wharin by email and by personal visits to the CBCHB hospitals (though this latter is at present impossible owing to the civil unrest and the Covid-19 pandemic) and upon the ongoing fundraising efforts in the UK and beyond these shores.

We are still the biggest single provider of health care for children with Burkitt's lymphoma in Cameroon, and are recognised as having the best cure rate for BL in rural African hospitals.

We have part funded a home for the parents of our child patients at one of our 3 target hospitals. Accommodation has been built and is being used very effectively to house parents and child

BERYL THYER MEMORIAL AFRICA TRUST
TRUSTEES' ANNUAL REPORT

YEAR ENDED 31 MARCH 2022

patients between treatments.

FUTURE PLANS

There is unlikely to be a well-defined endpoint to our work, since BL will continue – in the foreseeable future – to be the commonest and most lethal cancer of African children. It is unlikely that the Cameroonian Ministry of Health will be able to subsidise the necessary and costly chemotherapy for children with BL. The Ministry is however aware of our work in the CBCHB hospitals. We have pursued a Memorandum of Understanding with the Cameroonian Ministry of Health. Regrettably this has never been ratified.

We will continue to engage in fundraising activities in the UK, with help from our volunteer Fundraising Manager. We will continue to receive donated chemotherapy agents from a pharmaceutical company in Germany. We will continue to seek financial assistance from other distributors of anticancer medicines. We will continue to visit and support our colleagues and our projects in Cameroon (security and COVID limitations permitting). We will continue to arrange for the cascading of the knowledge and skills we have initiated, so that changes of staff in our hospitals – which will inevitably occur - will not hinder the work already established.

We have established Children's Cancer Registries in all three of our hospitals. These are the first child cancer registries in Cameroon. It is recognised by experts that such a database is an essential tool for the furtherance of child cancer treatment. Colleagues in Cameroon are both competent and diligent in maintaining the registries.

Our latest Protocol for the management of BL was developed by Professor Hesseling. This regime recognises varying degrees of severity of our cases, and provides for treatment for each risk group. This protocol was launched in March 2008. It is likely to be the definitive protocol safely to use in sub-Saharan Africa. It remains in place in 2021.

The most experienced Cameroonian colleague (Dr Francine Kouya) acts as Supervisor of Paediatric Oncology for the Baptist Hospitals we serve. We continue to be grateful for her enormous and dedicated input to the work.

We are actively linked with World Child Cancer. This grant-making organisation already funds several projects in various parts of the world. We have an active link with the department of Paediatric Oncology at Leeds University, UK. Consultant Physician, Dr Susan Picton, and her team at Leeds University now provide clinical supervision to Dr Francine and the Cameroonian team via internet consultations (emails & regular multi-disciplinary team meetings). We are consulted and informed of any changes or recommendations to clinical protocols.

It should again be noted that Cameroon is involved in serious civil unrest, almost bordering on civil war. The UK Government has strongly advised that UK citizens should not visit Cameroon. The effect on the Anglophone hospitals of the NW and SW regions is very serious. Local hospital staff are at risk of kidnap and violence; patients fear to travel to hospital; research projects are inhibited. BTMAT Trustees cannot visit, nor can our Clinical Director. There appears to be no immediate end to hostilities.

The Memorandum of Understanding between Stellenbosch University Department of Paediatrics, the Cameroon Baptist Convention Health Board, and our own Charity, is now established.

BERYL THYER MEMORIAL AFRICA TRUST
TRUSTEES' ANNUAL REPORT

YEAR ENDED 31 MARCH 2022

RISK MANAGEMENT

The Trustees have considered the major business and operational risks which the Charity faces and confirm that systems have been established so that the necessary steps can be taken to lessen these risks.

RESERVES POLICY

The Charity needs reserves to ensure expenditure commitments can be met as they fall due. The Trustees' aim is to retain reserves equal to approximately six months expenditure.

DISSOLUTION POLICY

As mentioned in our 2019 report, our original Governing Document names the LISA THAXTER TRUST as the organisation appointed to acquire all assets of the Beryl Thyer Memorial Africa Trust (BTMAT) in the event of its cessation. Mr Thaxter died in 2007 and his Charity was subsumed into WORLD CHILD CANCER (WCC) – which he had been instrumental in founding. As mentioned in this Report, we are now linked with WCC. It is our wish – should BTMAT fold – that our financial assets to go to WCC.

Signed on behalf of the trustees

Mr R J McCormick

Chair, Beryl Thyer Memorial Africa Trust

12 January 2022

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF
BERYL THYER MEMORIAL AFRICA TRUST

YEAR ENDED 31 MARCH 2022

I report on the unaudited accounts of the charity for the year ended 31 March 2022 set out on page 7.

RESPECTIVE RESPONSIBILITIES OF THE TRUSTEES AND THE INDEPENDENT EXAMINER

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- state whether particular matters have come to my attention.

BASIS OF INDEPENDENT EXAMINER'S REPORT

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 accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out in the statement below.

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 the requirements:
- to keep accounting records in accordance with section 130 of the 2011 Act; and
 - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 2011 Act

have not been met; or

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

Name: D H KELLAND FCA

MEADOWS & CO
Chartered Accountants
Headlands House
1 Kings Court
Kettering Parkway
Kettering

12 January 2022

BERYL TYHER MEMORIAL AFRICA TRUST
RECEIPTS AND PAYMENTS ACCOUNT

FOR THE YEAR ENDED 31 MARCH 2022

	2022 £	2022 £	2021 £	2021 £
RECEIPTS				
Donations		33,364		18,253
Gift Aid Donations		0		0
Interest Received		<u>283</u>		<u>795</u>
		33,647		19,048
PAYMENTS				
Field Workers	59,113		59,640	
Medical Student Scholarships	0		0	
Medicine Supplies	2,605		4,850	
Other Expenses- Bank Charges	25		0	
Other Charitable Expenses	<u>0</u>		<u>0</u>	
		<u>61,743</u>		<u>64,490</u>
(Deficit) Surplus of Receipts over Payments		<u>(28,096)</u>		<u>(45,442)</u>
 <u>Cash Balances at 31 March 2021</u>				
Current Account	2,746		5,483	
MHBS Account	5,012		15,424	
MHBS Account	22,755		55,048	
MHBS WCC Account	<u>0</u>		<u>0</u>	
		<u>30,513</u>		<u>75,955</u>
		<u>2,417</u>		<u>30,513</u>
 <u>Cash Balances at 31 March 2022</u>				
Current Account	2,417		2,746	
MHBS Account	0		5,012	
MHBS Account	0		22,755	
MHBS WCC Account	<u>0</u>		<u>0</u>	
		<u>2,417</u>		<u>30,513</u>