

GLOBAL HEALTH PARTNERSHIPS
(FORMERLY TROPICAL HEALTH AND EDUCATION TRUST)
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2024
CHARITY No. 1113101
OFFICE OF SCOTTISH CHARITIES No. SCO53871
COMPANY No. 05708871

GLOBAL HEALTH PARTNERSHIPS - FORMERLY TROPICAL HEALTH AND EDUCATION TRUST
(A company limited by guarantee)
TRUSTEES' REPORT FOR THE YEAR ENDED 31ST DECEMBER 2024

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GLOBAL HEALTH PARTNERSHIPS - FORMERLY TROPICAL HEALTH AND EDUCATION TRUST
(A company limited by guarantee)
TRUSTEES' REPORT FOR THE YEAR ENDED 31ST DECEMBER 2024

Trustees:	Ms Roda Ali Ahmed Mr Justinian Ash Dr Titilola Banjoko Dr Jemima Dennis-Antwi Professor Valerie Fleming Ms Elaine Green Mr John Headley Professor Rosaline Raine Dr Julia Terry Dr Isioma Okolo (appointed 11 October 2024) Ms Lisa Kelly (appointed 5 December 2024) Mr Joshua Howard (appointed 10 April 2025)
Chief Executive:	Mr Ben Simms
Company Secretary:	Ms Joanna Green
Deputy Company Secretary:	Ms Donna Pryor
Registered Office:	86 – 90 Paul Street 3 rd Floor London EC2A 4NE
Independent Auditor	Moore Kingston Smith LLP 6th Floor 9 Appold Street London EC2A 2AP
Charity Registration No:	1113101
Office of Scottish Charities No:	SC053871
Registered Company No:	05708871

GLOBAL HEALTH PARTNERSHIPS - FORMERLY TROPICAL HEALTH AND EDUCATION TRUST
(A company limited by guarantee)
TRUSTEES' REPORT FOR THE YEAR ENDED 31ST DECEMBER 2024

The Trustees, who are also the Directors of the company for the purposes of the Companies Act, present their Annual Report, which is also the Directors' report for the purposes of the Companies Act, together with the audited Financial Statements of the company for the year ended 31 December 2024.

The financial statements comply with current statutory requirements, the requirements of the charity's governing document and in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice (Charities SORP (FRS 102)).

The name of the charity is Global Health Partnerships (formerly Tropical Health and Education Trust); it is also known as GHP.

The following trustees have acted during the year:

Ms Roda Ali Ahmed
Mr Justinian Ash
Dr Titilola Banjoko
Professor Ged Byrne MBE (stepped down 31 December 2023)
Dr Jemima Dennis-Antwi
Professor Valerie Fleming
Ms Elaine Green
Mr John Headley
Mr Mike McKirdy (stepped down 25 July 2024)
Professor Rosaline Raine
Mr Jonty Roland (stepped down 25 July 2024)
Dr Julia Terry
Dr Isioma Okolo (appointed 11 October 2024)
Ms Lisa Kelly (appointed 5 December 2024)

Chief Executive: Mr Ben Simms
Company Secretary: Ms Joanna Green
Deputy Company Secretary: Ms Donna Pryor

Introduction from the Chair of Trustees

This year has marked a significant milestone in our journey, as we formally adopted a new name, and updated our Memorandum and Articles of Association, that better reflects the spirit of mutuality and shared learning at the heart of our work. While the name has changed, our mission—rooted in the visionary leadership of our founder, Professor Sir Eldryd Parry—remains steadfast: to support health workers and strengthen health systems across low- and middle-income countries through transformative Health Partnerships.

The story of 2024 is one of growth amidst an ever-changing landscape for global health. Global Health Partnerships (GHP) has expanded rapidly, with a near fourfold increase in income since 2022, matched by the growth of our global team. In December 2024, Global Health Partnerships achieved an exciting milestone by becoming a registered charity in Scotland, further enhancing the organisation's ability to foster new collaborations and expand its work in the country.

These efforts have borne fruit not just within our own organisation, but across the Health Partnerships we support. From Ethiopia to Somaliland, and from Zambia to Syria, we have seen tangible improvements in healthcare delivery, training, and policy engagement thanks to the work of the health professionals with whom we act. Our impact is demonstrated in the 19,223 health workers trained, the 7,155 people whose access to healthcare was improved, and the 103 Health Partnerships strengthened through funding, convening, and collaboration. These numbers tell a powerful story—but behind them lie thousands of acts of dedication, compassion, and courage from health workers and volunteers across the globe.

This year also brought considerable external challenges. Political instability, conflict, and fragile infrastructure in many of our programme countries required constant adaptation. A change in the UK Government, ambiguity around international development policy and uncertainty around global health funding tested our ability to plan with confidence and we anticipate significant reductions in 2025-2026. Yet through strong governance, sound financial management, and the loyalty of our partners and donors, we closed 2024 with our funding targets exceeded and a financial line of sight extending into 2026.


Our advocacy work has reached new heights, with high-level engagement in Westminster, the launch of our flagship report on Universal Health Coverage (UHC) in UK Parliament on UHC Day and participation at the 77th World Health Assembly with our first ever side event, co-hosted with the Government of the Philippines, which championed a sustainable and equitable global health workforce. These efforts reaffirm the role of Global Health Partnerships as not only a trusted implementer, but a vital voice in shaping the global health agenda.

In March, we co-hosted the UK-Africa Health Summit, alongside one of its founders, Moses Mulimira who has been leading the Summit for 8 years. The event saw over 300 global health leaders, policymakers, changemakers, including diaspora leaders, come together to address the most pressing challenges facing health systems worldwide. The audience heard from 66 inspirational speakers, including the Uganda Ministry of Health Permanent Secretary, Dr Diana Atwine; High Commissioner of Kenya to the United Kingdom & Northern Ireland, H.E. Manoah Esipisu EBS; WHO Director of Health Workforce, Jim Campbell; UK Minister of State for Development and Africa, The Rt Hon Sir Andrew Mitchell MP; and UK Minister of State for Health and Secondary Care, The Rt Hon Andrew Stephenson CBE MP.

None of this would be possible without the extraordinary commitment of our staff, trustees, partners, and supporters. I thank each of you for your energy, your belief in our mission, and your dedication to a world where everyone, everywhere, can access quality healthcare.

As we look ahead, we do so with clarity of purpose and confidence in our direction. There is much to do—and many uncertainties still lie ahead—but we remain grounded in our values and inspired by the people we serve. In honouring Sir Eldryd's legacy, we move forward united, determined, and hopeful.

GHP is driven by deeply committed staff, guided by 12 brilliant Trustees, and supported by a team of dedicated Honorary Advisors. I am proud to be Chair of the Board of Trustees at this impactful and globally respected organisation. I would like to say a special welcome to our new Trustees Isioma Okolo, Lisa Kelly and Joshua Howard. The Board as a whole continues to dedicate enormous amounts of time on a voluntary basis, with each Trustee attending a quarterly committee meeting in addition to the Board meeting. Their contribution also extends to other elements of GHP's work, including supporting with the conferences held during the year, allowing us to draw on insight from residents of two African countries, and diaspora, as well as the UK. Finally, I would like to thank the Chief Executive, Senior Management Team and all other staff and consultants for their hard work and achievements at GHP during the year.


Mr Justinian Ash
Chair of the Board of Trustees
Global Health Partnerships

14/8/2025.

OBJECTIVES AND ACTIVITIES

For 35 years, Global Health Partnerships (GHP and formerly THET) has been working in partnership to strengthen health systems and build health workforce capacity in low- and middle-income countries (LMICs). Working closely with Ministries of Health and in partnership with UK and LMIC health institutions, and as an NGO in Official Relations with the World Health Organization (WHO), we strengthen health systems by responding to local and national priorities, supporting the training of health professionals, facilitating knowledge exchange and the development of policy and regulatory environments, and offering thought leadership and project management expertise.

This year, a mid-term review of the 2022-2027 Strategic Plan was completed, informed by a Trustee-Staff Away Day in October and with pro bono support from L.E.K. Consulting.

At the centre of our approach is the model of Health Partnerships; long-term relationships between UK and LMICs health institutions, which improve health services through the reciprocal exchange of skills, knowledge, and experience. They are rooted in an understanding that equitable relationships between health professionals across borders can benefit all involved.

This report is structured around our Key Performance Indicators (KPIs) for the reporting period. Staff and partners reported progress against a set of quantitative targets and qualitative measures, on a quarterly basis for six Enabling Goals, and every six months on four impact goals.

Our dedicated Evidence and Impact Team gathered regular reports from across the organisation, our programmes and grantees.

In producing this report, our Board of Trustees can confirm that they have complied with the duty outlined in the Charities Act 2011 to have due regard to Charity Commission guidance on public benefit.

Headline achievements in 2024

- From the evidence we were able to gather we improved **access to health services for 7,155 people in low- and middle-income countries (LMICs)** in 2024.
- We contributed to the training of **19,223 health workers in 2024**.
- We supported **103 Health Partnerships** to improve their capacity and effectiveness.
- We also supported **507 UK health workers to engage in global health activities** throughout the year.
- We have produced **6 pieces of new evidence and learning** and disseminated these internally and amongst our stakeholders, including our flagship report: *Advancing Universal Health Coverage Through Health Partnerships*.
- We delivered our online annual conference "[Strengthening Collective Action for Global Health](#)," in November, with **527 total registrants**, including 275 from LMICs and attendees from 41 countries.
- We hosted the [UK-Africa Health Summit](#), attended by over 300 global health leaders, policymakers, and changemakers.

- We started the new UK-Zimbabwe Health Partnership Pilot, funded by FCDO Zimbabwe, supporting 6 new grants between Zimbabwean and UK partners.
- 30 grants in total were awarded totalling £691,093.

Our performance against our strategy

1. IMPACT GOAL 1: To strengthen the health workforce and the health systems in which they work

Improved access to health services: We are able to evidence improved access to health services for **7,155 people** in low- and middle-income countries (LMICs) in 2024. This number was notably influenced in the last quarter by reporting from the Fraxinus Trust-funded Improving NCD Care for Underserved Communities in Ethiopia project, which included results from NCD awareness raising and screening activities. Examples include improved health-seeking behaviour among children and adults in Ethiopia and improvements to processes at Hargeisa Group Hospital in Somaliland as part of the Nursing Now Fellowship programme.

We contributed to the training of 19,223 health workers in 2024. The main cadres trained included Nurses, Doctors, Midwives, Pharmacists, and Health Extension Workers, with figures largely driven by the Global Health Workforce Programme (GHWP) and the Global Capacity Building Programme (GCB).

Of those trained, **6,323 health workers were tested and demonstrated improved knowledge/skills** in 2024. Longitudinal retainment of improved knowledge and skills (>3 months) was demonstrated through projects like the Ethiopia Improving NCD Care project, where healthcare workers accurately measured blood pressure and sugar levels, and the Nursing Fellowships programme in Somaliland, where healthcare workers applied the National Harmonized Medical curriculum appropriately.

In addition, we engaged extensively with external organisations and decision-makers through policy and learning activities. **Highlights include:**

- The Global Health Partnerships Online Conference "[Strengthening Collective Action for Global Health](#)," delivered in November, served as a significant platform, with **527 total registrants**, including 275 from LMICs and attendees from 41 countries. Highlights included the formal announcement of our renaming, positive feedback on speaker diversity, and high-level representation from Kenya's Cabinet Secretary for Health and NHS England (NHSE). Policy engagement with UK Parliamentarians involved targeted briefings, meetings, and events, including meetings with Lord McConnell, Lord Oates, and Dr Beccy Cooper MP. GHP speakers participated in panels at both Conservative and Liberal Democrats conferences.
- In March, we **co-hosted the [UK-Africa Health Summit](#)**, alongside one of its founders, Moses Mulimira who has been leading the Summit for nearly 10 years. The event saw over 300 global health leaders, policymakers, changemakers, including diaspora leaders and a range of health workers, come together to address the most pressing challenges facing health systems worldwide. The audience heard from 66 inspirational speakers, including the Uganda Ministry of

Health Permanent Secretary, Dr Diana Atwine; High Commissioner of Kenya to the United Kingdom & Northern Ireland, H.E. Manoah Esipisu EBS; WHO Director of Health Workforce, Jim Campbell; UK Minister of State for Development and Africa, The Rt Hon Andrew Mitchell MP; and UK Minister of State for Health and Secondary Care, The Rt Hon Andrew Stephenson CBE MP.

- Our flagship report "[Advancing Universal Health Coverage Through Health Partnerships](#)" was launched in Parliament on UHC Day in December, attended by approximately 100 guests from the FCDO, DHSC, NHSE and High Commissions. Speakers at the launch included Dr Lauren Sullivan MP, Dr Beccy Cooper MP, the Rt Hon Andrew Mitchell MP, Dr Lucia Vambe and the Tanzanian Minister of Health Hon. Jenista Mhagama.
- We contributed to the FCDO's Development Review.
- The Health Advocates Network grew to 213 members and delivered the "First 100 Days" campaign, resulting in a letter signed by 43 individuals, including presidents of 6 diaspora associations. We supported an event at Barking, Havering and Redbridge NHS Trust (BHRUT) celebrating staff diversity and diaspora contributions, attended by Tanzania's High Commissioner and Health Minister. Presentations were given to NHS Leadership Academy trainees to raise awareness of our work and the contributions of the diaspora.
- The Wales focused version of our Voices of the Experts in our Midst report [was published and launched in the Welsh Senedd](#).

2. IMPACT GOAL 2: To strengthen the Health Partnership community

We supported 507 UK health workers to engage in global health in 2024.

In the last quarter alone, 94 UK health workers engaged, providing 715 days through placements and online support. One such example saw UK volunteers from the Association of Breast Surgery developing an online training course for Sanofi funded Master Trainers as part of the Breast Cancer Care project in Uganda and Zambia.

We supported 103 Health Partnerships to improve their capacity and effectiveness. Opportunities for partnerships to convene included a closing ceremony for the 65 Fellows of the Nursing Fellowship in Partnership with the Nursing Now Challenge, and ten health partnership speaker slots at the GHP annual conference.

We awarded 30 grants totalling over £600,000 to Health Partnerships in 2024. This included nine extension grants for antimicrobial stewardship interventions in sub-Saharan hospitals, and seven grants to NHS institutions and African partners working across a number of themes, such as post-collision care, minimally invasive surgery, and health workforce wellbeing.

Early in 2024, the FCDO funded **UK-Zimbabwe Health Partnership Pilot (UKZHPP)** began. The programme supports health systems strengthening (HSS) through piloting six health partnership initiatives that support the government deliver on Zimbabwe's Health Workforce Investment Compact.

3. IMPACT GOAL 3: To be ambitious in our approach to equity and inclusion

A number of activities were carried out across GHP teams, programmes, and within Health Partnerships to encourage gender, equity and inclusion (GESI). Between October-December 2024, 4 grants programmes and 3 direct country programmes reported specific GESI activities, alongside 22 activities reported across GHP teams. Highlights include:

- Engaging Elders and women in Kenya for AMR awareness through the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS 2)
- Integrating GESI components into emergency medicine training in Ghana (GHWP)
- Delivering virtual GESI training to women and persons with disabilities in rural Kenyan counties (GHWP)
- Progressing the GESI strategy in the Upskilling and future-proofing human resources for health and enhancing health governance for Universal health coverage and better-quality care (UFUQ) programme in Syria, including reviewing curricula and adding GESI criteria to conference selections.
- Out of 11 GHP projects assessed, seven (64%) were providing evidence of being at least 'GESI-Specific'. Areas identified for further support include using disaggregated data to inform decision-making and focusing on disability within projects.

4. IMPACT GOAL 4: To ensure all our work advances climate mitigation, adaptation and resilience

During the first three quarters of 2024, we evidenced that GHP staff international travel emitted 34.3 tonnes of CO₂. Progress on the development and roll-out of carbon-budgeting for programmes was held up due to staff capacity issues. During the mid-term review of the Strategy in late 2024, a decision was made to temporarily deprioritise our work to advance climate mitigation, adaptation and resilience. We will look to return to this work when capacity and time allows.

5. ENABLING GOAL 1: Ensure all GHP's programmes meet appropriate quality standards

All programmes were **assessed against our Quality Standards**, with 100% of the 11 programmes reviewed achieving our minimum quality benchmarks. This marks a significant improvement compared to 2023, when 6 programmes did not reach the desired standards.

Programme management tools such as the Programme Manager Master Reporting Sheet and Programme Manager Guidance Manual were rolled out and applied. A Programme Quality Self-assessment tool was refined to enable deeper analysis and improvement, particularly regarding GESI, Do

No Harm, and climate resilience. Identified gaps needing further support across programmes include cross-department collaboration, Health Partnerships risk management, climate resilience, GESI, stakeholder feedback/reflection time, sustainability, and exit strategies. Learning and Development (L&D) sessions on Data Management and Conflict Sensitivity were conducted, along with annual safeguarding training.

6. ENABLING GOAL 2: Generate and use robust evidence to inform our work and the work of others, recognising the mutual benefit of collaboration.

We produced 6 pieces of new evidence and learning in 2024, meeting our target and disseminated these internally and externally. All completed programmes produced completion or evaluation reports.

The flagship report "Advancing Universal Health Coverage Through Health Partnerships" highlighted the mutual benefit of Health Partnerships and how Health Partnerships can be a force for advancing the UK's domestic and Global Health Priorities, while supporting progress towards UHC.

The renamed Evidence and Impact Team (EIT - previously REL) began developing GHP's organisational Learning Agenda, a programmes data strategy, and a process was started to assess the online Programmes Portal for effectiveness and appropriateness.

7. ENABLING GOAL 3: Create a people-centred organisation by bringing alive our core values

The 2024 annual staff survey was carried out in August, with results shared with the Board in December. Key findings include - Over 75% of staff report being satisfied working at THET/GHP. 100% of staff are meeting expectations (scoring on average 3/5 within the 2023/2024 360° staff appraisals) adhering to the organisation's core values in their work.

Staff continued to dedicate one day each month to personal learning and development. Programme Quality workshops were organised, covering topics such as new business development, GESI, MEL, risk management, and Microsoft systems.

8. ENABLING GOAL 4: Effectively manage our finance and operations across the organisation

Currently, all our offices are operating within appropriate financial and operational standards. GHP's Global Finance Manual is a key document which clearly outlines our financial management framework including financial policies, standards, and procedures for GHP both in the UK and for our overseas country offices. Currently each jurisdiction is working in-line with the Global Finance Manual, with monthly reviews taking place. Annual audits were completed on time and without qualifications.

9. ENABLING GOAL 5: Strengthen our use of technology across all our work

The Digital Transformation Strategy was reviewed, and a new Digital Transformation Manager was recruited. The strategy focuses on developing internal digital skills ('Being Digital') and using digital solutions to amplify impact ('Doing Digital').

The Saving Mothers at Delivery Programme in Myanmar made successful use of our Pulse e-learning platform to deliver quality remote training to health workers in private and Ethnic-zone health facilities in Myanmar.

Engagement with the Pulse platform saw user numbers increase over the year to 1,596 by the end of 2024, though the interaction rate per user fell slightly. There were no significant digital security issues reported, and guidelines on cyber security were issued.

10. ENABLING GOAL 6: Generate diverse and sustainable funding

We exceeded our annual total income target of £5,168,000, having secured a total of **£6,579,669**, which is **102% of our stretch target** for 2024. This figure represents the total value of new contracts secured in 2024 (not income recognised in 2024). The income for these new contracts will be recognised over the length of the projects, in line with the donor conditions.

During 2024, 34 proposals were submitted. 95% of our secured funding in 2024 (£6,280,879) was from institutional donors, and in particular the UK government (FCDO Myanmar, FCDO Zimbabwe (a new donor) and DHSC (for the extension to the Global Health Workforce Programme)). Aside from this, 4% of our funding (£269,650), was secured from Trusts and Foundations, and £28,660 was secured from individual donors. While we exceeded the overall target, significant progress is required in 2025 for Trusts and Foundations and individual donors.

Proposal success rates in 2024 included 2 out of 5 proposals to institutional donors being successful (40%), and 7 out of 25 (28%) applications to trusts and foundations. 95% of new funding secured is for more than 12 months, although much is only slightly over 12 months, highlighting the need to identify additional sources. The confirmation of significant funding streams from DHSC (GHWP extension and an invitation to apply for an AMS programme extension) provides a financial line of sight to April 1st 2026.

While grateful for this, due to uncertainty, planning assumes no major new UK Government Health Partnership scheme will launch in 2025, invigorating efforts to further diversify income.

11. KEY LESSONS LEARNT – Challenges in 2024

Beyond the external context of political instability, conflict, and funding uncertainty, internal operational challenges remain in managing rapid growth, including embedding new systems and processes and ensuring sufficient capacity in support teams like HR and Operations. Identified gaps in programme quality

management also require further support. The SMT continues to track incidents with potential impact on staff and programmes at weekly meetings.

12. Structure, Governance and Management

GHP is a registered charity (registration number 1113101) and is constituted as a company registered in England and Wales and limited by guarantee (registration number 05708871). Its objects and powers are set out in its Memorandum and Articles of Association, which was updated in 2024 and is the charity's governing document.

13. Trustees

The Directors of GHP are the Trustees, collectively known as The Board of Trustees (The Board). The Board, GHP's governing body, comprises a minimum of 3 and a maximum of 12 Trustees. Trustees serve an initial term of three years that can be extended for up to a maximum of three years. The Trustees are also members of the company. New Trustees are appointed by ordinary resolution at the general meeting. Members of the Board have guaranteed the liabilities of the company up to £1 each.

Trustees are appointed following open advertising in specialist publications or on specialist websites and following a rigorous interview process. All new Trustees are provided with a structured induction programme.

The Board of Trustees has created four specialist sub-committees to assist it with its work: the Finance, Risk and Governance Committee (FRGC), the Programmes Quality Committee, the Remuneration Committee (RemCo) and the External Engagement Committee. Each committee includes members of the Board and may include additional members appointed for their specialist knowledge.

The Finance, Risk and Governance Committee (FRGC), GHP's audit committee, chaired by the Treasurer, meets as necessary with the external auditors. The FRGC reviews the external auditor's management letter and monitors implementation of actions required as a result. The FRGC also has responsibility to advise the Board on whether the audit, risk management and control processes within GHP are effective.

The Remuneration Committee monitors GHP's policy on remuneration and benefits for its staff and reports annually to the Board. The Remuneration Committee meets annually and was chaired by Justinian Ash. In 2024, salaries are set after consideration of the cost of living, the financial position of the charity, and roles and responsibilities after taking into account the contracts being handled by GHP.

GHP's Trustees are responsible for everything that GHP does. However, to ensure that GHP is managed efficiently and effectively, the Trustees have delegated a range of day-to-day decision-making powers to the Senior Management Team. Trustees have also established appropriate controls and reporting mechanisms to ensure that the Senior Management Team operates within the scope of the powers delegated to it. The delegation policy is

updated on an ongoing basis and is formally reviewed and approved by Trustees. The members of the Senior Management Team are not directors for the purposes of company law.

There has been no specific restriction imposed by the charity's governing document on the operation of the Trust. Trustees are authorised by the charity's governing document to invest any money of the Charity not immediately required for its function in appropriate, legal investments provided that any necessary consents are first obtained.

Annual Trustee activity

A typical year for a Trustee includes the following:

- Attendance at four Board meetings per annum
- Attendance at the AGM
- Attendance at committee meetings, and at ad hoc groups convened for specific purposes
- Attendance at staff or senior management meetings on an occasional basis
- Attendance at events (e.g., public meetings, meetings with GHP volunteers/supporters/donors, GHP Away Day)
- Attendance at the Annual Conference
- Trustees with specialist knowledge may work with senior management, both to provide advice and support, and to enhance board understanding and scrutiny.

14. Risk assessment

The Trustees keep strategic and operational risks under review at the quarterly Finance, Risk and Governance meetings, and Board of Trustees meetings. This involves an assessment of probability and potential impact, and a discussion of mitigating actions prepared by GHP's Senior Management Team.

The three most significant risks, and a summary of mitigations, are as follows:

- Most grants have a one-to-two-year horizon, so there is a risk of potential downturns in funding. Mitigations include activity to inform and influence government, close monitoring of income, income diversification initiatives and the maintenance of a financial buffer to allow for restructuring if necessary.
- Operating across many different jurisdictions and regulatory regimes, GHP is open to the risk of fraud and non-compliance with local regulations. This is mitigated – inter alia - by clear policies upon which staff are fully briefed.
- The nature of GHP's international risks means we are exposed to volatile countries, and in some cases war zones. GHP maintains a close eye on local conditions and is able to respond swiftly with safety, security, hibernation, evacuation and/or business continuity plans as required, so we can protect our valued staff and volunteers.

15. Our approach to fundraising activities

The charity raises funds from diverse sources including institutional donors, Trusts and Foundations, private sector partners and individuals, in the UK and internationally. We have developed an Ethical Fundraising Policy to guide decisions on solicitation and acceptance of funds and undertake due diligence on new donors.

The charity undertakes bi-yearly fundraising campaigns which reach a small number of patrons and supporters who have consented to receive the campaigns. Beyond this the Trustees are pleased to receive unsolicited gifts and legacies from patrons and supporters who generously support our work.

Beyond this, GHP does not currently actively fundraise from the public, run legacy campaigns, or undertake similar fundraising activities in its own right. The charity does not currently engage professional fundraisers or third-party agencies to fundraise on its behalf.

The charity adheres to the Fundraising Regulator's Code of Fundraising Practice to ensure our fundraising is legal, open, honest, and respectful. While the charity engages in limited direct fundraising activity, steps are taken to ensure that communications are respectful and do not place undue pressure on individuals. The charity is mindful of its responsibilities to protect the public, including vulnerable people, from intrusive or persistent fundraising approaches. No complaints have been received from funders or beneficiaries in respect of fundraising activities undertaken by the charity.

Grant-making policies

GHP issues grants to Health Partnerships delivering projects in keeping with its mission. Grants are selected following a fair and transparent process whereby applicants are provided with template forms and guidelines that state the purpose of the funds, eligibility criteria and a timeline for submission and selection.

Once awarded, and when contracts are signed, grants are managed in line with the Grants Management System, which sets out checks and controls to ensure that funds are being used for the purpose stated in the application. Financial and narrative reports are submitted at contracted intervals to show levels of spend and activity against plan and, where necessary, to explain exceptional variances. Milestones are set during the inception phase of each grant and progress is measured against these.

Other risk management processes include checks and controls on adequate financial management and verification of the legal protection and safety of those involved in the project. Information is gathered through reports and meetings and through spot checks on receipts and other documentation.

Financial Review:

Key highlights from the 2024 Accounts are:

- Total income increased from £5.35m in 2023 to £14.58m in 2024.
- Total expenditure increased from £5.25m in 2023 to £14.27m in 2024.
- Net current assets (debtors + cash – creditors) increased by £303k to £3.06m.
- Unrestricted reserves were £1.03m.

The story of 2024 is one of growth amidst an ever-changing landscape for global health. Global Health Partnerships (GHP) has expanded rapidly, with a near fourfold increase in income since 2022, matched by the growth of our global team.

The principal funding sources in 2024 were government bodies, including the Foreign, Commonwealth and Development Office and the Department for Health and Social Care; public bodies, including NHS England; corporate entities, such as Sanofi; and Trusts and Foundations, such as the Bill & Melinda Gates Foundation and the CRI Foundation. This funding is used for various project activities as specified in the donor agreements. For specific details of these projects please refer to Note 16 of the accounts.

Whilst the Trustees consider the outlook for GHP in 2025 to be broadly positive, in subsequent years the charity will be affected by the reduction in government funding for overseas aid. The strong unrestricted reserves position reported this year, and GHP's sound processes of financial planning put the charity in a good position to navigate these more challenging times ahead.

Charitable funds

The funds held by GHP are in interest-bearing accounts managed by the Charities Aid Foundation and HSBC Bank plc from which they can be withdrawn as needed. The Trust is able to meet all its obligation and commitments within its present cash flow and assets.

GHP does not hold assets except as detailed in the accounts. The salaries of project staff are derived mainly from grants. GHP operates in collaboration with other charitable bodies to pursue its objectives.

Reserves Policy

The Board of Trustees has established a General Reserves Policy which continues to protect our programme work from risk of disruption at short notice due to a lack of funds. The Policy also provides parameters for future strategic plans and contributes towards decision-making. It determines an appropriate target level for general reserves, taking into account the following factors:

- Vulnerability to unplanned changes in financial position, relating mainly to unpredictability of fundraising and unrestricted income and securing future restricted and unrestricted contracts.
- Net financial risk related to the above, taking into account the likely speed of onset as well as the mitigation steps available to management.
- The fact that expenditure is generally predictable and long term, with the exception of 'variable' spend on restricted programmes where risks typically involve unplanned events such as hostile government action or major uninsured health and safety or security emergencies.

This approach provides a target base level of general reserves for good governance; to cover 3 months organisational closure cost and the costs incurred by cessation of programme and grant activity. The basis of determining the target reserves level is kept under review and is adjusted to reflect funded activity, and thus organisational size, taking into account actual and perceptions of risk. The minimum target level of reserves in 2024 was set at £475,000. Free reserves, representing unrestricted funds less tangible fixed assets were £1,026,053 at 31 December 2024, significantly exceeding the minimum target.

Arrangements for monitoring and reviewing the reserves policy

The reserves policy is, as a minimum, subject to annual review by Trustees, with the next review scheduled for December 2025. In addition, the Trustees monitor GHP's performance against the budget throughout the year and consider the need for a reconsideration of reserves, dependent upon changes in activity and organisational structure.

General Reserves (Unrestricted)

General reserves are not restricted to or designated for a particular purpose. General reserves are £1,034,987 (2023 - £691,185) at the end of December 2024. A detailed review of the level of unrestricted reserves was conducted in 2024.

Restricted Funds

These funds are tied to particular purposes, as specified by the donor or as identified at the time of a public appeal. At 31 December 2024, unspent restricted funds were £2,035,110 (2023 - £2,069,232).

Total funds

At 31 December 2024, total funds were £3,070,097, with £8,935 of this relating to fixed assets.

Future plans

In 2025, in line with our mid-term review of the strategy, we will give greater focus to surfacing our evidence and diversifying our funding. We will continue to deliver a number of our current programmes, including the Global Health Workforce Programme, now including partnerships in Ethiopia, Somaliland and Malawi, in addition to those in Kenya, Ghana and Nigeria and the Commonwealth Partnerships for Antimicrobial Stewardship. We look forward to once again co-hosting the UK Africa Health Summit and to progressing our work with Diaspora health workers and organisations.

Trustees' responsibilities

Company law requires the Trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the charity and of the surplus or deficit of the charity for that period. In preparing these accounts, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- Prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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(A company limited by guarantee)
TRUSTEES' REPORT FOR THE YEAR ENDED 31ST DECEMBER 2024

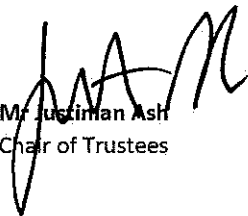
The Trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the accounts comply with the Companies Act 2006 and with Accounting and Reporting by Charities: Statement of Recommended Practice (Charities SORP (FRS 102)). They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Each of the Trustees confirm that:

- So far as they are aware there is no relevant audit information of which the charity's auditors are unaware, and,
- They have taken all the necessary steps that they ought to have taken as Trustees in order to make themselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies. The Trustees have taken the exemption available to small companies and have not prepared a Strategic Report.

Approved by the Board of Trustees on and signed on its behalf by


Mr Justinian Ash
Chair of Trustees

14/8/2025.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GLOBAL HEALTH PARTNERSHIPS (FORMERLY TROPICAL HEALTH AND EDUCATION TRUST)

Opinion

We have audited the financial statements of Global Health Partnerships ('the company') for the year ended 31 December 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2024 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GLOBAL HEALTH PARTNERSHIPS (FORMERLY TROPICAL HEALTH AND EDUCATION TRUST)

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to take advantage of the small companies exemption from preparing a Strategic Report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 16, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005, the Companies Act 2006 and Section 151 of the Charities Act 2011 and report to you in accordance with regulations made under those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GLOBAL HEALTH PARTNERSHIPS (FORMERLY TROPICAL HEALTH AND EDUCATION TRUST)

error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the company and considered that the most significant are the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended), the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council and UK taxation legislation.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GLOBAL HEALTH PARTNERSHIPS
(FORMERLY TROPICAL HEALTH AND EDUCATION TRUST)

- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006; and to the charity's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005, and in respect of the consolidated financial statements, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters which we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company, the charitable company's members, as a body, and the charity's trustees, as a body for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP

Neil Finlayson (Senior Statutory Auditor)
for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

9 Appold Street
London
EC2A 2AP

Date: 5 September 2025

GLOBAL HEALTH PARTNERSHIPS
(A company limited by guarantee)

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

	Note	Unrestricted £	Restricted £	2024 Total £	2023 Total £
Income from:					
Donations and legacies	2	77,864	-	77,864	29,670
Charitable activities	3	945,543	13,332,598	14,278,141	5,254,513
Investment income	4	4,359	-	4,359	783
Other income	5	219,374	-	219,374	62,129
Total income		1,247,140	13,332,598	14,579,738	5,347,095
Expenditure on:					
Raising Funds	6	461,861	-	461,861	171,623
Charitable activities	8	435,965	13,372,232	13,808,197	5,083,187
Total expenditure		897,826	13,372,232	14,270,058	5,254,810
Net income/(expenditure)		349,314	(39,634)	309,680	92,285
Transfers between funds	16a	(5,512)	5,512	-	-
Net movement in funds		343,802	(34,122)	309,680	92,285
Reconciliation of funds:					
Total funds brought forward	16a	691,185	2,069,232	2,760,417	2,668,132
Total funds carried forward	16a	1,034,987	2,035,110	3,070,097	2,760,417

The Statement of Financial Activities includes all gains and losses recognised in the year.

A full comparative Statement of Financial Activities is presented in note 23.

The notes on pages 25 to 37 form part of these financial statements.

GLOBAL HEALTH PARTNERSHIPS
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BALANCE SHEET
FOR THE YEAR ENDED 31 DECEMBER 2024

	Note	£	2024 £	£	2023 £
Fixed assets					
Tangible assets	12		8,935		2,280
			<u>8,935</u>		<u>2,280</u>
Current assets					
Debtors	13	1,287,651		1,163,000	
Cash at bank and in hand		2,290,669		3,729,159	
			<u>3,578,320</u>	<u>4,892,159</u>	
Liabilities					
Creditors: amounts falling due within one year	14	(517,158)		(2,134,022)	
			<u></u>	<u></u>	
Net current assets			<u>3,061,162</u>		<u>2,758,137</u>
Total net assets			<u><u>3,070,097</u></u>		<u><u>2,760,417</u></u>
The funds of the charity					
Restricted income funds			2,035,110		2,069,232
Unrestricted income funds:					
General funds			<u>1,034,987</u>		<u>691,185</u>
Total charity funds	16a		<u><u>3,070,097</u></u>		<u><u>2,760,417</u></u>

The financial statements have been prepared in accordance with the provisions applicable to entities subject to the small companies regime.

The financial statements were approved and authorised for issue by the Trustees on
and were signed on their behalf by:

.....
Mr Justinian Ash
Chair of Trustees

14/01/2025

The notes on pages 25 to 37 form part of these financial statements.

GLOBAL HEALTH PARTNERSHIPS
(A company limited by guarantee)

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31ST DECEMBER 2024

	Note	2024	2023
		£	£
Cash flows from operating activities			
Net cash provided by operating activities		(1,433,950)	830,475
Cash flows from investing activities:			
Interest received		4,359	783
Purchases of tangible fixed assets		(8,898)	(2,189)
Net cash used in investing activities		(4,539)	(1,406)
Change in cash and cash equivalents in the year		(1,438,489)	829,069
Cash and cash equivalents at the beginning of the year		3,729,159	2,900,090
Cash and cash equivalents at the end of the year		2,290,670	3,729,159

Reconciliation of net movements in fund to net cash flow from operating activities

	2024	2023
	£	£
Net income for the reporting period	309,680	92,285
(as per the statement of financial activities)		
Depreciation charges	2,243	2,063
(Gains)/losses on investments	-	-
(Increase)/decrease in debtors	(124,650)	(1,002,243)
Increase/(decrease) in creditors	(1,616,864)	1,739,153
Interest received	(4,359)	(783)
Net cash provided by operating activities	(1,433,950)	830,475

Cash and cash equivalents comprise solely cash at bank and in hand during both the current and prior year.

The notes on pages 23 to 33 form part of these financial statements.

1 Accounting policies

a) Statutory information

Global Health Partnerships is a private company limited by guarantee and is incorporated in England and Wales and a charity registered with the Charity Commission. The registered office address is disclosed on the company information page.

b) Basis of preparation

The financial statements have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The Charities SORP (FRS 102)) effective from 1 January 2019, the Companies Act 2006, the Charities Act 2011, the Charity Trustee and Investment (Scotland) Act 2005, and the Charities Accounts (Scotland) Regulations 2006.

c) Public benefit entity

Global Health Partnership constitutes a public benefit entity as defined by FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

d) Going concern

The Trustees have prepared, reviewed and formally approved detailed operating and cash flow projections covering the next 12 months to July 2026. On the basis of these projections they have assessed that the Charity has adequate financial resources and structures in place to manage its operational risks. In addition, the budgeting and forecasting process has taken account of the current economic and funding climate and its potential impact on our various sources of income and expenditure. Therefore, the trustees are confident that there is reasonable expectation that the Charity has adequate resources and control mechanisms to continue in operational existence for the foreseeable future and, on this basis the trustees believe, to the best of their belief and knowledge, that the Charity remains as a going concern for a period of at least 12 months from the approval of these financial statements and, accordingly, these financial statements have been prepared on the going concern basis.

e) Income

Income is recognised when the charitable company has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably. When income is received in advance of providing services, it is deferred until Global Health Partnerships becomes entitled to that income.

Donations are recognised in the statement of financial activities in the year which they are received, unless the income recognition criteria set out above are met at an earlier date.

For legacies, entitlement is taken as the earlier of the date on which either: (i) the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to Global Health Partnerships that a distribution will be made, or (ii) when a distribution is received from the estate. Receipt of a legacy, in whole or part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Grants are included in the statement of financial activities on a receivable basis. The balance of income received for specific purposes but not expended during the period is shown in the relevant funds on the balance sheet. Where income is received in advance of entitlement of receipt, its recognition is deferred and included in creditors as deferred income. Where entitlement occurs before income is received, the income is accrued.

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift of the charity which is the amount the charity would have been willing to pay to obtain services of facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

In accordance with the Charities SORP (FRS 102), the donated services from our general volunteers are not included within the financial statements.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

f) Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity.

Restricted funds are to be used for specific purposes as laid down by the donor or which have been raised by the Charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes of the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

1 Accounting policies (continued)

g) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

Costs of charitable activities are the costs applied by the charity in undertaking its work and achieving its charitable objectives, as opposed to the cost of raising funds to finance those objectives.

Non-directly attributable costs are allocated based on an estimate of time spent.

Expenditure on raising funds relate to the costs incurred by the charitable company to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

Expenditure on charitable activities includes the costs of directly undertaking the activities which further the purposes and objectives of the charitable company, and their associated support costs.

Grants are included in the statement of financial activities as they become payable. Global Health Partnerships ability to make grant payments is entirely dependent on funding (FCDO, DHSC, EU and CRI Foundation) under the contracts that are the subject to annual renegotiation. In the opinion of the Trustees, a constructive obligation is only created when (i) ongoing grant conditions are being fulfilled and, (ii) contract renewal has been successfully negotiated with different grantors.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

h) Allocation of support costs

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charitable company is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity.

Governance costs are the costs associated with the governance arrangements of the charitable company. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

i) Foreign Currencies

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at rates of exchange ruling at the reporting date.

Transactions in foreign currencies are translated into sterling at the rate ruling on the date of transaction.

Exchange gains and losses are recognised in the statement of financial activities.

j) Tangible fixed assets

Tangible fixed assets costing £500 or more are capitalised and recognised when future economic benefits are probable and the costs can be measured reliably.

Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

Computer Equipment	33% straight line
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k) Liabilities and provisions

Creditors and provisions are recognised where the charitable company has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

l) Financial Instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1 Accounting policies (continued)

m) Pensions

Global Health Partnerships operates a defined contribution pension scheme for the benefit of staff. The charitable company's contribution is charged to the Statement of Financial Activities in the financial year. The charitable company has no liability under the scheme other than for the payment of those contributions.

n) Critical accounting estimates and areas of of judgement

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The Charity makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. In the opinion of the Trustees there are however no estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2024

2 Income from donations and legacies

	Total Funds 2024 £	Total Funds 2023 £
Donations	77,864	29,670
Legacies	-	-
	<u>77,864</u>	<u>29,670</u>

All income from donations and legacies was unrestricted in the current and previous year.

3 Income from charitable activities

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £	Total Funds 2023 £
Programmes & Projects	6,745	13,332,598	13,339,343	4,925,973
Management fee income	938,798	-	938,798	328,540
Total 2024	<u>945,543</u>	<u>13,332,598</u>	<u>14,278,141</u>	<u>5,254,513</u>
Total 2023	<u>335,907</u>	<u>4,918,606</u>	<u>5,254,513</u>	

4 Investment income

	Total Funds 2024 £	Total Funds 2023 £
Bank interest	4,359	783

All income from investments were unrestricted in the current and previous year.

5 Other income

	Total Funds 2024 £	Total Funds 2023 £
Conference and events fees	218,374	62,129

All other income was unrestricted in the current and previous year.

6 Expenditure on raising funds

Costs of raising voluntary income

	Total Funds 2024 £	Total Funds 2023 £
Direct salaries	161,308	71,266
Other direct costs	137,066	6,352
Allocated centrally incurred fundraising and governance costs	130,443	42,898
	<u>428,817</u>	<u>120,516</u>
Fundraising trading expenses		
Indirect salaries	33,044	51,107
	<u>461,861</u>	<u>171,623</u>

All costs of raising voluntary income were allocated against unrestricted funds in both the current and prior year.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2024

7 Analysis of grants

	Grants to Institutions 2024 £	Total Funds 2024 £	Total Funds 2023 £
Grants awarded to NHS and academic partners	7,784,136	7,784,136	1,524,908
Total 2023	1,524,908	1,524,908	

The Charity has made the following material grants over £50,000 to Institutions during the year.

Name of institution	2024 £
Liverpool School of Tropical Medicine	725,420
Intrahealth International	664,313
King's College London	407,615
Dharura Global Emergency Care	333,744
Royal College of Obstetrics & Gynaecology	332,440
NANA Girls and Women Empowerment Initiative	332,434
International Children's Palliative Care Network (ICPCN)	329,374
The Royal College of Paediatrics and Child Health	318,539
Addenbrooke's Charitable Trust	288,670
Clinton Health Access Initiative	286,990
BFIRST - The Royal College of Surgeons England	285,000
Florence Nightingale Foundation	273,661
British Paediatric Neurology Assoc'n	260,326
The Royal College of Emergency Medicine	254,105
University of Huddersfield HEC	226,900
American University of Beirut	112,516
FACULTY OF PUBLIC HEALTH	108,292
Nottingham Trent University	104,076
The Royal College of Psychiatrists	96,813
Royal College of Pathologists	93,024
The Royal College of Anaesthetists	62,515
Hampshire Hospitals NHSFT BS	56,742
PHASOM	56,116
Institute of Applied Studies and Research	53,699
University College London Hospitals NHS Foundation Trust	53,657
East London NHS FT	52,246
London School of Hygiene and Trop. Medicine	52,230
NHS England	50,000
	6,271,455
Other grants to institutions	1,512,681
	7,784,136

8 Analysis of expenditure by activities

	Activities undertaken directly 2024 £	Grant funding of activities 2024 £	Support costs 2024 £	Total Funds 2024 £	Total Funds 2023 £
Programmes & Projects	5,588,096	-	435,965	6,024,061	3,558,279
Grants awarded to NHS and academic partners	-	7,784,136	-	7,784,136	1,524,908
	5,588,096	7,784,136	435,965	13,808,197	5,083,187
Total 2023	2,994,257	1,524,908	564,022	5,083,187	

8 Analysis of expenditure by activities (continued)

Analysis of direct costs

	Total Funds 2024 £	Total Funds 2023 £
Staff costs	2,088,581	1,214,962
Direct expenditure on programmes and projects	3,499,515	1,779,295
Total	5,588,096	2,994,257

Analysis of support costs

	Total Funds 2024 £	Total Funds 2023 £
Staff costs	88,118	306,639
Governance costs	28,997	16,905
Administration and office expenses	318,850	240,478
Rent and rates	-	-
Total	435,965	564,022

9 Auditor's remuneration

Auditor's remuneration includes fees payable for the statutory audit of £16,460 (2023: £15,675) and non audit services in relation to the preparation of the financial statements of £2,940 (2023: £2,800).

10 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2024 £	2023 £
Salaries and wages	2,282,310	1,521,105
Social security costs	199,043	124,856
Contribution to defined contribution pension schemes	77,397	47,056
Total	2,558,750	1,693,017

The following number of employees received employee benefits (excluding employer national insurance and pension costs) during the year between:

	2024 No.	2023 No.
£60,000 - £69,999	1	1
£70,000 - £79,999	3	2
£80,000 - £89,999	1	-
£90,000 - £99,999	-	-
£100,000 - £109,999	1	1

The key management personnel of Global Health Partnerships comprises the Chief Executive and the Senior Management Team (SMT). The SMT consists of the Chief Operating Officer, Deputy CEO and the Director of Programmes. The total employee benefits including pension contributions of the key management personnel were £397,494 (2023: £364,987).

The Trustees were not paid or received any other benefits from employment with the charitable company in the year. No trustee received payment for professional or other services supplied to the charitable company.

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £951 for 3 Trustees (2023: £1,078 for 2

11 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2024 No.	2023 No.
Charitable activities - programme and projects	56	40
Administration	8	6
Generating income	3	1
Total	67	47

12 Tangible fixed assets

	Computer Equipment £	Total £
Cost		
Balance brought forward	34,223	34,223
Additions in year	8,898	8,898
Disposals in year	-	-
At the end of the year	43,121	43,121
Depreciation		
Balance brought forward	31,943	31,943
Charge for the year	2,243	2,243
Eliminated on disposal	-	-
At the end of the year	34,186	34,186
Net book value		
As at 31 December 2024	8,935	8,935
As at 31 December 2023	2,280	2,280

All of the above assets are used for charitable purposes.

13 Debtors

	2024 £	2023 £
Trade debtors	135,010	623,750
Other debtors	388,285	79,623
Prepayments	44,472	6,467
Accrued income	719,884	453,160
	1,287,651	1,163,000

14 Creditors: amounts falling due within one year

	2024 £	2023 £
Trade creditors	151,375	134,841
Taxation and social security	89,005	62,443
Other creditors	251,381	116,360
Deferred income	-	1,763,138
Accruals	25,397	57,240
	517,158	2,134,022

15 Deferred income

Deferred income comprises contracts and other income where the activity to deliver services funded by this income does not occur until the following

	2024 £	2023 £
Balance at the beginning of the year	1,763,138	-
Amount released to income in the year	(1,763,138)	-
Amount deferred in the year	-	1,763,138
Balance at the end of the year	-	1,763,138

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2024

16a Movements in funds (current year)

	At 1 January 2024	Income	Expenditure	Transfers	At 31 December 2024
	£	£	£	£	£
Restricted funds					
Department for Health and Social Care - CwPAMS	239,830	1,922,287	(2,039,382)	-	122,735
The Burdett Trust for Nursing Grant	7,916	-	(7,916)	-	-
Bill & Melinda Gates Foundation	98,679	99,754	(159,183)	(7,873)	31,377
Health Education England	77,518	-	(49,952)	-	27,566
Johnson & Johnson Foundation Scotland - Saving Mothers at Delivery	113,655	-	(126,036)	-	(12,381)
DHSC - Global Health Workforce Programme	497,269	7,302,363	(7,667,722)	-	131,910
Fraxinus Charitable Trust - Somaliland	213,295	-	(169,532)	36	43,799
Fraxinus Charitable Trust - Ethiopia	137,219	-	(67,409)	-	69,810
Remote International Mentoring Partnership Scheme (RIMPS)	43,385	5,000	(45,149)	-	3,236
EU funded Syria project	79,740	100,705	(190,288)	9,843	-
Sanofi - Zambia & Uganda	466,799	172,000	(135,326)	-	503,473
Global Health Partnership	18,326	-	-	-	18,326
The Burdett Trust for Nursing – NNCF2	-	100,000	(91,746)	-	8,254
The European Union – UFUQ Syria project	-	1,643,483	(967,037)	-	676,446
NHS England - Global Capacity Building	-	835,497	(813,505)	-	21,992
FCDO – UK Myanmar Health Fund (UKMHF)	-	344,217	(342,171)	-	2,046
Experts in our midst	-	100,000	(55,739)	-	44,261
The Foreign, Commonwealth & Development Office - Zimbabwe	-	304,044	(104,505)	-	199,539
Qatar Charity - NQIP project	-	90,344	(92,293)	-	(1,949)
CRf Foundation	-	234,748	(151,216)	-	83,532
Other restricted funds	75,602	78,156	(96,125)	3,506	61,139
Total restricted funds	2,069,232	13,332,598	(13,372,232)	5,512	2,035,111
Unrestricted funds					
General funds	691,185	1,247,140	(897,826)	(5,512)	1,034,987
Total unrestricted funds	691,185	1,247,140	(897,826)	(5,512)	1,034,987
Total funds	2,760,417	14,579,738	(14,270,058)	-	3,070,097

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2024

16b Movements in funds (previous year)

	At 1 January 2023	Income	Expenditure	Transfers	At 31 December 2023
	£	£	£	£	£
Restricted funds					
Department for Health and Social Care - CwPAMS	156,816	2,020,706	(1,937,692)	-	239,830
The Burdett Trust for Nursing Grant	52,319	-	44,403.25	-	7,916
Bill & Melinda Gates Foundation	160,011	87,454	(148,786)	-	98,679
Health Education England	241,782	130,504	(284,780)	(9,889)	77,518
NHS England - Global Capacity Building	-	257,141	(257,141)	-	-
Johnson & Johnson Foundation Scotland - Saving Mothers at Delivery	37,432	158,341	(67,600)	(14,518)	113,655
Johnson & Johnson - Saving Mothers at Delivery - Somaliland Phase 2	164,698	-	(146,019)	(18,679)	-
DHSC - Global Health Workforce Programme	-	805,438	(308,169)	-	497,269
Fraxinus Charitable Trust - Somaliland	157,996	198,992	(143,693)	-	213,295
Fraxinus Charitable Trust - Ethiopia	-	138,287	(1,068)	-	137,219
Department for Health and Social Care - Future International Workforce Programme	209,080	58,303	(266,685)	(698)	-
Remote International Mentoring Partnership Scheme (RIMPS)	44,844	18,750	(20,209)	-	43,385
FCDO - UK Myanmar Health Fund (UKMHF)	-	372,503	(372,503)	-	-
EU funded Syria project	403,179	-	(323,439)	-	79,740
Qatar Charity - NQIP project	-	59,690	(59,690)	-	-
Sanofi - Zambia & Uganda	-	477,000	(10,201)	-	466,799
Sandoz AG - Novartis Social Business	(4,471)	65,765	(62,850)	1,556	-
Global Health Partnership	18,326	-	-	-	18,326
Other restricted funds	70,094	69,732	(64,237)	13	75,602
Total restricted funds	1,712,106	4,918,606	(4,519,165)	(42,315)	2,069,232
Unrestricted funds					
General funds	956,026	428,489	(735,645)	42,315	691,185
Total unrestricted funds	956,026	428,489	(735,645)	42,315	691,185
Total funds	2,668,132	5,347,095	(5,254,810)	-	2,760,417

The overall reason for the transfer of funds from restricted reserves to unrestricted is due to various restricted projects finishing in the year. Where projects are deliverables based, any unspent funds at the end of the project do not need to be returned, and are therefore transferred to unrestricted reserves. In other cases, where the financial reports for projects are prepared in another currency, there is a GBP balance but no balance in the project currency, at the end of the project due to the movements in the relevant exchange rate over the course of the project. This balance is therefore free to be transferred to unrestricted reserves.

Purposes of restricted funds

Department for Health and Social Care - CwPAMS

Funded by the UK Department for Health and Social Care, CwPAMS is a £2.2 million grants programme for UK-LMIC health partnerships originally running from September 2018 to May 2020. As a result of the impact of the COVID-19 global pandemic, the programme was extended until June 2022. In July 2022 a £4.64 million Phase 2 of this project was agreed with DHSC. Global Health Partnership manages the programme in partnership with Commonwealth Pharmacists Association, who provide technical support to grant holders. 12 partnerships are funded through the programme, operating in Ghana, Tanzania, Uganda, Zambia, Kenya, Malawi, Nigeria and Sierra Leone, with the aim of implementing antimicrobial stewardship improvement projects in alignment with each country's National Action Plan on antimicrobial resistance.

Burdett Trust for Nursing Grant

This programme awards Nursing and Midwifery Quality Improvement Fellowships to build the leadership of nurses and midwives in the UK, Africa and Asia. This programme runs in synergy with the UKPHS programme and the HEE Nursing Now campaign to maximise impact.

Bill and Melinda Gates Foundation

A programme which seeks to take a systematic approach to raising awareness of health and ODA issues amongst sectors of the British public. The original three-year programme finished in July 2022, with a follow-on two-year programme starting in August 2022 and a further one-year programme

Purposes of restricted funds (continued)

Health Education England

Health Education England (HEE) and the Global Health Partnership have been working in partnership since 2016. The partnership allows HEE to offer quality education and training opportunities to NHS staff in Low- and Middle-income Countries (LMICS). It builds on Global Health Partnership's long-standing role in managing health partnerships between health institutions in the UK and their counterparts across 31 countries in Africa and Asia.

The 2023 Service Level Agreement (SLA) is contracting Global Health Partnership to deliver activities aimed at developing the evidence base for this approach, publicising these opportunities to NHS staff, and continuing activity in Myanmar and Uganda, two countries with especially close ties to the UK health community, through Alliances. On 1 April 2023 HEE officially merged with NHS England.

NHS England - Global Capacity Building

The aims of this project are the provision of grants to Health Partnerships to generate volunteering opportunities to NHS staff; the monitoring of the benefits of volunteering to the NHS; and providing in-country support to ensure that all NHS expertise is targeted at LMIC national and institutional priorities.

Johnson & Johnson Foundation Scotland - Saving Mothers at Delivery

The vision of this project is that public health facilities in Myanmar and Somaliland are safer places for mothers to undergo emergency procedures related to delivery, and that morbidity arising from these procedures are minimised.

Department for Health and Social Care - FIWP

The Future International Workforce Programme (FIWP) is funded by the Department of Health and Social Care. The Programme aims to address the global shortage of nurses by: increasing the quality of nurse training places in supply countries leading to an increase in better trained nurses; delivering training that leads to nurse qualifications to refugees/displaced people; and supporting governments to improve their health workforce management.

Fraxinus Charitable Trust

The aim of this project is to improve access of marginalised women to quality maternal and obstetric care in Somaliland.

Fraxinus Ethiopia

The aim of this project is the improvement of non-communicable disease care for underserved communities in Ethiopia.

Remote International Mentoring Partnership Scheme (RIMPS)

The Remote International Mentoring Partnership Scheme will enable UK-based individuals from health organisations to provide remote mentoring within up to 10 international health partnerships (with a minimum of 5 mentees per partnership) in low and lower middle-income countries. This will enable health workers to feel better supported in their role, and consequently provide better quality of care, as well as ensuring the continued engagement of health partnerships and individuals in global health work at low cost.

ECDO - UK Myanmar Health Fund (UKMHF)

The aim of this programme is to address various healthcare challenges that have arisen since the coup in Myanmar and to embed longer-term health systems strengthening in the country.

EU funded Syria project

The aim of this programme is mapping and scoping assistance to health care workers and human resources for health including the design of future support to core quality assurance, education and representative functions for the medical profession.

NQIP - Qatar Charity

Global Health Partnership is acting as a partner to King's College London who are the main grant recipient for this project. The overall aim of the project is to improve the Quality of Healthcare in Somaliland, with Global Health Partnership assisting by developing a stronger workforce to deliver Quality of Care.

Sanofi - Zambia & Uganda

The aim of this project is the improvement of the lives of women in Uganda and Zambia living with, or at risk from breast cancer, but who are not currently getting the help they need.

Sandoz AG - Novartis Social Business

This project enables rural people suffering from chronic diseases to receive essential care near to their homes from health care workers who are appropriately trained and continuously supported and encouraged to develop their skills.

Global Health Partnership - Biomedical Engineering

In response to a request by the Zambian Ministry of Health, Global Health Partnership and our partners had delivered an innovative and sustainable training and education project, which had assisted with the development and delivery of Master of Medicine courses in the selected clinical specialisms of pathology, anaesthesia, Global Health Partnership ics, psychiatry and biomedical engineering.

DHSC - GHWP

The aim of this project is delivering UK-local health system partnerships for the Programme to address health workforce priorities in Kenya, Ghana, Nigeria and cross-LMICs.

The Burdett Trust for Nursing - NNCF2

The Nursing Now Challenge Fellowship programme aims to develop the skills and leadership of early career nurses and midwives in low and lower-middle income countries

Purposes of restricted funds (continued)

The European Union – UFUQ Syria project

The purpose of the project is the upgrading and future-proofing of human resources for health for Universal health coverage and better-quality care in Syria.

Experts In Our Midst

The programme sheds light on the knowledge internationally recruited healthcare professionals have of overseas health systems, in ways that empowers them as individuals, and aims to harness the knowledge diaspora staff have of other health systems to develop practical solutions that improve health service delivery in the UK and overseas.

The Foreign, Commonwealth & Development Office – Zimbabwe

With support from FCDO, THET aims to address Zimbabwean health sector priorities through a UK-Zimbabwe health partnership approach.

CRI Foundation

GHP is supporting the Zambian MOH in developing the biomedical engineering field.

Analysis of net assets between funds

2024

	Restricted Funds £	Unrestricted funds £	Total £
Tangible fixed assets	-	8,935	8,935
Net current assets	2,035,110	1,026,052	3,061,162
Total Funds	2,035,110	1,034,987	3,070,097

2023

	Restricted Funds £	Unrestricted funds £	Total £
Tangible fixed assets	-	2,280	2,280
Net current assets	2,069,232	688,904	2,758,137
Total Funds	2,069,232	691,184	2,760,417

17 Legal status of the charitable company

The charitable company is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

18 Capital Commitments

There were no capital commitments not provided for in the financial statements (2023: None).

19 Pension commitments

The Charity operates a defined contribution pension scheme. The assets of this scheme are held separately from those of the group in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £77,397 (2023: £66,208). £22,656 (2023: £8,861) was payable to the fund at the balance sheet date and is included in creditors on the balance sheet.

20 Funds held as intermediary agent

At year end Global Health Partnerships acted as an intermediary agent for the following organisations and individuals. The balances stated represent cash at bank. The following balances, and any income and expenditure in the period, have not been included in the financial statements:

	Balance held at 1 January 2024	Net receipts / payments 2024	Balance held at 31 December 2024
	£	£	£
Andrew Quayle	(1,525)		(1,525)
Links Lusaka	4,502	1,268	5,770
	<u>2,977</u>	<u>1,268</u>	<u>4,245</u>

	Balance held at 1 January 2023	Net receipts/payment s 2023	Balance held at 31 December 2023
	£	£	£
Andrew Quayle	(1,525)	-	(1,525)
Links Lusaka	3,235	1,267	4,502
Veta Bailey - TA	8,209	(8,209)	-
Veta Bailey - ET	(872)	872	-
	<u>9,047</u>	<u>(6,070)</u>	<u>2,977</u>

Andrew Quayle

Funds held on behalf of Andrew Quayle for the support for upgrading medical qualifications in Zambia.

Links Lusaka

These funds are being held by Global Health Partnership on behalf of a link between Lusaka's University Teaching Hospital and Brighton and Sussex University Hospitals and Medical School to support their two-way trips by nurses, doctors and librarians and other allied health professionals for teaching and CPD.

Veta Bailey TA

Funds received to support the development and academic partnership between UK and a Tanzanian partner which will lead to joint research activities with a focus on decentralised care and quality service provision.

Veta Bailey ET

Support to provide training to trainers in stroke care at Jimma and Gondar University Teaching Hospitals in Ethiopia in collaboration with the University of Southampton.

21 Post Balance Sheet Events

There were no post balance sheet events that require disclosure in the period under review (2023: None).

22 Related party transactions

Justinian Ash, a Trustee of Global Health Partnership and his wife are Trustees of the Fraxinus Trust. During the year the charity received grants totalling £Nil from this organisation (2023: £337,279). Details of the projects undertaken by the charity are in note 16.

There were no other related party transactions during 2024 (2023: None).

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

23 Comparative Statement of Financial Activities (year ended 31 December 2023)

		Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £
	Note			
Income from:				
Donations and legacies	2	29,670	-	29,670
Charitable activities	3	335,907	4,918,606	5,254,513
Investments	4	783	-	783
Other income	5	62,129	-	62,129
		428,489	4,918,606	5,347,095
Expenditure on:				
Raising Funds	6	171,623	-	171,623
Charitable activities	8	564,022	4,519,165	5,083,187
Total expenditure		735,645	4,519,165	5,254,810
Net (expenditure)/income		(307,156)	399,441	92,285
Transfers between funds	16	42,315	(42,315)	-
Net movement in funds		(264,841)	357,126	92,285
Reconciliation of funds:				
Total funds brought forward		956,026	1,712,106	2,668,132
Total funds carried forward		691,185	2,069,232	2,760,417